Including Students With Asperger Syndrome in Higher Education

"As a very able woman with autism, Temple Grandin, (cited Sacks 1995), has said autism is another way of being a person. It is not so much that people with autism are abnormal as that our concept of what is normal may need to be enlarged to encompass these fascinating and different ways of being.

The author recently came across a hair dryer with 2 possible settings: ‘normal’ or ‘healthy’. This gave much pause for thought but it is a distinction that may be of value when we consider autism and the question of what is normal. Too often ‘normal’ is equated with ‘healthy’ so that those who do not fit the norm become automatically ‘abnormal’, even ‘pathological’ or ‘diseased’. But what if ‘normal’ is equated instead with ‘ordinary’, ‘average’ or even (as many of those with autism choose to call those without) ‘neurotypical’? Suddenly it does not seem so wonderful to be normal or so terrible to differ from the norm; one can be different without necessarily being unhealthy.” (Jordan R, 1999, Autistic Spectrum Disorders, David Fulton Publishers Ltd, London, p6)

It has been my very great pleasure and privilege to work with pupils and students who have Asperger syndrome. Learning how to include students with Asperger syndrome or autism in the mainstream classroom made me a far better teacher for all.

If we seek to include people with Asperger syndrome in education, we will improve the experience for all students.

Tess Coll
Study Adviser
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Understand the differences to understand the student

Asperger syndrome

There are no rules for this disability, only patterns of need.

It is like being in a foreign country where people think ‘you should and must have learnt that by now’!

“Every problem is a new problem.”

“It’s like trying to put a jigsaw together, with no picture and some of the pieces missing.”

“I just wish some-one had told me the level of support you can have. At my first university it was like pushing on closed doors. We had to look around and ask. They only told me on the day I left.

They expected Asperger syndrome to go around and ask and talk to people. A Fairy Tale World!”

“I thought they could not use metaphor. With E…. it is all metaphor! I have to really think about what (s)he means.” (Experienced mentor in their 2nd year of working with a particular student.)

Students with AS can be relaxed and work hard in their subject area on topics and questions of their own devising. They can spend quite a bit of time and effort on their ‘chill activity’. But; when they have a lecture or an assignment, set by another person, which will be judged (marked), their anxiety can rise to debilitating levels so nothing is done.

Think, how we would judge someone, the assumptions we would make about their degree of interest and academic responsibility.

For students with AS, we need to make judgements with care ad a sound understanding of the differences in their thinking, interaction and communication.

The new DSM V (American Psychiatric Association, (APA)) diagnostic criteria for autism are due to be published in 2013. ‘Asperger syndrome’ as a label might be subsumed into a single descriptor of ‘autistic disorder’.

The students that this material refers to have received their diagnosis, and understanding of the condition, before the proposed changes. Therefore Asperger syndrome and the original Triad based description of the condition are preserved for the time being. It should be noted

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however that some students at the University have an ‘autism’ label which they prefer. Please note and use the label each student prefers.

Asperger syndrome

Asperger syndrome is a pervasive developmental disorder that exists in an individual before they are born. This means that as the person grows up, the condition influences the whole of their development.

It seems to be part of a spectrum of disorders with severe or classic (Kanner) autism at the extreme end. Although there seem to be several core deficits, for these purposes one way of looking at the autism spectrum is to break it down as follows:

Asperger syndrome (AS) – the ability to learn through social interaction and communication is impaired. (i.e. a core deficit)

Autism – AS plus speech and language difficulties.

Classic autism (Kanner) – Autism and severe learning difficulties.

The new DSM V (American Psychiatric Association, (APA)) diagnostic criteria for autism are due to be published in 2013. The proposal is to merge Social Interaction and Communication into a single section and to add the Sensory Awareness differences described below here. Also the ‘label’ of Asperger syndrome could be subsumed into a single descriptor of ‘autistic disorder’.

The students that this material refers to have received their ‘label’ and understanding of the condition under earlier versions. Therefore Asperger syndrome and the original Triad based description of the condition are preserved for now.

Please note that some students at the University have an ‘autism’ label which they prefer. Please use the label each student prefers.

NB:

- AS does not impair general intelligence and many people with it are of average or higher intelligence. They can be extremely able people.

- AS does mean; all those who have it have a qualitative difference in their thinking style, which tends to set them apart from the majority and has a significant impact on them and their learning.

- The impact that AS has on students is invisible but their support needs are as legitimate as are those of students who, for example, might be wheelchair users, have a hearing impairment or, who are partially sighted or blind. We no longer doubt the validity of adjustments and support for these students or for those with Dyslexia or mental health difficulties; equally for students with AS we also have a duty to develop the reasonable adjustments and provide appropriate access to
supportive and support systems that take account of this particular disability. Then the students with AS will gain the opportunity to demonstrate their actual level of ability in, and understanding of, their chosen subject.
Cognitive Perspectives

Suggested reading:

Any of the more recent books by Tony Attwood, Simon Baron-Cohen, Olga Bogdashina, Temple Grandin, Rita Jordan, and Brenda Smith-Miles and any book on the subject by someone who has AS/ asd.

Journal articles that could provide a starting point for more detailed reading are at the end of each section.

Key Words within the text:

Cerebellum, Amygdala, Memory, Mirror Neurones, Theory of Mind, Empathising - Systemising Model, Executive Function, Central Coherence, Detail Focus, Detail Focussed v Global Thinking, Similarities v Differences, Open v Closed, Self, Play and Imagination

The brain development of people with AS is marginally different to that of most other people. During gestation and infancy there is an overproduction of brain cells. Usually efficient pathways are established and surplus or poorly migrated and connected cells are ‘pruned’. This does not happen so effectively in AS. A variety of studies suggest that pre-natal testosterone levels might play a role in the different brain development. Whatever the cause, the result is that people with AS tend to have larger brains, slightly different neurological structure and their neurochemistry is affected. Efficient and rapid communication between the different parts of the brain is affected. Their development tends to follow a slightly different and ‘parallel’ path to that of neuro-typical individuals. It can seem to others that sensory awareness is over developed.

Cerebellum Function

The cerebellum is sited towards the back of the brain not far above where the spinal column enters the skull. It allows us to monitor the sensory inputs that arrive from the body and helps us to co-ordinate our responses and other actions. The physical differences in the cerebellum found in people with AS are thought to underlie the repetitive behaviour, poor emotion awareness and management and, the impaired sensory integration associated with the condition. It has also been found to be important in noticing several things at the same time, without consciously trying to. This means that we can monitor the very complex interactions between people instinctively; indeed our attention is attracted by this subconscious awareness of others and things around us. These abilities are affected in AS resulting in many of the sensory and attentional differences associated with AS. The majority of people
with AS will experience under or over sensory awareness and can be less likely to notice something unless they are deliberately trying to pay attention or someone else attracts their attention to it. Then when they are paying attention to something, it is harder for them to shift their attention to something else. This makes ‘socially mediated’ learning very much more difficult. Some people with AS do not instinctively notice other people more than anything else. For them ‘other people’ can be as much a part of the ‘background’ as any object or other living thing of no particular current interest.

Further reading could include the following:

http://ajp.psychiatryonline.org/cgi/content/abstract/160/2/262


Ralph G. Maurer, M.D., Autism and the Cerebellum: A Neurophysiological Basis for Intervention Center for Autism and Related Disabilities, University of Florida, Gainesville, Florida 32610-0234

Reed P; McCarthy J; Cross-Modal Attention-Switching is Impaired in Autism Spectrum Disorders Online First™, 1 July 2011 accessed September 16th 2011 13:29.

Amygdala

The structural differences here are thought to be linked to the poor awareness of danger as well as the impaired recognition (in self and others) and control of emotion experienced by people with AS.


Memory

Most people can effectively create and recall memories including formally taught & learned information. They tend to remember the gist and meaning of events rather than large quantities of precise details. They can generalize using existing stores of information, recognising links between new information and previously stored material. Also they can relate new information to its social and contextual setting. Recall is usually efficient and associated information is recalled with the specific. For example, when I recall eating ice cream on childhood summer holidays I also

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remember being determined to learn how to lick the ice-cream slowly enough for it to last a long time, but not so slowly that it melted and ran down the cone and my hand leaving me sticky and then prone to getting sand in my sandwiches later in the day, which I hated, …and I could go on!

In AS there are some impairments that give rise to characteristic differences in memory function. However, this does not mean that all the affected systems are not intact; it does mean that the usual environmental factors do not reliably trigger the relevant processes. So, although people with AS tend to have memory and recall difficulties and differences, the use of appropriate strategies and support can significantly improve memory development and recall. People with AS tend to have excellent recall of details, facts and figures. Their recall tends to be verbatim and memories persist, i.e. they can struggle to forget. So, recall of an unhappy incident has the original physical and emotional impact. Something that happened when they were 2 or 3 can affect them with equal severity at age 22, 33, and so on. They can tend to relive, not recall events from the past, but making sense of the events is harder.


‘Mirror’ Neurones

Relatively recent research has found an area of the brain that seems to be involved in triggering physiological and emotional responses in one person when they observe something happening to another. It is suggested that this enables people to feel empathy for others; almost ‘feel another’s’ pain, hunger or joy. So, in people with AS this area and associated or underlying processes might not function effectively. However, whilst some people with AS agree they have no empathy, and that they have learned to pretend to, others will vehemently deny a lack of empathy explaining that they have it but they “just do not know what to do with it!” Certainly people with AS or autism will react, sometimes quite strongly, to the core emotions of others. The ideas are not universally accepted, but in terms of understanding autism do seem to offer a possible explanation.


Proceedings of the National Academics of Science (DOI: 10.1073/pnas.0902262106)
Theory of Mind, Empathising - Systemising Model

These theories refer to the usual awareness that people have of the thinking and feelings of themselves and others. Theory of Mind and Empathy allow people to understand themselves and to interpret the motives and feelings of others. In most people it is an instinctively learnt and used skill, but for individuals with AS it is an intellectual exercise. It is difficult for them to be aware of the perspectives of others, to independently read about and understand those perspectives, and to understand social situations. The development of empathy and of ‘self’ are both impaired in AS so people with it can struggle to know ‘who’ or ‘what’ they are and to recognise their own strengths and weaknesses. They struggle to learn other people’s structures and generalisations.

More recently published work suggests that part of the process of recognising another’s emotions and feelings is mirroring by the observer of the facial expression used by the person observed. Given the poor ability to monitor others described above, the underdevelopment of effective empathic cognitive process people who have AS would be a logical conclusion. Find and read reference

An analogy given to me by one of my students is as follows. Imagine an MP3 player. It could have a chip in it that decodes MP3 players OR it might have a different processor that has to have a programme written to decode MP3 players and send the music out to the headphones. Most people have the chip, the hardware for decoding other people. People with AS have to write their own programme. It will never be the same as people who have their own hardware, but it can approach the same effects, if the person with AS has the chance (experience and support) to develop their own programme.

Executive Function

This is thought to allow people to hold several bits of information in mind at the same time and to compare and manipulate them. It is needed for the planning and monitoring of actions. It allows us to suppress one action in favour of another and to set one task aside and complete another before returning to the first. It allows us to be flexible and direct our behaviour towards a given goal, judging the possible consequences of our choice of action. It allows us to monitor ourselves and our actions, ourselves and others during interactions and, therefore, have the information required to learn from our mistakes. All this is impaired in people who have AS. (Note the strong link to the work of the Cerebellum here which is neurobiological in origin.)

Central Coherence (Frith 1989) Detail Focussed v Global Thinking, Similarities v Differences, Open v Closed.

There are a variety of theories about what lies behind the drive to look for, the ability to recognise and use patterns in the information we receive. The 'normal' thinking style is to recognise similarities, make links between different things and categorise information. These theories seem to explain how people extract meaning from incoming sensory information, categorise it and develop generalised understandings or concepts. By processing information 'globally', putting details together to get an overall picture of the world around us, we understand the situations we are in. There are variations between people; some have a good eye for detail whilst others are far better at developing an overview. In most people global thinking dominates but does not exclude the 'detailed' processing. For people with an AS the detail-focussed thinking style dominates. They have such a strong awareness of detail it is hard for them to categorise information, recognise similarities in situations, see connections between things, structure their learning or, recognise the perspectives of others. In the educational setting this means, for example, that they can find it harder to read articles and research papers and extract the overall perspective, or understanding of, a topic. They can recognise and learn the separate facts but struggle to ‘jigsaw together the pieces’. For some it is like “trying to do a jigsaw without the picture and with a few pieces missing”.


Self

In most people from early childhood to adulthood the awareness of being an individual with thoughts and feelings of our own, that can differ from those of others, develops and is refined. We notice the similarities and differences between ourselves, family members and others. The experiences we have can affect us for good and bad.

The learning that underpins the development of self is relatively impaired in many people with AS. The development of a sense of self is therefore also impaired.

As a result, people with AS can struggle to ‘know themselves’ or even what this means to the majority of others.
Events and influences, good or bad can have a surprisingly small impact on them or a more deeply enduring one; as they experience greater rigidity in their thinking and do not forget in the usual way.


Play and Imagination

People with AS struggle to imagine things they have not yet experienced. As children their play is tends to be idiosyncratic or derivative rather than novel. They have often been children who need to keep busy and can remain this way as adults. Unstructured time can be most unpleasant for them. Older people with AS report that unemployment &/or a lack of other purposeful activity can significantly affect their sense of worth; this to a greater degree than in most other people. Their inner world can be rich but their representations are more likely to be idiosyncratic and harder to interpret.

