How Prepared are Ohio’s Teachers to Teach Students with Asperger Syndrome?

A Master’s Research Project Presented to

The Faculty of the Patton College of Education

Ohio University

In Partial Fulfillment

Of the Requirements of the Degree

Master of Education

By

Kimberly R. Jarvis, M.Ed.

June 2014
This Master’s Research Project has been approved
for the Department of Teacher Education

Dianne M. Gut

Dianne M. Gut, Ph.D.
Associate Professor of Special Education

Frans H. Doppen, Ph.D.
Professor and Chair of the Department of Teacher Education

Advisor’s initials here indicate this document has been submitted and successfully cleared a plagiarism check. Supporting documentation has been provided to the Department Chair.

Department Chair’s initials here indicate supporting documentation of plagiarism check has been provided.
Abstract

This study examines how prepared teachers feel to teach students with Asperger Syndrome. Teachers in three Southern Ohio counties responded to a questionnaire inquiring how prepared they felt to teach students diagnosed with Asperger Syndrome. Teachers were emailed a link to an electronic survey as the mode of data collection. The author anticipated more responses; however the limited results indicate that respondents did not feel adequately prepared to teach students with Asperger Syndrome.
Table of Contents

Introduction 5

Review of Literature 9
  Definition of Asperger Syndrome 9
  History of Asperger Syndrome 10
  The Diagnosis of Asperger Syndrome/Disorder 11
  Overview of the Problem 15

Methodology 16
  Instrumentation 19
  Data Analysis 21

Results 21
  Demographics 21
  Qualitative Results 23

Discussion 26
  Limitations of Study 31

Conclusion 31

References 32
Asperger Syndrome (AS) is defined as a “pervasive developmental disorder (Myles, Lee, Smith, Tien, Chou, & Swanson, 2007). According to Gillberg (2002),

Asperger Syndrome is thought to be a neurological disorder that is included in the spectrum of autism disorders. It was Hans Asperger who was the first to identify kids with “autistic personality disorder” in 1944, but the condition that has been deemed Asperger Syndrome was barely recognized until 1981 when Lorna Wing brought it to the surface with some amazing 34 cases of the disorder in kids. (p. 24)

Asperger Syndrome is a life-long disability that affects the way individuals perceive, process, and interact with their environment and society (Shearer, Butcher, & Pearce, 2006). Individuals with Asperger Syndrome have a difficult time understanding rules and expectations of society and often seem to live by their own set of rules (Getty, 2013). Characteristic behaviors can include: tics, emotional outbursts to changes in schedules, sensitivity to sensory input, social withdrawal, lack of interest or empathy in others, lack face-to-face connections, and experience poor motor coordination (Getty, 2013). Asperger Syndrome is a life-long disability. An individual with AS can face the disability by understanding what the disability is and work to overcome their challenges and have a full productive life.

Because these students often have so many strengths, it is easy to overlook their weaknesses. Also, some of their behaviors may be misinterpreted as “spoiled” or “manipulative,” resulting in the mistaken impression that children with Asperger Syndrome are lazy (Myles, Hagen, Holverstott, Hubbard, Adreon, & Trautman, 2005). This is why it crucial for a teacher to have a basic understanding of the effect of the characteristics of AS. The effects are what troubles teachers because they differ from student to student and the spectrum is so broad.
Although the characteristics of Asperger Syndrome will differ from student to student, common effects of the disorder include:

- Trouble understanding social cues and conversational language styles
- An inflexible adherence to a nonfunctional routine or ritual
- Repetition of movements or words and phrases
- Difficulties with fine-motor skills and sensory integration
- A persistent preoccupation with objects or narrowly focused topics of interest. (Myles, Hagan et al., 2005, p. 5)

As described by Harbinson and Alexander (2009) an impairment of the imagination is one of the central criteria for the diagnosis of Asperger Syndrome (AS). For example, if a student with AS takes figures of speech literally and has an impairment of the imagination, academic subjects like English will exhibit difficulties. Also, a lack of empathy for their peers can cause the student with AS to appear rude if peers are unaware of the condition (Baylis, 2011).

According to Gutstein and Whitney (2002), social skills refer to the core behaviors needed to interact with others, while social competence has been described as the ability to initiate and maintain friendships, to interact successfully and collaboratively with small groups, and to find a comfort level in public settings. Students with AS may be proficient in academic and work tasks, but often fail in school or jobs because of the social demands. Frequently, students with AS can have high verbal ability that suggests they should be able to understand the social demands they face. Failure to meet these demands is sometimes misinterpreted as intentional noncompliance or childish behavior (Gutstein et al., 2002, p. 162).

Students with Asperger syndrome often experience problems related to their social deficits and are at risk for academic underachievement, school drop-out, peer rejection and internalizing
problems such as anxiety and depression (Safran, 2002; Wilkinson, 2005). According to Baylis (2011), “Students with Asperger Syndrome will experience difficulty with figurative speech, understanding the social cues during discussions, and handling conflict during group projects. These students fail to recognize and accurately interpret social cues and verbal and nonverbal behavior” (p. 8). While they want to establish friendships, adolescents with AS often experience difficulty discerning the meaning of others’ emotions, body language, and gestures (Iovannone, Dunlap, Huber, & Kincaid, 2003). As a result, peers quickly become frustrated with students with AS. Deficits in the areas of social interaction and reciprocity, quickly separate these students from their peers, and often lead to loneliness, depression, and aggressive behaviors (Bauminger, Shulman, & Agam, 2003; Myles & Southwick, 2005).

Atwood (1998) states that,

By definition, individuals with Asperger Syndrome range from average to above average intelligence and seem capable of the tasks they are given. Most are quite accomplished in their data of facts, and may have massive factual information about a subject they are mindful with. But, they may ascertain relative limits in the way they perceive or comprehend and their abstract thought, as well as in social cognition. They may also experience some academic issues, especially with reading comprehension, problem solving skills, organization, concept development, making inferences and judgments. Cognitive flexibility may also be an issue for these students. Adapting to change or failure is very difficult and they do not readily learn from their mistakes. (p. 69)

Finally according to Atwood (2006),

Academic work may be of poor quality because the child with AS is not motivated to exert effort in areas in which he or she is not interested. In the education setting it is
important that teachers have a strong background regarding the characteristics of individuals with Asperger Syndrome. Having this knowledge is essential in order for a classroom to run smoothly as well as beneficial to these students and their peers. It is important that teachers and parents know how a particular child with Asperger Syndrome thinks and learns in order to improve his or her cognitive abilities and academic achievement. (p. 16)

As described by Myles, Hagan et al. (2005), it is vitally important to develop a working partnership with parents of students diagnosed with Asperger Syndrome. They are the first and best source of information about their child and the characteristics of Asperger Syndrome as it manifests in their child’s behavior and daily activities. Ideally, this partnership will begin with meetings before the school year. After that, it is critical to establish mutually agreed-upon modes and patterns of communication with the family throughout the school year.

With increasing emphasis on teaching methods that favor social interaction (e.g., cooperative learning, other forms of group work), children with poor interpersonal skills and inability to read social cues will continuously test the patience of teachers and peers and be admitted to groups last, if at all. Exhibiting undesirable behaviors at classmates’ parties or extracurricular events, this lack of social experience both in and out of school only serves to widen the gap. It is therefore crucial that teachers model and advocate acceptance and understanding of the child. (Safran, 2002, p. 61)

The purpose of the current research was to determine, how prepared some teachers in one region of the state of Ohio feel to teach students diagnosed with Asperger Syndrome (AS) whether they feel they have the proper training to work with these individuals.
Review of the Literature

This researcher reviewed literature in scholarly journals, medical books, and autobiographies related to Asperger Syndrome and the affects this diagnosis has on individuals’ lives in the classroom. To understand if teachers are prepared to teach students with AS, one needs to understand the definition, history, characteristics, behaviors, and interventions used for students diagnosed with AS. According to Baylis (2011), interviews with general and special education professionals indicated the majority of teachers do not have enough support or training to teach students with AS.