Students with AS can struggle to manage periods of unstructured time, for example reading weeks, revision and examination weeks and private study time in those language and humanities subjects where this is a large proportion of the week. Help with developing a timetable of activities can be needed.

**An Outline of the Spectrum**

**The Triad + 2**

During the 1970’s Lorna Wing undertook a large study of young children in Camberwell, London. She found that, although in detail each child with ‘autism’ varied quite markedly from another, there was a pattern in the type of difficulties they all experience. She described it as a Triad of Impairments.

A large body of research now gives insights into AS and differences in:

- **Brain structure and function**, (e.g. Cerebellum, amygdala) **Sensory Integration**, **Sensory perception**, **Motor integration**, and differences related to cognitive function including:
  - **Theory of Mind**, **Executive Function**, **Central Coherence / “detail focussed” versus “global” processing** / similarities v differences, **Memory function**, **Emotional development and expression**, **development of ‘Self’**, **Anxiety & Mental Health issues**.

Now the Triad is often adapted to give **The Triad Plus 2**.

However from the perspective of someone with AS the alternatives below are probably more accurate representations.

Accessed 1st Dec 2011 15:00hrs

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Social Interaction

All people with an asd have some problems with social interaction. They do not easily learn social rules or how to interact with others by applying these rules flexibly. They cannot ‘see the pauses’ in conversations, struggle to ‘take turns’ and their interactions are often ‘one way’. They can be simplistic or naïve in their understanding of social situations. They are likely therefore to appear:

- formal, potentially seen by peers as unfriendly or odd
- informal potentially seen by staff as rude,
- totally honest therefore appearing rude and bullying,
- domineering, which can be perceived as rude or bullying,
- shy or withdrawn responding if approached but not initiating contact and so are
  - potentially seen as lacking interest and lazy,
  - to be a mixture of the above in different circumstances and at risk of their mistakes being judged as calculated and deliberate acts,
- distressed by or unable to interact with groups of others,
- extremely odd when they use coping strategies in public,
- rude or deliberately awkward when they invade your personal space without noticing, but become upset if you invade theirs.

In ‘lessons’, of any style they can fail to:

- answer to register and so not get their mark or, if they are late, fail to let you know promptly that they have arrived
- answer questions, even if they know the answer,
- ask for help when they need it
- tell you if they have an important appointment, so they either do not arrive or leave during the day with little or no explanation
- get work handed in on time, even if it is done,
- ask you to check their work when finished, even though they have been told explicitly to do so,
- attract our attention to check an important assignment, even though they know they have permission to do so.
- let people know if they are not coping with a task or setting e.g. taking notes effectively whilst listening and learning

and unfortunately they can

- be easily led by less responsible peers, and be a scapegoat as they do not know when they are going too far (nor have the skills to avoid being caught!) (For other reasons they might instigate as much as be led.)
- be bullied by others, not say anything and neither ‘look’ or ‘behave’ as most students do in the same situation, so you do not notice as quickly
- miss-interpret you as being rude, bullying, lazy, unreasonable (and you may never be able to work out why), then either they
  - never say so, but they avoid you and your teaching sessions or they
  - are rude, resentful or disruptive in their dealings with you.
- interrupt explanations / lectures to ask questions or make comments which seem ‘beside the point’ or if relevant would be better kept for later

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• end their day exhausted by the mental effort expended on working out ‘who’ ‘why’ ‘what for’ ‘how’ ‘when’ of the social and academic aspects of their lives.

**NB: The above lists are far from exhaustive but try to illustrate the impact of AS on the individual.**

**Communication – Expect to be misunderstood and to struggle to understand.**

All people with AS fail to instinctively learn some aspects of communication. They are usually able to learn grammatical structures and the literal meanings of words; as children they may have seemed precociously good. However, social, symbolic and metaphorical uses of language are not usually learned instinctively. The student with AS can use metaphor, it is just that it is their own metaphor and references that are developed easily. The core difficulties people with an asd experience are in:

• learning social / symbolic meanings and struggle if a word or symbol has more than one meaning. So, can have problems finding for example a 'Geology lecture room' in 'The Bennett Building' which appears as 'BLT1' on the timetable.
• recognising and using non-verbal modes of communication including eye gaze and the subtle use of facial expression,
• ensuring the attention of others before trying to communicate with them,
• recognise another person’s focus of attention,
• knowing that instructions / explanations really are for them when another person is communicating with them, or a group that they are in, (Another reason for this may be that they do not see themselves as part of a group. So be definition group instructions are not intended for them. If you wanted them to do something you would say so, directly.)
• speedily extracting and responding to the meaning of what they hear,
• conversations involving more than themselves and one other person,
• learning lessons and rules just by being told, or reading about them,
• working out what other people really mean by what is said or written,
• elaborating in their answers to questions, they tend to give short literal answers
• remembering long explanations
• verbalising the things they are worried about which makes it even harder for them to seek help, sometimes until it is too late.

They can struggle with simile, sarcasm, metaphor and idiom. For example:

“Pull your socks up.” "Over my dead body" “There is no need to fly off the handle.” (Do you really mean what you say if you use these phrases?)

They have problems when people use tone of voice, gesture and expression to enrich or change the meaning of what they say. This might be done for emphasis, to display distrust or displeasure or, to make a joke. For example the short phrase

‘I did that’

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can mean just that or be;

- a defensive / aggressive assertion that I (really) did do that
- a sarcastic assertion that I did (not do) that ....and so on.

Imagine how it would feel if you only understood these things literally.

- Would you feel confused, stressed and aggrieved?
- Might you be exhausted by the end of a single lecture, if not sooner?
- Might you spend your evenings and nights sleeplessly going over and over what happened during the day, trying to work out what people meant, worrying about the secret messages others send with their eyes and whether you got things right?

**NB:** The subtleties that change or enrich the meaning held in what we say are usually lost to the Asperger audience, but when they seek clarification others can judge them as deliberately obtuse or awkward.

For those with AS it is like living forever in a foreign country with a language and customs you have not yet mastered, but where other people think you should and must have.

**NB:** It is not safe to assume that expressive and receptive communication skills are equally good or bad. Nor should verbosity, no matter how fluent, be correlated with understanding or communicative intent.

The most fluently verbal students that I have worked with were most verbal when most anxious and least comprehending. What they said at great length was not purposeful communication! What I said to them was not attended to.

Rather they were venting anxiety and real communication between us had to wait until they were calmer (and quieter).
Thinking and Learning Style

The ‘default’ or dominant thinking style for most people tends to be symbolic and imaginative. We store the meaning or gist of what happens, structure what we learn and when ‘remembering’, we re-create the memory from stored information. Most people can be flexible and organised, learn from mistakes and imagine things they have not experienced. We recognise similarities and from experience apply tried solutions to new problems. Typical students with normally functioning memory and recall can usually, work away from the teaching setting, can stop and start pieces of work and so approach the coursework assignments flexibly and they can reflect on what they have done.

People with AS tend to have developed along a parallel but slightly different route. Their ‘default’ or dominant thinking style tends to have recall closer to ‘reliving’. Their memory and recall, which can be extremely good for details, is less good for developing a generalised over-view. The difficulties they experience are in:

- organising themselves and their work, learning new routines or timetables, coping with changes small / large (personal routines can over-ride others.)
- empathy for other people, (sympathy maybe, but not empathy)
- understanding what other people think, feel, mean so they do not get ‘the point’ or understand the ‘purpose of a task’,
- develop a single, or a consecutive series of, intense interest(s) that can interfere with other things they ‘should’ be doing,
- self knowledge and awareness i.e. ‘who and what I am and how I feel’.
- struggle to understand the meanings, motives and perspectives of others.
- learn things by ‘noticing’ what other people do, i.e. ‘common knowledge’,
- striving for absolute perfection, (Work can be finished and good but not handed in.)
- have a poor awareness of danger,
- remembering knowledge and skills away from the educational setting. This affects homework, coursework and exam’ performance.

The differences in thinking and learning style mean that they tend to:

- experience every problem as a fresh new problem with no familiar strategies to begin to help them solve it
- perceive details rather than generalised patterns, accumulate/accrue information more easily than developing generalised constructs and, struggle to structure their learning or link ideas together,
- struggle to stop doing one thing and start another and, have to do things in the order they are set.
- struggle to monitor themselves, their thinking and even time passing whilst they are working on an activity,
- struggle to make choices, prioritise work and personal interests and, imagine / anticipate the consequences of their actions,
• not start a piece of work until they know how to start, when to stop and understand all the steps in between.
• struggle to proof-read and evaluate their own work or recall the reasons for choices and decisions.
• experience a significant time lapse between an event, understanding it and responding to it, including asking for help in a timely manner.
• experience greater difficulty, than you would expect of someone with their level of ability, in developing their initial understanding just by reading about a topic.

Memory and Recall

When memories are created quite a complex mix of processes are employed. Generally most if not all of the processes are spontaneously triggered by environmental and social factors. During an approximately 4 week period events and information are encoded in long term memory. Intricate generalisation and links between new information and that already held takes place alongside the recording of the links between it and details of the context in which it was ‘acquired’ (relational memory). So, on recall, associated information is usually available to the individual as well as the particular piece of information. The social aspects and implications of an event or information are important elements included in the memory creation.

The type of memory generally referred to as ‘rote learning of facts and figures’ also occurs. Most people also have sensory memory and recall, which if vivid enough will recreate sensations linked to an event; this is not a dominant form of memory in most people. In AS the balance between these different types of memory is different.

Some important elements that do not work as effectively for people with AS are:

• working memory (this is not the same as the short term memory measured by digit span tests)
• the categorisation and organisation of information that depends on good executive function and ‘central coherence’ processes,
• including social aspects of and the knowledge relating to context associated with the conditions with facts or specific bits of information they acquire. Later as they try to put information into context, it gets harder and harder to so.
• processes that involve self (self-referencing); people with AS can tend to recall what they have done less well than what they see others doing
• processes that allow effective unprompted recall. (‘It’s in there somewhere’ but only the right question or prompt triggers recall.)
• recall of complex patterns and temporal information

This means that they are less likely to:

• amplify answers to questions in the usual way,
• recall information associated with an event or topic as fluently as expected for someone with their level of knowledge and ability,

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note and recall the social expectations and implications that others absorb automatically i.e. the general knowledge and understanding of the expectations of a given setting or reasons for a task simply do not necessarily 'register' with them,

volunteer all relevant information to help solve a problem

It also means that they are more likely to:

- have good recall of isolated facts
- relive than recall events, but still struggle to extract full meaning or all implications
- misinterpret the expectations and reasoning that other’s often share
- benefit from working in parallel with a suitable partner, as long as they are comfortable with this (It helps if they are better than their partner and can take the lead or give help.)
- benefit from links between topics being made clear
- benefit from information they are required to recall and act upon being made explicit and if necessary be related to them individually, in a suitable manner.

NB: with appropriate support and strategies, which are not necessarily complex, either during 'an event' or when teaching, memory and recall appear to be far less impaired.

That is, if help is given to structure the information and its future applications “on the way in”, recall is improved.

Start/Stop, Drafting and Planning Problems

The start/stop difficulty experienced by people with an asd affects daily life and education. Unless they know exactly what it is they have to do, know how and when to stop and, all the steps in between, many students will not be able to make a start on a piece of work or an activity. This means that extended pieces of work set in stages might not be started until close to a deadline because they did not yet understand, or have all the information about, the whole process.

Most students can act upon partial knowledge or experience and can repeat or adapt their work as they learn more. This is very difficult for students with an asd.

In addition, once a piece of work has been completed students with an asd find it very hard to go back and change it. When restarting, unlike most students, they cannot easily pick up from where they left off, nor do they readily restart at a mid-point. They have to go to the beginning of the thought or piece of work and start building it up all over again. This means that drafting and redrafting is extremely difficult for them and what they hand in usually has to be complete.
In design and media subjects it can be very hard for students with AS to develop pilot / initial ideas. Sometimes this is because their ideas arrive in their conscious awareness fully formed at other times it can be because they cannot function until they know what the whole process / concept / product is and why it is appropriate.

**Homework and Coursework Problems**

Memory function is affected by AS. Unprompted recall of associated facts is poor so when students go away from the setting they can genuinely fail to access the understanding gained earlier. Then they cannot begin the work without support or prompting. Many students with AS are exhausted before the end of the day. This adds to the difficulty of remembering and doing the ‘homework’.

Failure to do work away from campus can also happen because the student did not actually understand the purpose of task but were not able to ask for or understand further explanations.

It might be that the whole purpose of independent work was not understood at school. So the student arrives at University less well prepared for independent working. The support they need can therefore include strategies and explanations that seem to be surprisingly elementary or trivial. (Of the ilk – have you not learnt that yet!?)

Some students have narrow definitions of different settings i.e. college is for study, home is for rest. Working ‘at home’ can be perceived as illogical and wrong. This can mean that they struggle to do course related work in the evenings or at weekends; outside timetabled time. Also, for example, where many students begin their final year dissertation during the summer period, some students with AS simply cannot do this. This does not affect all students with AS, some will be the opposite and want or need attention from staff at any time in the academic year!

**NB:** The difficulties they experience in education are partly inherent to the condition but are also due to the expectations and assumptions of the majority. None-the-less they can be able and high achieving individuals with interesting and useful perspectives.
Sensory Awareness and Integration

Most people are comfortable with their sensory experience of the world around them, at least for most of the time. Most people can integrate the sensory information they are receiving from outside and inside themselves into a coherent understandable experience.

Most people are not distracted by the feel of their clothes rubbing on their skin, noises from traffic outside a building 3 streets away, the smell, warmth and sounds of other people, the crinkle of paper, creaking of furniture, the sound of an air conditioning fan, the buzz of 50KHz electricity as it flows along wires, the sensations within their own body. Most people do not have enhanced sensory perception or disturbances. This can be very different for students with AS.

Students with AS might be hypo- or hyper-sensitive, and some report no problems in this area. The same student can be hypo sensitive in relation to some sensory stimuli and hyper sensitive to others. They can be comfortable on one day, but not the next. They might:

- experience enhanced or distorted sensory awareness, which means that some environments can, at best, be distracting or extremely distressing,
- when stressed, lose cohesive sensory awareness and see parts not wholes, e.g. when anxious about some work one student would see not the lecturer giving out sheets but instead, a disembodied hand putting paper in front of him. (No surprise then that he fled the room!)
- find some screen displays highly distracting and have to look at the screen OR listen to the instructions and explanations,
- have to tune in and out of awareness in order to cope, which means they miss chunks of information,
- see but not hear when you write something down at the same time as speaking, which means they miss the explanation,
- they can be clumsy and have poor handwriting,
- they might have Myers-Irlen syndrome (scotopic sensitivity) which, for example, makes reading difficult and might require the wearing of tinted spectacles much of the time.
- find the lecture environment especially difficult to tolerate.
- experience high levels of anxiety as a direct result of the sensory bombardment they have to live with,
- hear private conversations through closed doors.
- HAVE AN OUTBURST that is unexpected but is really due to sensory overload.

Try to imagine how it would feel if you were more aware of what you could hear, see and feel AND could not ignore any of the stimuli. What if you had an irritating itch, a light was flickering and someone sitting next to you was making a high pitched
scratchy noise and wearing a strong repulsive perfume or, had not washed for a month.
Anxiety

Most people are aware of the physical sensations that are linked to different emotions, they know from the context of a situation what those sensations mean and so they know how they are feeling and why. They will deliberately or unconsciously display their emotions so that others understand. When speaking about how they feel they can describe their emotions using a very wide vocabulary and be understood by others. Because they know when something is distressing them, most people can work out what that is and do something to change the situation. All this is impaired in those who have AS.

In general therefore people with AS might;

- live with chronically high levels of anxiety, which can lead to behavioural and mental health difficulties,
- feel vulnerable and confused because they cannot accurately monitor what is going on at the same time as experiencing it so they cannot do something quickly to change a stressful situation,
- have outbursts over seemingly trivial incidents,
- passively avoid situations that worry them, e.g. not turn up at a lesson or leave work that worries them until it is (almost) passed the deadline,
- avoid people, when they should be asking staff for help,
- lose concentration and play a ‘chilling out’ game on the computer,
- drift in and out of interaction with others, so missing chunks of a ‘lesson’,
- hide the anxiety at college but erupt when they get home
- develop self harming behaviours and / or suffer depression.

Some however are ‘shut down’ and seem barely aware of their feelings at all. They can be misleadingly calm and not consciously aware of what they like or dislike. They may end up doing the wrong course and/or fail whilst those working with them merely see them as rather lazy, uncommunicative and unenthusiastic.

**NB:** If we all lived with the chronically high levels of anxiety experienced by many people with an ASD, we would all show some problematic behaviour.

When anxious most students with AS cannot absorb new information, even if this is helpful and useful.

**During an outburst or panic attack, be calm and quiet.**

Avoid talking to the student and do not look them in the eye to attract their attention. This adds to the overload and the panic.

Instead, let them rant and rave, calmly with the minimum of language remove them from the situation, or let them leave. Only after they are calm again should you try to discuss the issues.
Talk about ‘the problem’ or ‘the mistake’ using impersonal language to distance it from them. Try not to be judgemental.

**Motor Control.**

Many people with AS have been ‘clumsy’ children and continue to be less well co-ordinated. They can have a slightly ungainly walk or be ‘accident prone’. They might have poor handwriting. Their spatial perception can be affected.

Students with AS might:

- have slow and / or illegible hand writing and make poor notes
- have a poor sense of layout for work
- bump into people and objects, and blame the other person,
- trip over things that others have no difficulty with
- break things without being careless
- trip up more easily
- be badly affected on some days but not others
- have to stay at home in icy weather because they fall so easily.

**NB:** Think about how other students respond to ‘clumsy’ people; is it always with sympathy and understanding?

**NB:** Poor physical co-ordination in early childhood can affect the development of the ability to be organised in later life. This aggravates the poor organisation present in some people with AS.
How you can help

NB: Imagine what it might be like to have these difficulties.

- If you did not instinctively ‘notice’ what was going on around you, if the only way you noticed things was to make the decision to pay attention and consciously think about them, what would your life be like?

- What would you notice and remember?

- What would you choose to consciously be paying attention to?

- Only those things that were brought to your attention by somebody else?

- Or only those things you were interested in and sought out for yourself.

- How would you notice / learn things unless you were specifically told?

NB: To support this invisible disability therefore we need to be;

1. skilled in social interaction,
2. good communicators and
3. imaginative flexible thinkers.

we almost have to communicate for both parties during the interaction.

NB: Our systems and rules need to be applied flexibly.

NB: In most cases we should include the families of our students. They are the ones who know the student best and experience the results of the anxiety and upsets the student suffers.

NB: Be prepared to Reduce the Sources of Anxiety that are not intrinsic to the requirements of a qualification.
Problems Relating to Academic Life

The strategies included in the different sections that follow have all been successful in helping students with AS to access their HE education.

If these do not work, or if there is an emergency contact:

a) Dr Paula Dobrowolski or Tess Coll at the AccessAbility Centre, (x5002)

b) the student’s Personal Tutor and the AccessAbility Tutor for the department or college

c) If the National Autistic Society is involved include their support worker; their contact details will have been passed on to the department.

Remember: – if there is a good safety net in place, which will include the student’s parents/carers if written permission has been given by the student, the student will be less anxious and more able to manage independently.

Remember: Keep everybody informed. If you send a message to the student, copy it to everybody else involved with their support. Then the student can be prompted to act.

Remember: If the information here does not answer your question ASK.

NB: Trust in you and the system is most important.

NB: Deal with minor problems so that big ones do not develop
**Official ‘paperwork’**

Remember that paper work is just another form of communication for human created systems. The systems vary between departments and settings. Learning this sort of thing can be very difficult for students with AS. It is especially problematic with students who tend not to volunteer information.

1. Let the AAC, parents/carers and support workers have copies of forms and information about where each should be sent. Then the student can be prompted and supported in completing any relevant paperwork.

2. Keep copies on file in case the student loses them.

3. Inform the AAC and parents if forms are late. This can be done by secretarial staff as well as others.

4. In the case of illness or other legitimate reason for absence or missing deadlines it is important to remember that the student is less likely to inform you in advance. Keeping in touch with families and the AAC often helps.

5. Learning to ask the right questions is frustrating but is so important in making sure the student meets important deadlines with regard to official paperwork. On more than one occasion a student has brought important paper work to the AccessAbility Centre but the person they expected to give it to was not there. They then went away with it still in their pocket, saying nothing!

6. Sometimes students miss out in the competition for choosing options / project topics because they have not been explicitly told that these things will be allocated on a first come first served basis. Sometimes this happens because the choice has to be made at a time of year when the student is busy with current work and deadlines. Looking ahead to the next semester or term under these circumstances can be very difficult for some people with AS. Also, having made their choice, without support, they might not email it using the correct ‘subject’ description.

For example, one student used the term ‘Guided Reading’ not ‘Directed Reading’ and omitted the module code from the ‘subject’ line of their email. The email was overlooked until all other allocations had been made. Now regarded as late making their submission, they were contacted and asked to choose from the remaining topics, none of which were of interest to them or fitted in with their other options. This was resolved to the satisfaction of all, but not without support for the now distressed student, who felt it had been a deliberate act. The student could not imagine how else it could have happened until they were told how the error happened.
Attendance

Some students with AS can have genuine difficulty attending teaching sessions and appointments. The reasons might be avoidance of: sensory overload, social interaction and communication demands, or an unexpected change. Other possible reasons are personal organisational difficulties, sleep pattern disturbances or an inability to really understand the consequences of their choices, until it is too late. Anxiety arising from the demands of a setting and coping routines that over-ride institutional requirements is another common reason.

1. Try to contact the student, were they absent or did they just fail to sign the register. An email such as the following, also sent to the AAC and parents, can be helpful:
   “You were not at ..... Did you know where the room was or was it a different problem? Please email me to let me know the reason, then I can help sort out the problem.”

2. If there is a buddy system in place ask the buddy to meet the student and bring them to the meeting / appointment.

3. Inform Tess (tmc8) or the secretaries in the AccessAbility Centre.

4. Inform parents, if the student has signed the permission letter, and ask if they know of a reason.

5. The next time you do see the student, as calmly as possible, say that you have noticed their absence, that this usually means there is some sort of problem and ask what it is, if there is one.

If this does not solve the problem, then all parties can work together to identify and then solve the underlying causal problem.
Communication of Information - Expect to be misunderstood (again).

Often students with AS are very poor at absorbing information from unexpected emails, general instructions to a group and notice boards.

1. Where the student has signed a permission letter include their parents in communications so that they can prompt the student. More than a few students with AS rely on their parents well into adulthood and are not able to communicate as effectively with anybody else. They might be the students who appear most independent. Daily living skills and organisation, understanding the systems and processes developed by other people, can all develop more slowly for people with AS. If the parents are not aware of what is required they cannot support the student.

2. Give individual, unambiguous instruction backed up by written notes of what you said or visual reminders such as checklists and timetables.

3. e.g. The mentor, buddy, personal tutor or AAT could: discuss the new timetable with a student, help them to record it in their diary or on a calendar, including deadlines for ‘homework’ and assessed course work. Follow up text or e-mail messages, to ask if the system is working, can be sent to find out if the student is sorted out, or if they are still not clear about what to do when.

4. Include the buddy, AAC and the parents in emails sent to a group that the student is in. Then they know what messages the student should be looking out for and can remind them.

5. Give reasons for any changes with the advance warning. Check the student has understood by asking them to tell you what they think they should be doing do about the changes. Then still be ready to remind them!
Lectures

1. Do not ask why a note taker is present.

2. Allow the student to discretely arrive late or leave early without comment.

3. Allow the student to sit far apart from others if that is what they prefer.

4. Face the audience when you are speaking. (This helps everyone.)

5. Try not to walk around using lots of gestures; slightly exaggerate those few you do use.

6. Allow the note taker to remain even if the student is absent.

7. If it has been arranged, please distribute notes /power point in advance so that the student can prepare. Knowing in advance what is going to be said helps them to interpret the lecture more accurately.

8. If the student is always asking questions or speaking out loud, be blunt but calm. Answer relevant questions if this will help others, acknowledge good comments but then use a ‘not now but later sentence’ to stop the flow. For example: “I cannot deal with that now I need to finish this point first. I will talk with you at the end / after slide no…. where it is relevant’

9. If the student is one who tends to take an active part in lectures, discuss with them in advance a sign that you will use to show when asking is ok, or when it is not.

10. Try to present information in the order it needs to be learnt, showing clearly how it links to other topics and contexts, and where it can be applied, the student’s memory and recall will be ‘normal’. This is not giving too much help, it is good teaching practice that supports the student in an area of disability.
Seminars

1. Allow the student to stay in their chair when groups are forming
2. Do not insist on the student having new partners for discussions, unless you can clearly see a need for change that is in their interests.
3. Chair discussions tightly, and paraphrase what others say, so that it is audible and unambiguous and, clarify who said what.
4. If the student has sensory problems allow their group to use a different room.
5. Encourage discussion groups to make notes on OHP transparencies. This provides a visual prompt during feedback, which is easily photocopied.
6. If the student needs to record lectures and seminars, please allow this. The student will have signed an agreement that all recordings are for their personal educational use only.
7. If the student speaks out too much then these strategies usually help.
   a. Say that it is another person’s turn to speak first, but they can make a follow up comment.
   b. Plan in advance, with the student, how many questions or comments it is fair for them to make.
   c. Plan an agreed ‘time to shut up’ phrase or gesture you can use to let them know when you need them to be quiet.
8. If the student is very quiet then the following might help.
   a. Check that they really know what is expected of them.
   b. Give the student advance warning of some questions they could try to answer, or topics they could discuss. That gives them time to plan what they will say. They might need positive feedback from you that what they intend to say is ‘right’ and ‘good enough’.
   c. Allow the student to remain silent until they know group members.
   d. Allow the student to change seminar groups if the make up of their current group is the cause of significant anxiety and silence. (This is not usually necessary)
9. Plan seminar and working groups with care, random groupings are not always very successful for students with AS.

Group Work

Plan group members with care. Students with AS can become extremely upset if others are not equally conscientious and can end up doing most if not all the work. Alternatively, they can follow, with little moderation or awareness of the consequences, the bad example of the less conscientious students. In these cases the reason could be due to a very naïve logic; the others are not bothering, no one is telling them off, it cannot be important.

1. Inform the whole group, and therefore the student, if others are legitimately absent.
2. Inform the whole group, and therefore the student, if others are ‘being dealt with’ for unnecessary absence.
3. Remember they will not know or assume things they are not told.