Definition of Asperger Syndrome

The Diagnostic Statistical Manual of Mental Disorders – Fourth Edition-Text Revision defines Asperger Syndrome as a “qualitative disability in social interaction, restrictive, repetitive, and stereotyped patterns of behavior, and a disturbance that causes clinically significant impairment in social, occupational, and other important areas of functioning” (DSM-IV-TR; American Psychiatric Association, 2000, p. 84). Asperger Syndrome is a complex developmental disability marked by impairments in socialization, communication, cognition, and sensation (Myles, Hagen, Holverstott, Hubbard, Andreon, & Trautman, 2005). According to the American Psychiatric Association (APA, 1980) Asperger Syndrome is a type of Pervasive Developmental Disorder (PDD). PDD’s are a multitude of conditions that involve delays in the development of basic skills. The most notable skills are the ability to socialize, communicate and use imagination with others. Asperger Syndrome is similar to autism except children with AS typically function at a higher level as those with autism. In addition, individuals with this disorder have normal to high intelligence and language development, the only differences is in the area of social skills (Attwood, 1998).
According to Getty (2013), individuals with AS must be diagnosed by his/her strengths and weaknesses because no two people are the same. The challenges for each individual with AS will vary because the strengths, weaknesses, and traits can be different for each. Some items that can be seen in individuals’ diagnosed with Asperger Syndrome include: “attention to details, intense focus, and retention of facts, extreme dislikes and outrage to injustices” (Getty, 2013, p. 48).

History of Asperger Syndrome

What is Asperger Syndrome? A few years ago hardly anyone had heard of the term, yet today almost every school seems to have a child diagnosed with this syndrome. That being said, the first definition of the condition was published over 50 years ago by Hans Asperger, a Viennese pediatrician (Attwood, 2006). He identified a consistent pattern of abilities and behavior that occurred predominantly in males. The pattern included a lack of empathy, little ability to form friendships, one-sided conversations, intense absorption in a special interest and clumsy movements (Myles, Hagan et al., 2005). However, his pioneering work did not achieve international recognition until the 1990’s (Attwood, 2006). According to the Diagnostic and Statistical Manual, 4th edition (DSM-IV-TR; APA, 2000), individuals with AS demonstrate no clinically significant delay in adaptive behavior other than in social interactions.

According to The National Center on Birth Defects and Developmental Disabilities (Rice, Baio, Van Naarden Braun, Doernberg, Meaney, & Kirby, 2007), during this time autism is determined to be the most rapid growing developmental disability and is now ranked the sixth most commonly classified disability in the USA. In the past ten years, the amount of kids on the AS has risen by approximately 173%, allowing it to become the most rapid growing developmental disability in the USA to date (Rice et al., 2007). The prevalence of autism appears
to be increasing as much as 10% to 17% annually and could reach 4 million Americans in the next decade (Rice et al., 2007). In recent years, the number of individuals diagnosed with ASD, including autism, Asperger syndrome, and pervasive developmental disorder not otherwise specified (PDDNOS), have increased considerably (King & Bearman, 2009). According to the Centers for Disease Control and Prevention (CDC), ASD has risen to 1 in every 88 births (Autism Society of America, 2013).

**The Diagnosis of Asperger Syndrome (Disorder)**

In 1943, Leo Kanner described a disorder similar to, but distinct from childhood schizophrenia. This disorder, true to its name, was referred to as autism, and was included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, DSM-III, 1980). In 1981, Hans Asperger’s account of Autistic Psychopathy (1944) was introduced to North America (Frith, 1991). This led to the apparent discovery of a new disorder similar to autism. Named after Asperger, it was included in the DSM-IV-TR as a qualitatively distinct disorder from autism. Since its inclusion in DSM-IV-TR, however, there has been a great deal of research examining whether Asperger Disorder (AD) should be considered a disorder on the autistic spectrum, or whether its characteristics warrant it as related to but distinct from autism.

Asperger Disorder and autism are highly related, and are both considered Pervasive Developmental Disorders (PDD). Autistic Disorder, or sometimes called classic autism, is the more severe of the two disorders and is often coupled with intellectual disability (Miller, 2013). Delayed or non-existent language is a defining characteristic of AD with over half of those diagnosed with AD having no functional language at all (Rogers, 2004). As toddlers, many of these individuals do not respond to their names. In fact, many parents initially believe their children suffer from hearing loss (Miller, 2013). Asperger Syndrome is the mildest and highest
functioning of the Autism Spectrum Disorders. It is also referred to as High Functioning Autism. Intellectual ability is normal to very superior in range and there are no language delays associated with AS. Determining whether a qualitative distinction exists between AD and autism specifically, and autism generally, has several clinical and research implications (Macintosh & Dissanayake, 2004). If both disorders are distinct, they may also differ in etiology, which may impact early identification and biological markers for the disorder(s), or prevention through physiological means. In addition, prognoses and interventions would likely differ between Asperger and autism if they are qualitatively distinct (Macintosh & Dissanayake, 2004).

The diagnostic criterion for Asperger Disorder according to the DSM-IV-TR (2000) is:

A. 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 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 (e.g. by a lack of showing, bringing, or pointing out objects of interests to other people)

4) Lack of social or emotional reciprocity. (p. 84)

According to the recently published DSM-V,

…individuals with a well-established DSM-IV diagnosis of Asperger Syndrome should be given the diagnosis of Autism Spectrum Disorder.

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
1) Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2) Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3) Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger’s disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder. (p. 50-51)

**Instructional Strategies for Individuals with Asperger Syndrome**

According to Baylis (2011), there is ample literature on the developmental disorder of Asperger Syndrome and the need for adapting instructional strategies in inclusive classrooms.
In general, students with Asperger syndrome like predictability and spontaneous change can cause distress. Structuring the classroom with routines and displaying schedules provide the predictability, order and consistency they seek (Dahle & Gargiulo, 2004).

Additionally, lists and schedules help students with Asperger syndrome stay on task and organize their daily routines. Such lists and schedules may include, for example, small pictures alongside the text outlining what to do in the morning before school (Atwood, 1998).

Predictability and consistency in the environment and in the behavior of others represents security for students with Asperger syndrome. Small changes can affect students negatively (e.g., changing the furniture in a room or the color of subject folders) (Shearer, Butcher, & Pearce, 2006). Some students with Asperger syndrome are likely to need stress relievers while at school because of intense sensory overload. Ways to relieve stress include use of stress balls while working or going to a quiet place with a beanbag and books of interest (Shearer, Butcher, & Pearce, 2006).

To help students with Asperger syndrome develop their expressive and receptive language skills, teachers can point out privately when a joke is made or clarify that a particular comment was a figure of speech (Attwood, 1998) as this is an area in which many students with Asperger syndrome struggle.

**Overview of the Problem**

The existing gap in the literature lies largely in the area of what general education teachers are specifically doing to adapt their instructional strategies for students with Asperger syndrome and how they feel about their training when working with these students. The existing literature provides background information on the behavioral characteristics of individuals with Asperger syndrome that can be helpful to general education teachers in understanding the need for
adapting the general curriculum to ensure that students with Asperger Syndrome reach their potential beyond post-secondary education (Baylis, 2011).

According to Moore-Abdool (2010).

Based on the research of the meaning and degree of access to the general curriculum it is evident that there exist differing views among teachers as to who is supposed to provide access to the general curriculum for students with disabilities. 

It is clear that research on the use of curriculum modifications and instructional accommodations has been limited almost exclusively to students with cognitive disabilities. Additionally it has been shown that with support, general education teachers can successfully offer access to the general curriculum for students with disabilities. However, many general education teachers lament that they do not have enough training to support students with disabilities in the general education classroom. (p. 162)

Further, Moore-Abdool (2010) indicates,

I have seen a problem with teachers feeling at a loss when having to adapt their curriculum for students with Asperger Syndrome. General education teachers do not feel they have enough support and training in making instructional accommodations for students with ASD, including Asperger Syndrome. (p. 7).