4. Make expectations and the breakdown of marks between individuals clear.

5. Make it explicit that their individual efforts will be recognised.

6. Choose an experienced facilitator for supervising the group.

7. If the student cannot start on a piece of work – check that they really know what is expected of them.

8. Group discussions are very difficult for students with AS, they will miss lots of information; unless they are in control when they can appear managing or very efficient. Also they do not usually benefit from sharing / bouncing ideas around in the same way that many people do. Tight chairing / individual meetings and discussion of ideas in advance of the group work might reduce anxiety and prevent problems.

9. Partial disclosure of the student’s disability to group members, to ensure that they know the best way to work with them will depend on the student giving permission.

**Presentations**

Some students with AS do not have any problems in this area and can enjoy giving presentations on topics that they are confident they understand. However, this is not the case for all students with AS. It might be necessary to make some of the following adjustments.

1. Allow the student’s group to go last, let the feedback session run late and offer to listen to the student’s group privately later. Tell the student (and the group) this is going to happen so that they attend the session calmly.

2. Allow the student to make a video recording of the presentation that can be played.

3. Allow the student to work on the content of a presentation only; they then give their part to another group member for delivery.

4. Allow the student to develop a poster only, without having to stand up and speak about it. They could take and respond to written questions.

5. If the student cannot start on a piece of work – check that they really know what is expected of them.
Practical Sessions

Many practical sessions begin with detailed introduction. Memory function in AS is different in that the student tends to recall only the last few things that they have been told. Not being able to remember the start of a series of instructions and explanations makes starting very hard! In addition laboratories tend to be complex settings – interaction, layout of equipment, collecting, returning and sharing equipment, sensory stimuli, proximity of others, multi-tasking i.e. keeping notes on what is done and thought whilst working.

1. Have written bullet point lists of what is required and what is to be done.

2. The Disabled Student’s Allowance (DSA) can pay for additional demonstrator hours so that the student gets discrete additional attention to get them started, and to help them solve problems during the session. Take advantage of this.

3. Allow the student to keep their log on a laptop or use a personal Dictaphone as well as, or rather than, a lab book.

4. Let the student choose where they will work – then they can control some of the environment and reduce interactions and contact with other people. They will then be calmer and more able to cope.

5. Monitor what the student is doing, getting bogged down in details and never finishing is not uncommon. For example: discretely discuss what has happened then say that is good / enough, so now it is time to ….

6. It might be necessary to provide note taking support even in practical sessions particularly if the student has symptoms of Dyspraxia as a part of their AS.

7. Help the student to record their thinking by asking them to explain what they are doing and why at appropriate stages during the work. Keep a note of what they say; this can be used to compensate for their poorer recall. Photocopy everything you write for them so it is not taken away never to reappear.

8. Paired working, or getting the student to help another person seems to aid the structuring of memories so that recall is nearer to normal. In other settings I have asked support staff to do the same work, at a neighbouring station and to pretend they do not know how to start. After helping the support worker, the student could then recall instructions and begin!

Some practical settings prove to be very stressful for students. This is often due to sensory issues.

For example a student with enhanced visual perception cannot tolerate oscilloscope displays. To them it is just a series of moving dots and flashes. Often changing
screen and other display settings or the wearing of tinted spectacles and changes in lighting and orientation to the screen can alleviate the problem.

However, if no solution can be found then perhaps the student will need to reconsider their options. Where there is a choice, the student might need support and experience of a setting to help them make reasonable decisions.

**Meeting Deadlines**

This is often a major source of anxiety for students with AS. Those who do meet all deadlines have usually worked additionally hard to do so. They will have followed strict routines that involve long hours of work and little social contact with others. This may not be a problem for the student, but it can leave them tired and prone to high levels of anxiety if they cannot follow their routines.

Other students struggle to monitor the passing of time and if they have two weeks to do some work, one week later can still feel they have two weeks left. **This really has happened, more than once!**

Others do the work, feel it is not perfect and then cannot hand it in. They will get bogged down in details and be unable to move on from one part of an essay or task to another until all ‘faults’ are removed and ‘everything’ that should be done is completed.

Others cannot start until they know the whole sequence. They need to know how to start, how to know when to stop and all the steps in between before they can start.

This means that they end up with several pieces of work to do towards the end of the semester or term. They are unable to work piece meal on two or three different things earlier on whilst the topics are being taught and discussed.

1. Academic mentors can help the student understand what is expected of them and get them started sooner.

2. Staggering deadlines with some individual help to get started, or some extensions where permitted, can help; there is the risk that this merely delays the problem so an automatic blanket extension often does not help.

3. Study support through the AAC, action plans and checklists all help too.

4. Show students what a finished piece of work ‘looks like’; this helps them to understand what is expected.

5. If still nothing happens, there must be another underlying problem. Inform the AAC (accessible@le.ac.uk) and Tess (tmc8@le.ac.uk)

6. Remember, with a single track thinking style something irrelevant might be the factor that is preventing progress. We need to be prepared to deal with
anxieties and other issues to free the student to begin working. This might only involve identification of the problem followed by setting up a meeting between the student and the relevant person.
Coursework

Some students’ detail focus and drive for perfection is so strong that coursework becomes an unbearable burden for them. In these cases additional examinations or vivas have been a useful substitute. However, this is rare. The following strategies usually help.

1. Offer some individual support to get the student started, and then monitor progress.

2. Help the student to break the work down into small manageable and coherent chunks.

3. An academic mentor or buddy could meet the student regularly to make sure they have understood the point of what they are supposed to be doing and that they have a realistic timetable for achieving their goals and sub-goals.

4. Send written notes of meetings to remind the student what was agreed.

5. Bullet point action plans, daily and/or weekly, can help.

6. Check that the student is reading and preparing efficiently. They are at risk of over reading and of ‘going down the wrong track’. However, it is important to remember that often they have to understand ‘the whole’ before they can stop preparing and start writing / doing the coursework.

7. It helps if they are explicitly told how other people know that they have done ‘enough’ reading before for example, starting an essay.

8. Planning staggered deadlines and extensions where permitted can be very helpful for students with AS.

9. Where departmental help is not sufficient make sure you refer the student to the AccessAbility Centre / Study Support / Disability Service. More intensive support and diagnosis of difficulties might be needed.

You too can contact the AccessAbility Centre or Tess Coll and ask for advice!
Dissertation / Long Project

Many students with AS struggle to develop the necessary ability to break tasks down into smaller chunks and work on each piece separately. They might not have learnt how to research information. Their learning style might be strongly ‘learn by doing first, read about it second’; which leads them to doing projects ‘back to front’ or if they do the background reading first, their reading seems inefficient and lacking in direction. Additional mentoring or supervisory guidance can be important at this stage. Although it can reduce the marks they achieve, it might (and has in the past for some students) be necessary to give explicit guidance on what is central to the dissertation / long project, what is ‘extension’ and what the structure needs to be.

Try to help the student choose a topic that suites their strengths.

Academic mentoring during the summer months is allowed before the student’s official graduation date. The AccessAbility Centre will need to be informed first as the agreed annual total of hours must NOT be exceeded. So, do feel you can offer mentoring to the student; e-mail contact and occasional meetings might suffice. This keeps the student on task over the summer even though they are in a different setting and may be less able to recall the work or motivate themselves.

Weekly or bi-weekly meetings with the supervisor and additional academic mentor hours might be required. Some students require 1:1 motivation and guidance during long projects. This has been provided by the National Autistic Society (NAS) and paid for from the DSA.

Give explicit guidance on what to do each week. For example, one student required repeated explicit instruction and demonstration on how to access Athens and, how to cut and paste interesting references straight into the documents. In addition they were given a checklist of what should happen before the next supervision session and told to make a note of problems that cropped up.

1. Introduce the dissertation in logical chunks.

2. A study advisor / academic mentor / supervisor can give explicit guidance on how to choose useful references and to know when enough background reading has been done. Tell the student how you decide that you have done enough.

3. Liaison between all those working with the student is essential. E-mail details of what has happened and been agreed after each meeting.

4. Keep notes / digital recordings / photographs of ideas and discussions. Then if the student cannot recall what was said or done, both you and they have a record.
5. Some students might have to complete their dissertation after the summer exams, simply because they cannot multi-task and/or have become too anxious.
Assessments / Examinations

1. It is vital that students know what to expect. Arrange for role play or other practice of novel assessments so that AS related issues can be identified and addressed.

2. As appropriate for the student, allow them to go first, last or on a separate occasion if this can be arranged.

3. Academic mentors can help with revision and making sure the student knows what the rubric means. Remember, knowing what revision is, what it is for and why we do past papers, is ‘common knowledge’ – not usually explicitly taught. Even very bright students with AS can fail to understand what revision actually is or how it is done.
   a. Check that the student knows and can act on such things as: they can do questions in any order and leave some parts undone.
   b. If they struggle to act on this, perhaps questions can be presented on separate pieces of paper so that number order does not over-ride what would be the student’s choice.
   c. Check - What is their time management like in exams?
   d. Check - How do they time keep?
   e. Check - Do they always try to do questions in full, before moving on – thereby losing ‘easy’ marks further on.
   f. Check for things such as; Will the student panic because their blue pen has run out of ink and there are only black ones available? Will they expect marks to be deducted for the change in colour which spoilt presentation of the answer script?

4. Check with the disability officer about examination access arrangements that have been made. The AAC does this but a belt and braces approach helps.

5. Without breaking rules, try to give positive feedback to reduce anxiety. For example, “I cannot tell you the mark until after the exam board meeting, but there is nothing you should be worrying about”.

6. If the student has done badly in an examination, please inform the AAC staff working with the student in advance of the results being released.

7. Make sure those supporting the student get copies of all relevant paper work. Then they can prompt the student to complete and deliver important forms.

8. Some students with AS have found examinations so stressful that alternative assessments have had to be devised. This has in the past taken the form of additional essays done during the examination period, which sets a time limit.


Official Paperwork

Remember that paper work is just another form of communication for human created systems. The systems vary between departments and settings. Learning this sort of thing can be very difficult for students with AS. It is especially problematic with students who cannot volunteer information.

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4. In the case of ILLNESS or other legitimate reason for absence or missing deadlines it is important to remember that the student is less likely to inform you in advance. Keeping in touch with families and the AAC often helps.

5. Learning to ask the right questions is frustrating but is so important in making sure the student meets important deadlines with regard to official paperwork. On more than one occasion a student has brought important paper work to the AccessAbility Centre but the person they expected to give it to was not there. They then went away with it still in their pocket, saying nothing!

6. **Sometimes students miss out in the competition for choosing options / project topics** because they have not been explicitly told that these things will be allocated on a first come first served basis. Sometimes this happens because the choice has to be made at a time of year when the student is busy with current work and deadlines. Looking ahead to the next semester or term under these circumstances can be very difficult for some people with AS. Also, having made their choice, without support, they might not email it using the correct ‘subject’ description.

**For example,** one student used the term ‘Guided Reading’ not ‘Directed Reading’ and omitted the module code from the ‘subject’ line of their email. The email was overlooked until all other allocations had been made. Now regarded as late making their submission, they were contacted and asked to choose from the remaining topics, none of which were of interest to them or fitted in with their other options. This was resolved to the satisfaction of all, but not without support for the now distressed student, who felt it had been a deliberate act. The student could not imagine how else it could have happened until they were told how the error happened.
Anxiety and Behaviour

Anxiety related outbursts, or students with AS who are very upset, can be quite daunting. If this occurs it is important to avoid aggravating the situation. What makes it more difficult to deal with is that the most appropriate action is often counterintuitive.

**NB:** Trust, in you and the system, is most important.

**NB:** Deal with minor problems so that big ones do not develop.

1. If the student is anxious allow regular breaks for them to relax with their obsession / chill activity during individual teaching / meetings. This keeps their mood calmer and they are more likely to work effectively. This gets easier to judge as you get to know the student better.

2. Maintain a calm working atmosphere; and a personal 'calm alert' state.

3. It is usually better to allow the student to leave the room rather than keeping them in a situation that distresses them.

4. If the setting is too distressing, allow the student to study elsewhere. Students can listen to digital recordings of lectures whilst looking at ‘power point’ presentations instead of sitting in a disturbing environment.

5. The AccessAbility Centre will have given the AAT a check list of signs and symptoms of increasing stress. There might be a plan for what the student can do and where they can go to defuse a situation

6. Do not ‘comfortingly’ lean towards and gaze at the student if they are upset. Do not use speech to try to calm them down. These things only add to the overload and can precipitate a ‘meltdown’. Use minimal language to communicate.

7. Analyse incidents later; when the student is completely calm again.

8. Discuss problems and errors dispassionately using impersonal language. Cartoons, diagrams to develop the narrative of an incident are more effective for getting the student to understand what happened, why and what could be done better next time.

9. Social Stories™ (Carol Gray) are used for explaining many aspects of life. I have found the style of language and explanation used very helpful even in the HE setting. See these examples (http://www.polyxo.com/socialstories/introduction.html)

10. Make boundaries clear and stick to them.

11. Where problems are anticipated, action plans and other pre-emptive action should be discussed in advance of the academic year or semester.

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**Pointers for Post Graduate Mentors**

With thanks to Ashley, Emma and Heather who gave detailed feedback after their first year of mentoring students with AS. Also to Malcolm with several years of mentoring experience.

It helps if you:

1. Have a copy of module handbook so you can:
   a. email in beginning especially with regard to deadlines.
   b. be pro-active, sort out the diary and what the student needs to be aware of for the following week, especially weekly seminars, and keep track of that.
   c. catch up on seminars s/he might have missed
   d. can find out more specific details, to help the student learn how to access the journal articles they need. This often needs recapping because if it is done in a group it does not go in as effectively as you would expect for someone with the same level of ability.