Schaefer (2012) proposes inclusion teachers should be well informed about social skills strategies and supports they can implement that will promote generalization across education settings. The general educator as a primary social skills instructor is vital to the success of students with AS. There are an increasing number of students with AS being served in the general education classroom. Through collaboration, the facilitation of social skill development,
and professional training, meeting the needs of students with AS in the general education classroom is attainable (p. 63).

Increases in inclusion of students with autism from 1991 to 2004 outpaced that of other low-incidence disabilities. Due to the rising incidents of Asperger Syndrome, teachers in general education classrooms will likely teach one or two students diagnosed with Asperger Syndrome somewhere on the spectrum during any given year. Although legislation mandates the inclusion of students with Asperger Syndrome, inclusion has not always been supported with additional training and professional development (Attwood, 2006). If teachers are expected to provide the appropriate education mandated by the Individuals with Disabilities Education Act (IDEA) and meet national and state standards, they need the training and knowledge to do so.

**Methodology**

The purpose of this research was to determine if teachers felt prepared to teach students diagnosed with Asperger Syndrome. Due to the requirement that all students be served in the least restrictive environment the success of students diagnosed with Asperger Syndrome is dependent on the general education teacher’s ability to provide a classroom environment that is conducive for all students. Teachers need to be confident and competent in their teaching abilities now more than ever. Students with Asperger Syndrome will need added support in all areas. This study sought to determine if teachers felt they had enough support to teach students with Asperger Syndrome as well as how much training they received to teach students with Asperger Syndrome.

**Context**

Prior to securing university Internal Review Board (IRB) approval, emails were sent to administrators in 15 school districts from Southeastern Ohio to the Southern tip of Central Ohio
asking if they were interested in participating in a research project focused on teachers’ perceptions of their preparedness to teach students with Asperger Syndrome. Of the fifteen school districts invited, six school districts agreed to participate.

The first school is located in a rural Appalachian community. It serves approximately 346 students and employs about 45 teachers. The school houses PreK-12 grade while busing those students wishing to attend a career center to a cooperating vocational school. They provide an inclusive setting for students with autism.

The second school district is also in an Appalachian area. The district has three buildings on one central campus. They have a K-6 elementary school that serves approximately 800 students, a middle school that houses grades 7 and 8 and serves more than 200 students, while the high school is a 9-12 institution with an enrollment of more than 350 students. This district employs approximately 125 teachers.

The third school district is located in an urban community in the southern region of central Ohio. It has eight elementary schools located throughout the community. It houses one junior high and the high school sits just outside of town which also houses their vocational and career center. This school has a very diverse population and employs approximately 350 teachers. The district serves approximately 2900 students.

The fourth district is located in central Ohio in a suburban area. All three of the schools; high school, middle, elementary are situated on the same grounds. This district buses their students wishing to attend a career center to the vocational center that serves their district. The middle school serves 350 students and employs 40 teachers.

The fifth school district is situated in Central Ohio in a suburban area as well. Similar to district four, all three schools are situated on the same property and they bus their students to a
career center if students choose a vocational option. The only difference is this community is more of a farming community and has higher rates of poverty than district four. The school serves a very small, culturally diverse population. The high school serves approximately 600 students and employs about 90 teachers.

The sixth and last school district is situated in Southern Ohio and is in an urban area. It serves a very diverse population. The elementary schools are situated throughout the community and the high school is located across from the junior high school building in the middle of the city. This school employs approximately 300 teachers and educates over 2500 students.

**Procedures**

Prior to receiving the surveys, each school superintendent submitted a letter of approval on his/her school letter head allowing the researcher to begin the research. Following approval by the university Internal Review Board (IRB) for the use of human subjects, teachers from six local Southern Ohio school districts were sent an email from their school district superintendent requesting their participation in this research. The researcher emailed the consent information containing a link to the electronic survey to each district superintendent who then forwarded the email to each of their school principals who sent the email invitations to their teachers. The email also included an invitation to participate and a consent form and once the participant clicked on the link, this was an indication of their willingness to participate in completing a survey that would take about 15-20 minutes.

The researcher emailed the school superintendents two weeks after the survey began thanking them for their participation and asking them to send out a reminder to their staff that the survey would close in one week. The survey was open for a total of three weeks. Once
completed, the data was electronically recorded and aggregated on the Qualtrics website www.qualtrics.com which could then be accessed by the researcher for analysis.

Participants

Approximately 979 teachers at the elementary, middle and high school levels from the six Southern and Central Ohio schools were invited to participate. A total of thirty-nine teachers participated from six different school districts for a response rate of 3%. Participants included general education as well as special education teachers who taught from one to more than thirty years.

Instrumentation

A 21-item survey was used to collect data for the research. The survey was anticipated to take approximately 15-20 minutes to complete depending on the individual as well as internet speed. The survey was comprised of nine multiple-choice questions with an opportunity for an open-ended response to explain following each of the questions, as well as three questions requiring a ranked response and an opportunity to explain the answers. A copy of the survey can be found in Appendix A.

Demographic questions addressed the respondent’s teaching role (i.e., general education, special education, administrator, related service provider) and highest degree held. Participants were asked what grade level they taught and how many years they taught. Nine questions dealt specifically about students with Asperger Syndrome, including how many students the teachers have had in their classroom with a diagnosis of Asperger Syndrome, and when they received information regarding the student’s diagnosis. Additionally, participants were asked if they consulted with anyone regarding the student, and whether their impression of Asperger Syndrome has changed. The survey also asked how often they communicated with members of
the student’s IEP team, as well as if they felt the student was in the correct placement. An extended response question asked teachers to describe their greatest challenge in teaching a student with Asperger Syndrome. The final questions addressed the specific training participants received and felt they still needed in order to feel prepared to teach students with Asperger Syndrome.

Data Analysis

The survey was created using Qualtrics, an online survey tool. Once completed, the data was electronically recorded and aggregated on the Qualtrics website www.qualtrics.com that could then be accessed by the researcher for analysis. After all data was collected from the 39 participants, it was exported into Microsoft Word for analysis of means and standard deviations for all quantitative responses and a thematic analysis was completed for qualitative responses.

Results

The purpose of this study was to determine if teachers in three counties in Southeastern Ohio felt prepared to teach students with AS.

Demographics

The majority of the participants were high school teachers (n = 21 or 55%) and taught more than seven years. More than forty-five percent of the teachers had a masters plus degree. Eighteen percent had a bachelor’s degree and thirty-seven percent had a master’s degree. Figure 1 illustrates the grade level participants taught.
Figure 1. Demographic Characteristics of Teachers

Teachers’ Perceptions of Preparedness

Participants were asked how prepared they felt for teaching students diagnosed with AS. Figure 2 shows that of the thirty-nine participants, seven felt well prepared, eight felt prepared, seventeen felt somewhat prepared and six felt not at all prepared. In addition to their ratings, participants were asked for an explanation of their response. Thirty-four out of 39 participants responded. Those teachers who felt somewhat prepared gave various explanations but the majority attributed their feeling prepared to “knowing where to get the information when needed,” “having taught students with Asperger Syndrome” and “open communication with parents as well as other staff.” Those indicating not feeling as prepared were due to “lack of training,” as well as “little experience with students diagnosed with Asperger Syndrome.”
Qualitative Results

Participants were given the opportunity to explain their responses for five of the questions so the researcher could understand the reasons for teacher’s responses. There were two additional open-ended questions included to gather information regarding teachers’ greatest challenges in teaching students with AS and if participants felt students were being served in appropriate placements.

Greatest challenge. The first open-ended question asked participants to share their greatest challenge in teaching students diagnosed with Asperger Syndrome. Thirty three of the thirty-nine participants responded to this question. Three participants stated that they had no challenges in teaching a student with AS. The majority (n = 10) of the teachers stated that their greatest challenge was the amount of attention individual students with AS needed and it was difficult for teachers to prepare because each student is different and each day is unpredictable. Five reported their greatest challenge as the number of outbursts students with AS have in the general education classroom.
**Appropriateness of placement.** The next question asked participants if they felt students with AS were placed in the most appropriate placement. Of the thirty-nine participants, thirty-three answered this question. Two individuals believed that their students were not in an appropriate placement, indicating that students with AS need to be in a pull-out classroom.