2. Get to know your student, it should be ok to talk with them about how they feel about:
   a. Constructive criticism, how should you signal it is not a personal criticism? What is the risk of them taking it personally?
   b. How you should approach them/the sessions, what would upset them.

3. Recap at the start of seminar / meeting; set out the main themes, what s/he needs to take from the mentoring. You should contact the seminar leader(s) to find out what themes they are covering.

4. Plan to tie specific themes into the larger picture to help the student link themes together and create a structure for the topic. Discussing the general picture before narrowing down to the specific example / seminar material can help the student to link context and purpose to the topic. (memory structured by working with and through ‘other’)

5. Getting the student to change their interpretation of a question or topic is harder than usual. So, it helps if you can look at topics before the student needs them. If their interpretation is accurate in the first instance, it makes the rest of the work much easier. How the rigidity of thought affects essays is dealt with below under point 8.

6. Ask if you can see his/her exam scripts so that you can give specific feedback. Students with ASD cannot self-reflect and learn from experience or general comments. This can be done providing the student has no opportunity to see their own exam script.
7. If you can, get hold of good and bad essays for the student to see and go through. Then you will be able to show what makes a good essay.

8. Essays- getting the concept of an essay can be harder for students with AS. The move to discussing a smaller number of facts or themes in depth to support or reject an argument, rather than presenting lots of information and examples, can be tricky.
   a. Try to find out what the students natural approach is to essay writing and adapt that rather than starting from scratch.
   b. Things that have helped are: teaching the art of setting word counts within the essay, e.g. 200 word on A, 150 on B etc with 10% max for intro, 10% max for conclusions.
   c. If the student has not been explicitly taught how to do essays before Uni, you might need to give quite a bit of guidance and support with the first few – structure, where to make different points, formal academic language and referencing. This is because they will not learn simply from being told, or reading journal articles, in the same way as others of equal ability can do.
   d. When they have actually done one or two, what you mean by what you say will be clearer to them. Remember, 1st year marks do not affect degree class so there is time to get it right.
   e. Similarly, for exams with essay questions, allow 10 mins for planning, 45 mins for writing 5 mins for tying down and concluding.
   f. How to construct an argument will need rehearsal and dealing with criticism of your argument will help the student in seminars and essay feedback.

9. Tackling one aspect of essay or report writing at a time can reduce pressure on the student.
   a. The first time you help them review a piece of work look at the structure. Do this at the 'question interpretation and essay draft plan’ stage so that you get the chance to spot any misinterpretation before the student’s thoughts are fixed.
   b. Next look at how they use language and references, to express their ideas.
   c. Finally look at grammar and punctuation. Using different colours of ink / highlighting for verbs and adverbs (2 different greens perhaps), nouns and adjectives (2 different blues?) and so on can help the student keep track of what they are looking for.

10. Clearly tie theory to concrete examples so that the student can see how the abstract ideas actually work. The students with AS often need more examples, that use the theory in different ways, to be able to fully understand it. So, the teaching in lectures might need to be augmented by additional examples.

11. Doing a joint degree can double the amount of learning. Essay style guides can vary markedly. The banding criteria can be rather woolly. Some students need different mentors for the different subject areas so that they can keep
the different styles separate in their minds.

12. Some students with AS have dyslexia as well as their AS. This means that you might have to know about the skills taught by a study adviser. Do feel able to contact the Study Adviser to check what to do.
My first experience of mentoring a distance learner with AS

From Heather, with explanatory comments about the underlying reasons for different difficulties.

It took the student quite a while to trust that what I was saying was accurate and right. It took a few essay feedbacks for them to accept that what I was advising, e.g. the layout of bibliography, introduction and conclusion really were important parts of the essay.

It needed feedback from lecturers themselves to bring the student’s mind back from focussing on what was of interest to them – the content – to help me get through to them that what I was trying to explain about was important to the reader / marker. The student did not see the over view, that all sections were so important to get right, nor the perspective of other readers including the marker. *(This is detail focus and impaired theory of mind leading to poor awareness of needs of audience in action!)*

The student did not always find it easy to understand the nuances of questions and exercises. For example an experiment about museum storage conditions over several years, that was adapted to be done at home within a couple of weeks caused them quite a lot of trouble. The student really struggled to relate the work to actual museum conditions. Eventually by saying explicitly that copper was used because it is found in many artefacts like helmets, crisps were used because they were organic and many artefacts contain organic material,…

Once the purpose of the experiment and how it linked to the subject, the assignment was completed. *(This is the impaired imagination, the experiment was not ‘real’ it was ‘pretend’. The experiment at home did not resemble the museum setting closely enough.)*

Advice: In future:- make the reasons for doing this sort of ‘pretend’ experiment, where conditions are more extreme so that changes occur within 2 weeks rather than years (as would happen in a real setting) explicit at the beginning.

I also found that I need to get changes to the student’s perception and plans, their interpretation of instructions in early; once the ideas are formed the student really struggles to change their approach or understanding of something.

So, now although the student has their own firm ideas, as long as they send me the initial essay plan they can respond flexibly (overcome their rigidity of thought) and respond to the points or misunderstandings I pick up from the plan.

The student has difficulty with structuring the ordering of their ideas, so they flow in a logical way. Also the grammatically structure of sentences usually needs improving.

Their thoughts can be scrambled when they come out in writing, and so can the punctuation (linked to the dyslexia too). The system we have is ‘do not tackle everything in one go. The student’s brain cannot do multiple things.

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So they send 3 drafts, 1) overall structure and content; 2) look at grammatical construction of sentences; 3) the more minor grammar issues and punctuation are dealt with.

My feedback has to be phrased in very direct language. I cannot say ‘you are trying to cover too much ground’, ‘you’ll just skate over the surface’ I have to say “you are trying to cover too many issues. You’ll have to reduce the number of issues you include so you can write about them in more detail.” I have to say exactly what I mean!

*(Metaphorical and Idiomatic language is harder for students with AS to understand.)*

The student has struggled with adding in additional sources of evidence. For example they cannot weave images, relevant to the subject, into the work easily because they are not relevant or necessary to them. The student only needs the words, they do not learn from, or link, written content to images or visual representations themselves.

*(Poor perception of the needs of the audience and rigidity of thought.)*

Sometimes the student has struggled between putting forward an academic opinion and their own opinion. When it is their own opinion they tend to slip into a conversational tone and lose the academic tone in what they say. Using a similar academic tone for their own ideas and thoughts to the one they use for reporting on their academic reading has been harder for them to actually do in practice.

In other students you can see systematic progress because they can use the feedback from one essay to improve the next. In the AS student it took far longer for what they actually did to change.

So, do remember even when the student is trying really hard, it can take months for a change in behaviour to be seen; i.e. for them to adopt the new style of working and writing and reading. Until it feels real to them, rather than being an intellectual concept or ‘idea’ they will struggle to change what they actually do. Rigidity of thinking underlies this.

*(This is the rigidity of Thought in action, even if the student wants to do something differently, their brain just does not accept it easily.)*

**For the mentor it is harder to believe that the feedback you are giving is sound and understood. It really is ok to have to repeat the feedback on many occasions. Do not be disheartened.**

Sometimes, especially if they have other things such as dyslexia, the student might never get the hang of something.

If they are not making progress on something you do need to check if a different approach might work better for them. You have to ask if there a different way you could try to help them learn and actually use the skills and academic thinking processes.

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NB: TRUST IS VERY IMPORTANT. AS THE STUDENT GETS TO KNOW YOU THEY WILL BE ABLE TO RESPOND TO YOUR ADVICE MORE EASILY.

NB: SAY WHAT YOU MEAN AND MEAN WHAT YOU SAY.

NB: IF YOU OFFER TO DO SOMETHING, MAKE SURE YOU DO IT.

NB: LISTEN ACTIVELY TO WHAT THE STUDENT SAYS. TAKE IT AT FACE VALUE IF THEY SAY THEY ARE UPSET ABOUT SOMETHING EVEN IF THEY DO NOT ‘SOUND’ IT.
Disciplinary Procedures

Having a disability that affects social communication, thinking style and behaviour does not protect the individual from the consequences of unreasonable actions. Students who consistently neglect their academic responsibilities or who consistently transgress regulations in their Hall of Residence will face the usual disciplinary procedures.

The following points, made in the light of experience, are intended to make the process effective for all parties.

1. Assume that they will either a) ignore or b) become extremely upset on receipt of a warning email or letter.

2. Be prepared to give the warning in person, then you will be able to pick up on misunderstandings and discuss with the student.

3. Try to include someone the student knows and trusts in the discussions.

4. Expect to find idiosyncratic &/or innocent reasons for the student’s ‘misdemeanour’.

5. Assume that you will be misinterpreted.

6. Expect to find that the student has misinterpreted information or not noticed it at all.

7. Use cognitive strategies for checking understanding. This means you should avoid questions such as “Have you understood that?” and instead ask the student such things as “Tell me what you understand about (the issues you have been discussing).” or, “What do you think you should do next.” or “You have said that you will,,,,, how can I help you to make sure it happens?” or “You have said that you will do ……, how will you actually set about this?”

8. Give the student a written record of your conversation, with a bullet pointed action plan for future action.

9. Set a follow up meeting (or several meetings) so you can actively check on subsequent progress / behaviour to make sure it is along the lines of what was agreed. Do not wait for the student to approach you, or fail to meet the targets agreed.

10. Liaise closely with all interested parties including as appropriate the student’s parents/carers; providing they have signed an agreement to this at the start of the year. If something has gone wrong they will be anxious and just asking them for signed permission will be an unnecessary additional interaction demand and source of stress. So ask once at the start of their time at university do not ask again. None-the-less, it is important to use some discretion over reporting ‘misdemeanours’ to families.
Problems relating to Halls of Residence and Daily living (with thanks to the Pastoral Support Team for their input)

Many students find the transition to living away from home, without parental support and guidance difficult. Students with AS might want to be at university, but can find it very much harder than they could imagine it would be. The social interaction and communication demands are high. They are away from their known and trusted circle and have fewer skills to help them develop the sort of social circle that they enjoy and are supported by.

Sometimes they are far happier with international students; there are no preconceived ideas or assumptions or expectations about culture, language use communication. Also they accept each other’s differences more easily and expect to be both misunderstood and to have to clarify.

The pastoral support staff can play a significant role in making sure the student with AS has a relatively smooth transition to life in Halls of Residence. It is important to understand the impact that the condition can have on students and to be able to interpret what they say and do accurately.

Keeping safe – supporting vulnerable students

A long term aspect of AS, which affects many students, is a poor awareness of danger. This can take the form of physical risks as well as social ones. Crossing the road and kitchen safety are amongst the daily risks to which some are more vulnerable.

In addition they are rather naively open to manipulation by others, following another’s lead in inappropriate behaviour, instigating inappropriate behaviour, being bullied, bullying others or seemingly being conscienceless in their dealings with others. Alcohol, drug misuse and sexual matters are not excluded from this list.

People with AS can be less influenced by social boundaries or adhere to them rather formally and simplistically. It is difficult to predict the details of what can go wrong but the following examples have all happened.

- A would insist on seeing peers safely to their busses, only to miss his/her own and have to walk several miles home alone late at night inappropriately dressed for sub-zero temperatures.
- B was waylaid in daylight by someone wanting sexual favours but did not know how to promptly end the conversation and quickly move on. S/he could not show their distress so passers-by did not help.
- C naïvely followed up what they thought were advances from other gay / lesbian people, but misjudged this rather disastrously. Fights ensued in which the student was seen as the rather predatory protagonist.
- D could not keep their belongings tidy or recognise when food was rotting in the fridge. They were at constant risk of food poisoning, trips and falls. They were very poor at crossing the road and in the end, shortly after leaving
University and in their home town, did have an accident that resulted in serious injuries.

- E could not use the washing machines and despite guidance would run out of clothes and then fail to come to campus for lectures and other work. In this case it was necessary to give practical help with their laundry till the end of their course. Another student would often end up wearing wet clothes and developed skin conditions that required medical intervention.

- In a self-catered setting F found that their food disappeared but was unable to identify who was eating and drinking the things they bought. They were advised to keep most items, in their own room and how to do this which addressed the major part of the problem. The following year with some new flat mates the problem did not recur.

- G spent the an entire bus journey with a man sitting on her lap because she did not know how to react and tell him to stand up after he got on the bus and sat down on her. Because transport can be very stressful for students with AS they can be provided with a taxi account. Usually 1 return journey to campus per day is allowed. On some occasions more than this might be funded, providing that over the course of the year the average is once in and once out per day.

It is not common but bullying does take place in Halls of Residence. Sadly some students will have been bullied quite badly at school, more commonly others will have been teased for having support. This frequently affects their willingness to accept support at University; which can exaggerate the difficulties they experience in asking for help.

- In one instance H was being bullied by another person who had AS, but one who did not realise that their behaviour was having that impact. The ‘victim’ was found a room in another Hall of Residence as soon as one came available. The ‘perpetrator’ was helped to develop their understanding of what bullying was and how their behaviour could affect others.

- In another example, J was actively bullied by others in the same flat who ‘played practical jokes’ on them that were in fact very distressing. The student was very slow to recognise that this behaviour was targeted at them, slow to be able to verbalise and report their distress and even slower to report it because they could not see how it would be stopped. Once this particular episode came to light the usual disciplinary procedures were quickly followed. Due to the severity of the incidents the students involved were immediately at risk of losing their right to University accommodation with no further warnings. The victim was moved, at no cost to them, into a suitable room as soon as one became available.

- K was unable to contact their RA as they did not know how to. They needed ‘scripts’ for emails and text messages for different situations. Once these had been developed the situation improved; although the student still used their parents on occasion.

- L had communication issues with other students and staff. raising concerns in an appropriate way was very hard for them. It needed others to recognise the
signs and symptoms of problems and then help the student express their concerns. There can be a great deal of subtlety in how those with AS show anxiety or irritation.

- M and N were in the same flat with other students. M had a strong need to keep everything clean, to the extent that they eventually wore patches of the surface material of the sink in their en-suite bathroom. N was incapable of organising themselves in this way so conflict arose with other students over the state of the shared kitchen. The solution was to put in cleaning for shared areas and for the en-suite bathroom in N’s flat.

Whatever the nature of the systems deployed for supporting and supervising students in Halls of Residence those working with a student who has AS will require imagination, patience and an understanding of the condition.

It is important to note the more extreme incidents are rare however, the risks exists and need to be guarded against.

It helps if the student is willing for staff working in the Hall of Residence to be aware of their condition and wherever possible I encourage disclosure to staff if not peers.

The National Autistic Society has information & alert cards that students can carry with them.

Explicit teaching and training can and does help to increase understanding and relevant skills for the people with AS. However, it is in the application of such learning, in unpredictable varied real life situations, that the student with AS can struggle.
Isolation / Social Inclusion

- Some people with AS are not especially interested in mixing socially with their peers. They might not feel isolated, rather they might prefer it and find the presence of many other students oppressive. However, many can and do try to mix socially and develop a group of friends. Some are not successful in their attempts. This can be due to:

- Failure to notice or recognise friendly overtures and interactions for what they are. For example, one student was totally unaware of people trying to attract their attention in the usual way and was merely puzzled if someone blocked their way to make sure of attracting their attention to initiate a conversation. If the person did not start speaking fairly quickly the student would look surprised then walk round them.

- Narrow interests that the vast majority of people do not share and little inclination for taking part in other interests or activities.

- Poor social chit chat skills or a lack of interest in this sort of conversation can lead to students avoiding communal settings, including going into the kitchen to make food or a drink because they do not know what to say to others who might be present.

- Too anxious to attend social occasions and settings if they do not already know someone who is going.

- Misinterpretation of invitations, for example, due to literal interpretation of what is said to them a student regularly declined to join peers ‘for a coffee’ because they were not thirsty and preferred other drinks.

- Working hard to do everything to a high standard, thus leaving little time for social interests.

- Prevented by sensory problems from going to the usual communal areas.

- Need for coping and calming routines affects ability to attend activities, meals.

For some students isolation and feeling lonely is a significant problem. Some support strategies that have been effective are indicated below.

- Peer support and social buddy support where paid or volunteer supportive peers can meet the student for meal times, going to the gym, going to a new society in which the student is interested but dare not attend alone. These meetings can be set up formally with the supportive students receiving guidance and support themselves from a Disability Officer or Residential Inclusion Co-ordinator / Senior Sub-warden (etc). If things work out well, the supportive peers enjoy the ‘work’ and might become friends with the target student. However, usually the student gradually makes a small group of friends within their areas of interest. It helps if the social buddy can give fairly
Including Students with Asperger Syndrome in Higher Education

immediate, but discrete feedback, to the student on social interactions they have observed and to report back to their supervisor who can then develop their own understanding of the student and any other support that could help.

- Setting up meetings with potential friends / activity buddy is useful alongside the more formal support that might be required. I have found that organising introductions and establishing a proposed timetable for future meetings can be essential for some students.

- On-going social support might be required for some students; however this is not something that most students require to a high level. The opportunity to be able to meet someone with whom they can discuss more social aspects of their lives, including within the academic setting, is helpful for many students with AS. Problem solving situations with the student and helping them to communicate with others would normally be a part of this support.

- Social communication skills development is helpful for some students, although, by definition, there will be a limit to what they can learn in terms of non-verbal communication.

- Keeping in touch with family for more isolated students or those with low confidence is often important and should not be discouraged if the student needs it. I have found liaising with parents is usually helpful as it is to them the student is usually most honest about their feelings and able to express themselves with greater clarity. For one or two students it might be reasonable to subsidise parental phone bills!

- One part of the study support for students with AS is to help them manage their workload and allow time for relaxation; this should not be neglected.
Poor relationships with peers

The majority of students with AS who are at university have good relationships with their peers for most if not all the time. Some however struggle to make and maintain positive relationships. If we consider that people with the disability have impaired social communication, flexibility of thought, empathy for others and an impaired awareness or sense of self, then this is hardly surprising. Perhaps we should instead be pleased that the majority, with little or no support, can be reasonably successful in social terms. Those problems that do arise tend to be linked to the following:

- Poor social interaction skills can cause others to reject / avoid interactions with the student and in a few cases become antagonistic.
- Lack of awareness of their own impact on others.
- Insufficient sensitivity or consideration for others and prone to seeing fault lying anywhere else but with themselves.
- Overly sensitive to own impact on others and seeing themselves at fault.
- Over sensitivity to the impact of others on them.
- ‘Active but odd’ attempts to develop social interactions or friendship group and coping strategies that can deter other students.
- Poor ability to recognise problems, analyse them or seek help.
- Communication breakdowns, inappropriate or ineffective strategies when trying to deal with problems independently.

Sometimes a high level of individual support is needed to help resolve issues that can arise. Some students benefit from regular access to advice and from a high level of monitoring of their social interactions and relationships with their peers. This support can be provided internally; if the relevant staff have sufficient insight into the condition. Alternatively, in some areas local autism charities are engaged, via central funding or the DSA to provide support / inclusion workers who undertake this work.

A fairly standard ‘tool box’ anyone doing this work will find useful could include:

- Social Story™ [www.autismnetwork.org/modules/social/sstory](http://www.autismnetwork.org/modules/social/sstory)
- Privacy Circles
- Mood or Opinion Scales e.g. Bad Ok Good
  - 0 5 10

- Behaviour management strategies such as STAR and ABC and SOCCS, which although designed for people who display rather more extreme behaviour than is usually found in Halls of Residence, do adapt well to the setting.

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Supporting the peers of students with AS can become important. To maintain confidentiality the student with AS could be included in a more general disability awareness strategy.

With increasing numbers of students able to live away from home despite their disability or illness it helps if other students understand the impact that different disabilities can have on the individual. Then without actually highlighting which student has which disability others can be encouraged to be observant, sensitive and tolerant.

Some students with AS might be willing to set up a display and be available to answer questions during a disability awareness week or event aimed at informing the main student body.

More simply, a notice board, in a general communal area that most others students pass on a regular basis can be used to inform students of the difficulties that some of their peers live with on a daily basis and how to be supportive or what it is useful for them to tolerate and what to become concerned about.
Daily Living Support

TEACCH™ schedules, action plans and weekly or monthly timetables all help students with AS to organise themselves and their lives. An example TEACCH™ schedule can be found in the resources section at the end. These are all useful for supporting students with shopping, cooking, laundry, self care and getting enough sleeping.

Cleaning communal areas to reduce anxiety and work overload is often important for disabled students. These students often require much longer to do their academic work whilst fulfilling even the most basic daily living tasks. Expecting them to organise and undertake more general ‘housework’ can be an additional significant burden and/or a source of a high level of risk of accident.

Transport and travel

Travelling to and from the campus can be a source of difficulty for students with AS. The unpredictability of public transport is very stressful for some. For example, when to set off, to be sure of arriving on time, can be harder for them to judge. There are the social interactions involved in:

- negotiating a queue,
- deciding where to sit on the bus,
- deciding who they should sit next to,
- managing the uncertainty of sitting down first then waiting to see who might sit next to them and so on.

Busses rarely arrive punctually to the second, so students with AS can feel highly anxious, wondering for how long they should wait before setting off to walk. At busy periods queues can be so long that quite a few people have to wait for a second or third bus before they can get on.

Such a level of uncertainty is very difficult to tolerate for some students with AS. Some phone parents or make sure a friend is with them. Some have panic attacks, or to avoid the problem, arrive an hour early on campus and stay late to make sure that they know the wait will not be too long and the bus not too full.

They can be at risk on public transport as their behaviour and lack of awareness of personal boundaries leave them at risk from some members of the public.

Time keeping, for some, means that they can be at risk of routinely missing the last bus when they are then obliged to walk back to residences through areas that are safe in daytime but not late at night. Some prefer to walk but crossing the road, even where traffic lights are in operation, can be dangerous for them. Anticipating what the traffic is going to do requires people to be able to monitor the intentions of others; this is impaired in those who have AS. For these reasons some students with AS have a taxi account, which allows one journey each way daily.
Communal Dining

Some students with AS cannot tolerate communal dining areas, usually for sensory reasons. Unfortunately these same people can struggle to safely and effectively organise and prepare food for a healthy balanced diet. Sometimes physical coordination means they are at risk of cuts and burns, sometimes planning and organising the shopping and meal preparation is a significant burden that they struggle to manage.

Sometimes they simply cannot work out when food is cooked. For example, “It says cook till browned, what shade of brown does it mean?” This particular student has eaten almost raw bacon, burnt bacon, nicely cooked bacon – all were shades of brown. How would you describe the right shade of brown, especially if the pan used was not clean and so some colouring from previously cooked food stains the uncooked bacon?!

Illness

A warning: poor awareness of self and poor non-verbal communication means that students can be far more ill than is usual before seeking help, and show it less. Looking ill involves the spontaneous use of non-verbal communication; this is impaired in students with AS. Explaining how someone feels depends on them being aware of how they feel and knowing what it is the doctor needs to be told. The communication difficulties associated with understanding exactly what is being asked, spontaneously amplifying answers and offering information all make it harder for patient and doctor/nurse/dentist. Many students with AS will comment on how much they hate going to the dentist / doctor because they do not know what to say or do.

A Warning: However others might present with an over elaborate script that conceals misunderstandings and can give the impression that they know more than they actually do.

A warning, some students with AS are very aware of minor injuries and ailments and seem to make ‘make a great fuss’ about these whilst not being able to display upset or seek help for, for example, a ‘bad back’ until the day they cannot get out of bed. I have known students with AS complete long distance walks with shoulders bleeding from the rubbing of rucksack straps and feet with burst blood blisters without complaint. On another occasion a student attended a meeting when very poorly indeed after spending the night vomiting due to a high temperature and in considerable pain due to a kidney infection. Only a chance remark alerted me to the illness; and then I still had to ask probing questions to elicit the details.

- Support that comes more into the ‘personal assistant’ category can be important for some students with AS when they are ill. This should not be needed on a long term basis. Rather it is the level of attention that other students would normally receive from friends.
Explicit support in finding the necessary information then support for making and attending appointments might be needed.

Many students with AS struggle to explain what is wrong with them. Helping them to work out what is wrong in advance of the appointment can be useful. I have accompanied some students to medical appointments when they come into this category.

Collecting prescriptions by going to the chemist can be a social interaction too far for these students when they are ill. Can you do it for them?

Remembering to take medication is another issue that affects students with AS and prompts are required. If a student is ill it helps if a formal system is set up to make sure that the student is checked regularly so that parents can be informed or a removal to hospital be organised should this become necessary.

Students with AS often struggle to make sure they organise evidence of ill health for their academic department. If they are accompanied on appointments, or if another person later initiates contact with the medical practice, this can be rectified.

**Mental Health and Well Being**

Mental health issues can accompany the student’s AS. OCD, eating disorders and depression are the more common ones I come across. Body dysmorphia and transgender issues are less common but do arise. People with AS can, of course, experience any mental health problem found in the general population. Their mental health might or might not be affected by their AS.

The systems in place need to ensure that close liaison takes place between the mental well being/counselling services and those working with the student to ensure that the support takes these issues into account.

For example, someone with OCD is likely to be worse during the exam season. Some students have benefitted from a sub-warden, friend or support worker helping them with the final checks they need to do before leaving their flats. This helped to keep them reasonably calm and allowed them to arrive at the examination venue in good time. Usually one or two key people undertake this sort of liaison so that medical confidentiality is not breached.

Co-occurring conditions such as Attention Deficit (Hyperactivity) Disorder and Epilepsy that require medication can affect students with AS. Dyslexia and Dyspraxia are more common. These do not require medication but in severe cases do affect the student’s ability to run their daily lives. Also some professionals report an increased likelihood of the following:

- Sexuality differences such as Lesbian, Gay, Bi-sexual and Transgender (Tantam)
Mental Health Difficulties found in students with AS are
- Mood Disorders - anxiety, depression, anger
- OCD, (This is not same as the use of routine and repetitive behaviours which give pleasure and relaxation.)
- Eating disorders, 8% - 23% females with anorexia nervosa had signs of AS (Gillberg, Rastam, Wentz, Nilsson.1999 – 2005) (But note: those with sensory difficulties that restrict their diet will not necessarily be suffering from a mental health difficulty)
- Post Traumatic Stress Disorder (bullying a common cause)
- Any other mental health problem found the general population

Examples of people with AS and mental health / counselling needs and other difficulties.
- Case 1: AS + transgender
- Case 2: AS + dyspraxia + eating disorder + anxiety levels requiring medication
- Case 3: AS + anxiety disorder + self-harm + eating disorder + body dysmorpia + enhanced sensory perception
- Case 4: AS + ADHD + self-harm + Dyslexia + enhanced sensory perception for external stimuli but reduced
- Case 5: AS + OCD + Anxiety disorder + sleep disorder

Remember however that increased levels of Anxiety are ‘normal’ for many people with AS; as is the use of different (unusual) coping strategies and routines. Problems can, and will, arise for some students during periods that are normally stressful for anybody. For example, examination and other assessment periods can aggravate their anxiety levels to such an extent that the coping strategies interfere with their ability to run their lives.