Fifteen participants felt that the students were placed appropriately but that it caused a lot of disturbances in their classroom. Teachers reported that the majority of the students had a personal aide accompanying them in the general education classroom.

Sixteen participants had mixed feelings about their student’s placement. Teachers reported understanding that a student should be in the least restrictive environment, but at times they had difficulty with what that actually means due to limited staff and resources. Due to a lack of funding, staff, and space, teachers indicated the definition of least restrictive environment can be different for each school district.

**Communication strategies.**

Figure 3 indicates participants’ responses regarding the frequency of their communication with different education professionals and parents.
Figure 3. Frequency of Communication Reported by Participants

**Desired training.**

Figure 4 indicates participants’ responses regarding desired training they felt they needed to be better prepared to teach student’s diagnosed with Asperger Syndrome.
Discussion

This study explored teachers’ perceptions of their preparedness with regard to educating students diagnosed with Asperger Syndrome.

Teachers’ Perceptions of Preparedness

The results reflect the research that has been done on the preparedness of teachers to teach students with AS. Moore-Abdool (2010) indicates teachers have different views on whose responsibility it is to make sure one is prepared to teach a student in the general education curriculum classroom that has a diagnosis of AS. The current study indicated that of the thirty-nine participants, many felt they had not received adequate training to prepare them to teach students with AS. The majority felt that the Asperger Spectrum is so large it is hard to be prepared for each individual student. Another interesting finding from the study was that teachers having students with AS had little communication with the student’s parents. Of the teachers who felt unprepared, the major reasons indicated a lack of training and limited experience. Those feeling somewhat prepared indicated they had some prior training, more experience, and seemed to have an open line of communication that allowed them to collaborate with parents as well as other staff members.

Communication Strategies

Thirteen of the thirty-nine participants reported speaking with parents on a weekly basis, while the rest averaged less than once a month to not at all. Over half of the teachers had weekly contact with an intervention specialist which is a good form of communication in order to gain a wealth of information not only about the student but about upcoming training as well as collaboration about strategies to utilize in the future. Two resources that were used by teachers...
Teaching Students with Asperger Syndrome

less than monthly or never were social workers and guidance counselors. The majority of schools utilize their guidance counselors in the elementary as well as the junior high to coordinate social skills groups as well as set up guest speakers. They could be a great resource to gain access for training information as well as a possible collaboration peer. A social worker is also a great resource since many of them are counselors and in fact are employed as school-based counselors and may in fact have expertise to share. As described by Cahill and Mitra (2008), “This sharing of ideas will build on the teacher’s existing knowledge of curriculum and typical instructional methods” (p. 150). A lack of communication with other teachers, specifically not using special educators or other educational professionals in collaborative situations may cause many general education teachers to neglect collaboration as a resource to help them improve the knowledge and skills needed to teach in inclusive classes (p. 150).

Communication between the general education teacher, parents, and special education teacher is an important part of the learning process for the student with AS. In order to understand the behaviors, social interaction, and characteristics of individual students diagnosed with AS, it is imperative that a teacher communicates weekly with the parents and special education teacher. According to Attwood (1998), one of the primary ways teachers felt they could be prepared to teach a student with AS is to have an open line of communication with parents.

**Desired Training**

There were three areas that were rated highest when teachers were asked what type of training they felt would enable them to be more prepared to teach a student with Asperger Syndrome which are supported by previous studies. The most desired training by participants in this study (n = 22, 63%) was social skills training. This point reiterates the increasing emphasis
on teaching methods that favor social interaction (e.g., cooperative learning, other form of group work), as the child with poor interpersonal skills and inability to read social cues will continuously test the patience of teachers and peers and be admitted to groups last, if at all. It is therefore crucial that inclusion teachers model and advocate acceptance and understanding of the child (Safran, 2002, p. 61). It is also important teachers receive adequate training to meet the needs of their students’ social skills deficits.