It is important to recognise that this is more a support and management issue than a medical one.

When this happens the student benefits from the support of staff and mentors who understand the issues, can help them understand what is going on and control their reactions, provide the ‘reasonable adjustments’ that take account of their AS and so alleviate the environmental causes of the damaging levels of anxiety.

There is no reason why on examination days the student cannot have a taxi, or receive support in making sure they have closed their doors and windows properly even though this is not needed during the rest of their academic year.

NB: Not all unusual behaviours and differences are clinical symptoms.

NB: Students with AS and a clinical conditions might not present a typical range of symptoms.
Including Students with Asperger Syndrome in Higher Education

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Advice for Residential Staff

How you interact with students who have AS will vary from person to person, but the underlying reasons for the differences will be the same.

In addition to the tips above under 'communication' the following suggestions might be helpful.

1. A student might feel that you are bursting in on them if you do not knock on the flat door to be let in before knocking on their room door. They might feel that knocking on their room door is too much of a shock and deeply intrusive without the warning knock on the flat door.

2. Some will need to be sent an email or written message specifically to them to arrange a visit, and a reminding text before you visit them.

So, try emailing and arranging a time to see them. If they do not reply, try sending a text message, or leave a letter for them in the flat.

Do not be too surprised however, if they have not read and remembered what was happening.

Other students with AS will be far more comfortable with social interaction so ‘dropping in’ as you would with others could be welcomed.

Scenarios to Consider

Scenario 1

*Student A complains bitterly about being disturbed by others as they noisily return to their rooms in the late evening and during the night. The others insist that they have not been unreasonably noisy. Eventually A argues with the others using very violent language and threats.*

Scenario 2

*The parents of student B phone to say that they are worried because instead of the usual frequent calls, s/he has not phoned them for over 2 weeks. They ask you to check that student B is ok and to let them know.*

Scenario 3

*Student C was a polite conscientious member of the junior common room committee who was always the last to leave when clearing up after events. Suddenly in the second semester he became ill with frequent migraines and failed his exams.*
Scenario 4

Other students in the corridor notice that student D is different and start to tease him. He does not complain even when advised to do so by other peers. He begs the others not to complain. In the early hours one night, when he has an exam the next day, the teasing results in him attacking someone causing a minor injury.

Scenario 5

Student E is often drunk and frequently falls out with others, either by deliberately finding offence in what they say or by making inappropriate sexual advances. There have been some fights.

Scenario 6

Student F is rarely seen except at meals when they arrive late and sit alone away from others. Increasingly they are missing meals altogether.

Scenario 7

The cleaners and other students complain because C refuses to let the cleaner in and the room is getting very smelly. He never opens the window either and the room is getting damp through condensation. The corridor now smells too.

Scenario 8

In self-catering accommodation Student G complains that they cannot cook in such a dirty kitchen. When you inspect it there seems to be little wrong, it is certainly not very dirty but is a bit untidy and another student has left their dishes by one of the sinks. The other students feel that G is very unreasonable.

Scenario 9

Student H’s parent’s telephone late at night expressing grave concern about H. When you get to the room H is polite, calm and says yes s/he was a bit upset but now all is well.
Scenarios with Insights and solutions:

Scenario 1

Student A complains bitterly about being disturbed by others as they noisily return to their rooms in the late evening and during the night. The others insist that they have not been unreasonably noisy. Eventually A argues with the others using very violent language and threats.

This student actually had very sensitive hearing and enhanced olfactory awareness. They found even normal, if inconsiderate, noise and chatter very disturbing. Eventually the other students on the same corridor understood that the problem was genuine and they amended their behaviour. In the early hours, after agreed times for weekdays and weekends, they came in quietly did not chatter whilst standing outside the student’s door and did not let doors bang closed.

All these things are part of normal everyday (night actually) considerate behaviour that we should be able to expect. The student was calmer and more able to tolerate the occasional party and noisy night.

Scenario 2

The parents of student B phone to say that they are worried because instead of the usual frequent calls, s/he has not phoned them for over 2 weeks. They ask you to check that student B is ok and to let them know.

Many students with AS maintain close links with their parents/carers. In these cases if this interaction ceases it often means the student is extremely withdrawn and under great stress. They might be ill but not able to initiate interactions, such as asking for help or going to the doctor’s. Usually, in these cases, it is helpful to discuss issues with the parents because they can communicate more successfully with the student. At the AAC we ask students to sign a permission slip so that we can liaise closely with parents/carers as the need arises. Having got the permission once we do not keep asking, if parents/carers need to be included in discussions we include them. So, it is ok to check and report back. However, if the student expressly asks you to not inform their parents of the particular problem then respect this. Just make sure you get permission to phone back and say that the student is well.

Scenario 3

Student C was a polite conscientious member of the junior common room committee who was always the last to leave when clearing up after events. Suddenly in the second semester he became ill with frequent migraines and failed his exams.

This student was overworking on the social aspects of university life and failing to attend lectures and practical sessions. Lonely and isolated they compensated by trying to find friends through the committee work. Because they rigidly adhered to
rules such as JCR committee members should clear up after an event student C did just that. Student C would stay in the hall and tidy up even after all other committee members had gone to bed (some probably doing so safe in the knowledge that C would finish the job). By the second semester C was too far behind in their work to pass the year and experienced many stress related migraines. They often failed to leave their room, did not eat or drink enough and, until the parents of C contacted the AAC, remedial action could not be initiated. As soon as people were informed of the problem action could be taken to support the student. If you know a student has AS and they seem to be taking on too much it might be worth checking that they are making time for themselves and their work.

**Scenario 4**

*Other students in the corridor notice that student D is different and start to tease him. He does not complain even when advised to do so by other peers. He begs the others not to complain. In the early hours one night, when he has an exam the next day, the teasing results in him attacking someone causing a minor injury.*

This student was a vulnerable person who could be bullied and did not know how to use the official channels. After the outburst the incident and its build up were analysed. The student with AS was not disciplined. The others, bar one were visitors to the corridor and their visits stopped for some time. The solution in this case used a ‘carrot and stick’ approach.

**Scenario 5**

*Student E is often drunk and frequently falls out with others, either by deliberately finding offence in what they say or by making inappropriate sexual advances. There have been some fights.*

This student struggled to understand the social and non-verbal communication of others. In addition s/he was homosexual/lesbian. They would misinterpret non-verbal and some verbal cues, become highly anxious, drink too much alcohol and then trouble could start. To help them learn about other people and to interpret them more accurately the student had weekly meetings with a senior sub-warden and at least bi-weekly sessions with an autism specialist. The student’s anxiety and social knowledge improved albeit slowly. The other students in halls got to know him/her better and learned what not to say. This student stayed in catered halls for the duration of their degree becoming a ‘fixture’ and developing a more mature group of friends amongst the sub-wardens and post graduate students.

**Scenario 6**

*Student F is rarely seen except at meals when they arrive late and sit alone away from others. Increasingly they are missing meals altogether.*

This student found it difficult to tolerate the sounds smells and feeling of a room full of others eating. Another student did the same thing because they just did not know how to be in a queue with others who might talk to them. They did not know who...
they might be with, what these others might say and how they should respond. They had no social script for the occasion. Both students preferred to arrive late and sit alone. However, as their anxiety levels increased they were not able to tolerate even the quieter late part of the dining session. With few food choices left at that stage there was little that they wanted to eat. The first solution was for the kitchen staff to look out for student F and if necessary take a plate of food, they knew s/he would eat to the student’s room. The other student with this difficulty was ‘adopted’ by their sub-warden and a few others each meal time. The met the student queued with him/her, sat with them and had pre-planned conversations. Because the student knew who would be with them and where they would sit both anxiety levels and attendance at meals improved. Over time they learnt a script, the sub-warden began to include other students and more unplanned conversations till the student was able to queue and speak to others more calmly and a bit more ‘normally’.

Scenario 7

The cleaners and other students complain because C refuses to let the cleaner in and the room is getting very smelly. He never opens the window either and the room is getting damp through condensation. The corridor now smells too.

Many, but not all, people with AS hate opening doors and windows. They might fear burglars, hate insects or loathe drafts. However they can struggle to rationalise their fear and moderate their reactions and take into account the need to ventilate their own room.

Many loathe change and an outsider coming in to move things and clean them presents two challenges – feelings of extreme intrusion and unpleasant change.

Also, if we move our own things around we can still find them, we may have to look more carefully but still we can find things.

People with AS can find it impossible to find things unless they personally have moved them. For example, one student could not find food in a cupboard he had put the shopping away himself. It did not matter what labels or photographs were put on the doors. He still could not find things inside the cupboards.

Some students have had to move rooms so that the one they leave can then be cleaned.

Scenario 8

In self-catering accommodation Student G complains that they cannot cook in such a dirty kitchen. When you inspect it there seems to be little wrong, it is certainly not very dirty but is a bit untidy and another student has left their dishes by one of the sinks. The other students feel that G is very unreasonable.

This student was truly offended by dishes not washed up and stains on the worktops and floors. They spent hours cleaning the kitchen before starting their own meal. Although cleaners do not now go into self-catered accommodation this was re-
instated for corridors containing disabled students. The others in the corridor had the problem explained to them; they agreed to improve their own cleanliness and agreed a rota for doing the bins and other such tasks. Because explicit action was taken and conditions improved the student was less anxious and more able to tolerate a low level of clutter and some unwashed dishes.

Scenario 9

_Student H’s parent’s telephone late at night expressing grave concern about H. When you get to the room H is polite, calm and says yes s/he was a bit upset but now all is well._

This student’s AS led to them experiencing very high levels of anxiety and extreme panic attacks. However, by the time someone had responded to the phone call from one parent, the parent had ‘talked the student down’ using techniques learnt over many years. The university staff never saw the full blown panic this student experienced. It is important to remember two things.

1. It is the parents/carers who often see the results of stresses and anxieties, because

2. only with them is the student able to be fully open.

Also after an ‘outburst’ or ‘meltdown’ people with AS can become very calm and forget all about the incident seeing it as trivial. They do not see the impact that it has had on others involved!

Meanwhile those who have had to deal with it are justifiably exhausted and stressed.

If parents phone with concerns it is important to take what they say at face value and try to avoid labelling them as over anxious.
**Counselling and Mental Well-Being**

This is further information that should be read in conjunction with the material in the introduction above.

Of course, students with AS can experience mental health difficulties just as any student can. Transition from home to University is stressful for most students but those with AS also have additional issues to manage as they adjust to University life. AS is often linked with OCD, eating disorders and depression. People with AS usually find it very difficult to recognise and communicate about their feelings and emotions. This puts them at a slightly higher risk of reaching crisis point before seeking help. It is therefore crucial that good support is offered from the start and that staff (with the permission of the student) provide detailed information when referring to other specialist services and/or liaising with Departments for reasonable adjustments to courses.

It is very likely that those working in the fields of counselling and mental health will have worked with people who have AS and mental health difficulties, even if the AS was not formally identified at the time.

**Additional Theoretical Perspectives**

Working with people with a different thinking style requires the professional or practitioner to adapt their working practice. In Asperger syndrome the differences impact on aspects of

- self,
- emotion awareness and communication,
- social communication,
- relationships,
- memory and imaginative thought.

The therapeutic relationship therefore requires the other party to be especially insightful into the differences and the impact these have on the individual; highly empathic imagination, the ability to conduct communication for both parties are important attributes in addition to a flexibility of approach and practice where different tools can be used as the individual needs and situation demand.

With this in mind, the general introduction above should be read first. What follows are a few observations to add to that.

- AS can be associated with clinical levels of:
  - anxiety,
  - need for repetitive behaviours (where for example, what are usually calming routines and repetitions develop into the distressing need of OCD),
  - depression and
  - eating disorders.
Amongst those who present with problems requiring treatment or support there are several mental health conditions, that anecdotal evidence seems to indicate, have a higher prevalence in the AS population. Further reading could start with Prof. Tony Attwood and Prof. Digby Tantam.

Those people with AS who develop psychological problems can find it harder to change their thinking patterns and behaviours. These abilities are impaired.

- to monitor and reflect on their own thinking,
- to recall past experiences with associated context,
- to recognise the motives and intentions of themselves and others in order to be able to recall them at a later date, are all impaired.

It is therefore harder for them to develop the insights and behaviour pattern recognition that can be helpful in the therapeutic setting. Regardless of these relative difficulties, psychotherapeutic / psychological approaches and strategies such as CBT can be effective. Some adaptations to practice and interpretation of symbolism might be needed, but the underlying principles remain the same.

Many students with AS report that they feel emotionally closer in age to younger, sometimes far younger, people who do not have the condition. Taking a developmental approach to their treatment can be an important adaptation to practice.

Experiences such as childhood abuse or neglect and specific traumas will have some impact on the individual. The AS will affect the details of how such damage is expressed and the therapeutic process, it does not affect the humanity of the individual.

Social expectations can have a reduced impact on the development of people with AS so those working with them, in a therapeutic setting, need to adapt their own thinking about what ‘healthy’ development is for the individual.

What is Normal?

For people with AS, even the most able will be relatively impaired in the following areas. The lists are not exhaustive but do try to cover the most common differences that are actually normal for those with AS.

Cognition / Thinking Style Differences

- Relatively impaired use of Language, Symbolic thought and Meta-Representation, Relational and Associative Memory.

NB: Recall is often experienced as ‘Re-Living’ so, how do we distinguish between normal recall and hallucinations? A composer can hear what they create before it is played, and in Beethoven's case never heard played. A chef can actually taste and smell new combinations of ingredients for new recipes before preparing and tasting them. An author finds that stories write themselves in their head and have to be written down. People with AS relive as much as they remember. The ‘memory’ can play itself out around them as they walk home from college, but this is normality and not a symptom of mental health.
Because meta-representation, observing and reporting inner mind, and several aspects of memory and recall are affected, being able to reflect on experience and learn from it is impaired.

Emotional maturity can be 3+ years below peers. Students with AS and no mental health problems have reported that they seem to be emotionally closer to younger children. The overall age range reported by undergraduate students I have worked with has been from 3 years of age to 16.

Ability to describe emotions is limited and can be very simplistic e.g. only using happy, sad or angry.

Not knowing what their current emotional state is.

Theory of Mind
- Relatively poor understanding self/other, who and what I am
- Awareness of 'role' of counsellor, boundaries
- Poor awareness of motives and intentions of others

Lack of empathy for others, pretending to care, being rather egocentric.

Making choices, decisions, planning ahead can be highly stressful because students cannot imagine something they have not yet experienced.

Developing and expressing their own opinion is less well developed, which can lead to the individual having a few strongly held relatively simplistic opinions. For example: a religious faith could or political stance could be adhered to simplistically and rigidly, or rejected equally unequivocally. Reasons either way might be rather idiosyncratic.

Difficulty in accepting or listening to alternative views.

Difficulty in developing a coherent sequential narrative of events.

Social Interaction

- Getting the subtleties wrong, being upset by transgressions made by others but not noticing their own errors.
- Passivity and failure to spontaneously offer information
- Single style or adopted manner of interaction
- Adherence to formal 'rules'.
- Extreme care taken to avoid physical contact with other people.

Communication

- Avoidance of eye gaze finding the eye gaze of others painful and/or terrifying
- Monotone, or limited variation in tone of voice
- Avoidance of face to face orientation during an interaction
- Failure to ensure attention of communicative partner before speaking
- Use and interpretation of cultural symbolism can be highly idiosyncratic
- Failure to appear distressed when upset
- Lack of response to, or active dislike of, the usual 'warm' or 'friendly' gestures, degrees of proximity and a strong dislike of 'friendly social chat'.
- “Communicating for two" burden can be felt by the communicative partner.
- Idiosyncratic or restricted use of non-verbal communication can mean the student is upset but not look it.
Anxiety

Anxiety behaviour that was actually normal for one student who had missed their bus stop and had to get off at next one.

- We had to wait 20 mins. till s/he was calm enough to talk to me.
- But s/he had spilt coffee on his/her clothes
- So, we had to discuss laundry and stain removal before moving on.
- However s/he was still anxious.
- Soft toy had to come out of bag for a cuddle then it went on the student’s head with her/his hood pulled up.

Factors that normally affect the student’s ability to cope with anxiety in an ‘acceptable’ manner are:

- difficulty using the “buffers” available to “typical” people
- communication difficulties
- difficulty with judgement
- restricted range of interests
- behaviour becomes an effective anxiety reduction tool BUT
- socially acceptable limits have less influence
- coping strategies can increase “oddness”, “illegality”

Sensory Related Behaviour

Avoidance or seeking of different stimuli is common and normal for some students. Where they are hypo-sensitive they might indulge in self-stimulatory behaviours and where they are hyper-sensitive they will become defensive or avoidant of stimuli.

Outbursts can be related purely to the strain of being bombarded by a sound you cannot hear, an internal sensation or a visual sensation that suddenly becomes just too much to tolerate any longer. These issues are not related to, for example anger management difficulties but are instead a sensory matter requiring environmental adjustments.

Adaptations To Practice and Other Strategies

Some of the main concerns felt by those working with this population are:

- Approaching – first meetings
- Getting the client engaged with the process
- Finding the right strategies
- Confidence about interpreting the client
- Wondering if the client will benefit from the treatment available
- Adapting practice to include clients with AS

Key factors that impact on therapy

- Instant liking / disliking, you might never know why!

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• Memories do not fade, cannot forget and so Recall = Replay
• Self blame, doubt, criticism, low esteem are ‘normally’ greater in this population so assessing additional and unhealthy levels is harder to do.
• Escape into inner fantasy might lead to delusions and a break from reality.
• Approach to self might be better via an external object or fantasy character.
• Spontaneous expressive communication can be impaired - prompts can be required e.g. Hanging sentences, prompting questions, except it can be difficult to know what prompting question needs asking?

Therapies researched

I have found research on the various approaches as applied to people with AS. This does not mean there are no other papers or approaches to be explored. The information below represents what I could find that was of obvious relevance. There are journals to which I have no access so there could be significant omissions.

• Psychoanalytical Psychotherapy – will need adaptation, people with AS tend to identify and describe themselves using autobiographical facts rather than an awareness and ability to project ‘self’. BUT if interpretation of the client is appropriate and sensitive then it can be very useful in terms of helping the client in developing ‘self’
• CBT – provides a tool box for the client and has been useful in a variety of applications. There is quite a lot of interest in this currently.
• Personal Construct Therapy has very useful strategies, especially if a written flow chart type record is kept of what is being explored.
• Neuro Linguistic Programming and Emotional Freedom Techniques are useful additions to the ‘tool box’ for some therapists I have talked with on the subject but I have not found formal research on these.

Counter Intuitive Differences

• Analysing for two is going to be more likely and you might need to be more prescriptive. Phrases such as the following one can be useful. “From what you have told me, it seems that…. Have I understood correctly?
• Greater need to explain physical sensations associated with and meaning of emotions. Explaining what are normal reactions and emotional responses.
• Warmth and interaction behaviours e.g. eye gaze, orientation, proximity can actually be threatening to people with AS. It will help to discuss this early on in the relationship, ask where you should sit in terms of distance and orientation. Ask if your mannerisms bother the client. Tell them to let you know what upsets them so you can try to avoid those behaviours.
• Revealing some information about yourself because it helps the client understand you and what you say. “It gives me something to hang the meaning on.”
• “Give us reasons; we cannot imagine why.”
• Avoidance of fully open questions which are very hard for these clients to respond to. Semi-open questions can be helpful – e.g. “Tell me what you understand by….”
Rules of Thumb

- Allow time to process during any conversations. There is the commonly useful ‘10 second rule’ but be aware that others need far longer to process and respond to what is said to them.
- Use only narrowly bounded open questions OR a single question ending with prompts for alternative answers.
- Visual prompts and cues are generally helpful.
- Copies of notes on a session can help the client reflect on what was said or done.
- Remember that months can pass before a client with AS understands and acts on what was discussed. In one case I have worked with it was a few years later when the ‘penny began to drop’.
- Expect to be misunderstood
Including Students with Asperger Syndrome in Higher Education

Some References and Book Reviews for Counsellors.

This list was compiled during three sessions using Athens on 12th March 2010, 23rd September and 16th October 2011. It is therefore based on those journals that are generally available through membership of the University of Leicester Library.


**Audet LR., Shub N., (2007)** Contact and the Phenomena of Autism, Gestalt Review 2007


**Miller, Beth (2008)** 'A kaleidoscope of themes': intensive psychotherapy with a girl on the autistic spectrum', Journal of Child Psychotherapy, 34: 3, 384 — 399


**Shapiro, Theodore (2009)** 'Psychotherapy for Autism', Journal of Infant, Child, and Adolescent Psychotherapy, 8: 1, 22 — 31

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Adolescents with Asperger Syndrome: Three Case Studies of Individual and Family Therapy by Kevin P. Stoddart http://aut.sagepub.com/content/3/3/255 The online version of this article can be found at: DOI: 10.1177/1362361399003003004 Autism 1999 3: 255

For references on different trials and suggested reading go to http://www.researchautism.net/interventionitem.ikml?print&ra=15&infolevel=4 Look out for results from The University of California, Los Angeles which is running a trial into the use CBT for people with Asperger syndrome or PDD. Clinical Trials Gov Ref: NCT00280670
Tools that can be effective for students with AS

2. SOCCSS – useful for exploring ‘socially unacceptable behaviour’ and helping the individual to make changes.
3. Full Instructions and Example SOCCSS Sheet can be found at http://www.autismnetwork.org/modules/social/soccss/index.html
4. Sensory Audit
5. Motivation Scales
6. Stress Survey
7. Privacy Circles – a visual for teaching boundaries and why most people adapt their behaviour in different circumstances. It is important for helping students to understand when not to be open and friendly or reveal personal information in a social setting.
8. Figure 1: The concept of circles of intimacy (see Patterson/Wilkins 1998, p. 124)
9. Social Story™ type of explanation and use of language

http://www.thegraycenter.org/social-stories
http://www.autismnetwork.org/modules/social/sstory/index.html

The Social Script

Carol Gray, President of the Gray Center developed the Social Story™ strategy for describing and explaining a situation, a social concept and the usual responses and expectations most people share. The title “Social Story” is a Trade Mark

Carol Gray, President of the Gray Center developed this style of describing and explaining a situation, a social concept and the usual responses and expectations most people share.

The purpose is to help the student to understand by describing situations and explaining:

1. the hidden rules and expectations in the social situation or setting
2. the sort of things that people usually do or expect,
3. the usual reasons for what people do, or expect the student to do
4. the responses that the student can use and those that should be avoided, i.e. the sort of thing everybody else knows without being told, (well nearly everybody else knows).

It can however be applied to explaining how ‘people work’ as emotional beings and so help the student with AS to understand themselves and the impact that AS and life experiences might have had on them. The style of explanation and use of language can be adapted for use in conversation, discussion of issues, and explanations. It has worked with all the students with whom I have supported.

NB: It is important to use words and phrases such as ‘should’, ‘often’ ‘usually’ or ‘most people’ rather than ‘must’, ‘always’ or everybody.

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NB: For some students, even at undergraduate level, diagrammatic / photographic images remain important, indeed necessary for some explanations.

Comic-Strip Conversations

These notes are adapted from the following link accessed on 25th September 2011

http://www.behaviour4learning.ac.uk/ViewArticle2.aspx?anchorId=14695&selectedId=0&contentId=10324

Definition

This is a technique for exploring a learner's understanding of a social interaction. It was developed by Carol Gray, an American expert working with children with Autistic Spectrum Disorder (ASD). It involves the use of coloured pens to draw stick people with speech bubbles, to show what they said, and thought bubbles, to show what they may have thought.

Coloured pens are used to code the emotion of what was said. For example:
• RED: Bad ideas, teasing, angry, unfriendly
• BLACK: Facts, things we know
• GREEN: Good ideas, happy, friendly (Colours that are more significant to the student can be substituted, e.g. favourite colour blue could replace green for positive thoughts.)

Rational

Learners with ASD cannot readily reflect upon their experiences, especially if they are anxious. A Comic Strip conversation may help them to explain. e.g. a comic strip conversation could be used to clarify the misunderstanding that might occur due to the client's poor ability to recognise the motives and intentions of another person.

The cartoon strip strategy matures nicely into bullet pointed or numbered lists of steps in a sequence or such things as newspaper articles and letters.

Indicative reading


Example Social Scripts

1. Group Work Problems

Group work problems come up every year and this is a part of a conversation with the relevant student.
Group work is supposed to train people for working life and future research. That is partly why it is done at university. Most work involves a team of people with different strengths working together to make sure something happens. Usually this is the most efficient way of working.

Usually what happens is that there is a meeting and people discuss the problem. Then they share out the work fairly and each person can go away to do their bit before the next meeting. This is what should have happened with your group. It is not your fault things did not go well and …

The people do not have to work together all the time. I know that you cannot work with others; that really is ok.

The group work has been useful already; we are finding out what might go wrong for you. This means that we can now start to find solutions that are ok for you.

2. Tactical Working or How to stop and relax

Most students at university want to do their best work and get good marks. They work hard and sometimes stay up late at night to get their work done.

Some students might also avoid seeing their friends and other students, just to make sure they get all their work done. Sometimes they do this for week after week.

This is hard work and can leave the student tired and lonely. It is not a good idea to work this hard even if some of the work handed in is not as good as it could be.

Most students realise that sometimes they need to stop working and relax, even if they lose a few marks on some assignments. In fact they plan which work it is ok to be more relaxed about so that they can get more rest and relaxation to make sure they stay healthy and happy.

STUDENT’S NAME is very hard working and gets tired and stressed. He does not see other people very often and can feel that all he does is work and worry. STUDENT NAME is working too hard.

It will be important for STUDENT NAME to try and work out when to stop working on an assignment. STUDY ADVISOR / ACADEMIC MENTOR NAME will help them to make a logical decision.

This was followed by calculating, with the student, to show how 5 marks on an assignment only translates into 1 or 2% (or less) overall in a module. Then asking the student if working for 2 hours or more to perhaps get these extra 5 marks, i.e. 1 or 2% is worthwhile.

I use this sort of language and explanation in many different contexts and for different types of problem. The key aim is to help the student understand and use the decision making strategies that others learn just by being in an educational setting and having the ability to achieve a sense of proportion in relation to work effort and valuable relaxation.
The opposite argument, i.e. “get more work” done can be addressed in the same sort of way.