Sixty percent (n = 21) of the participants felt they required more training in the area of behavior. Behavior also was an area that came up when teachers were asked what “other needs” they had: “I need to be able to perform ABA therapy without an Ohio license. Other states don’t require such training.” The literature provides guidance on recommended strategies such as providing stress balls for stressful situations as well as making sure that the student has a consistent routine.

The third type of desired training was training on appropriate instructional strategies. Since each student has different needs and all are functioning at varying levels on the autism spectrum, it is difficult to come up with a menu of instructional strategies that can specifically help students with Asperger Syndrome.

When asked about additional training, one teacher also suggested, “We need a system in place that would incorporate public agencies to help parents and teachers work together.”

Additional training suggestions found in the literature focus on teacher collaboration for the facilitation of social skill development, and professional training, meeting the needs of students with AS in the general education classroom (Schaefer 2012).

**Communication Strategies**
As indicated, Asperger Syndrome covers a broad spectrum that requires teachers to provide individualized instruction, which is why open communication between parents and teachers, both general and special education, is of utmost importance in order to be able to have a better understanding of each student’s individual needs. As mentioned in the literature, in a general education setting, it is important that a teacher has a strong background regarding the characteristics of students with Asperger Syndrome. Having this knowledge is essential in order for a classroom to run smoothly as well as promote learning for all students. It is important that teachers and parents know how a particular child with Asperger Syndrome thinks and learns in order to improve his or her cognitive abilities and academic achievement (Attwood, 2006).

According to Attwood, the greatest breakdown happens during adolescence, a time when teachers as well as parents feel that students should strive for independence. This is also the time when parents’ expertise should be utilized the most (Attwood, 1998).

The need for training was clearly expressed and participants suggested consistent staff training as well as collaboration between teachers and administration to brainstorm about open lines of communication as necessary discussions to have that would enhance teachers’ abilities to serve students diagnosed with Asperger Syndrome.

**Recommendations for Research**

The purpose of this research was to determine if participants felt prepared to teach students diagnosed with Asperger Syndrome. After completing a review of literature, collecting and analyzing the data from this study’s participants, it appears that the participating teachers in six Ohio counties did not feel sufficiently prepared to teach students with Asperger Syndrome. A recommendation would be for teachers to seek professional development focusing on strategies to identify and intervene for not only students diagnosed with Asperger Syndrome, but for
Teaching Students with Asperger Syndrome

students on the full autism spectrum. The information obtained would be beneficial to the staff as well as the students receiving specially designed services. Further findings indicate, communication and collaboration are areas of concern that warrant further research. Another area of concern for the participants in this study was the need for a better understanding of students’ behavioral issues as well as their lack of training social skills.

Limitations of Study

One limitation in this study is the small sample size. The survey was sent out to approximately 1000 teachers however, the actual number of participants responding to the survey was 39 resulting in a 4% response rate. Another limitation was the time of the year the survey was distributed. It was distributed in the spring of the academic year when many schools were preparing to administer mandatory student assessments which could have impacted teachers’ time and ability to respond to the survey.

Conclusion

As inclusion continues to become the norm, the general education classroom will continue to include a diverse population of students, including those diagnosed with Asperger Syndrome. Due to the requirement that all students be served in the least restrictive environment, for students diagnosed with Asperger Syndrome, their success is dependent on the general education teacher’s ability to create a classroom environment that is conducive for all students. Teachers need to be confident and competent in their teaching abilities now more than ever. Students with Asperger Syndrome will need added support in all areas. In particular, administration should provide training and extra support in instructional strategies as well as behavioral and social interventions.
Given this study’s findings, teachers and administrators have a responsibility to assure an open line of communication between staff and between parents and teachers. This would be a positive first step in helping teachers feel prepared to teach all students, not just those diagnosed with Asperger Syndrome.
References


Organization for Autism Research.


