

DISSERTATION

TEACHER PERCEPTIONS OF SOCIAL SKILLS INSTRUCTION FOR STUDENTS WITH ASPERGERS
SYNDROME

Submitted by

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School of Education

In partial fulfillment of the requirements

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Colorado State University

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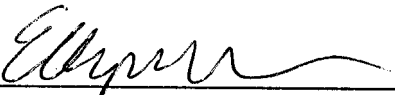
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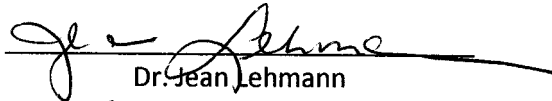
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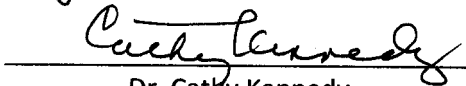
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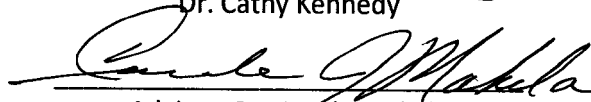
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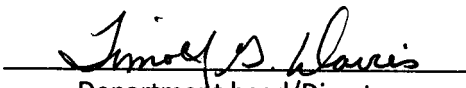
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ABSTRACT OF DISSERTATION

TEACHER PERCEPTIONS OF SOCIAL SKILLS INSTRUCTION FOR STUDENTS WITH ASPERGERS SYNDROME

This study explores special education teachers' perceptions and practices in the implementation of social skills instruction in their classrooms with students who have Aspergers Syndrome. Aspergers Syndrome is a neurological disorder that presents itself with deficits in social communication, imagination, and interaction. Although students with Aspergers are generally successful in academic subjects, they lack the social skills necessary to communicate and interact with others. Poor outcomes in school and later in life are often noted.

Social skills training is defined as learned behaviors that are necessary to interact with adults and peers successfully in a majority of social situations including schools and community. Unlike most "typical" students, students with Aspergers Syndrome need instruction in social skills to be successful. Researchers have documented programs as well as strategies and interventions that have increased social skills behaviors of students on the autism spectrum.

This qualitative study consisted of semi-structured interviews with ten special education teachers. The findings indicated teachers believe social skills instruction to be as important as academic instruction for students with Aspergers Syndrome. The majority of teachers indicated that a combination of direct and indirect instruction would be best for students with AS with six teachers providing the combination. Teachers reported it was difficult to incorporate social skills instruction into the classroom schedule since high stakes testing has increased their instructional focus on drill and practice strategies for testing. The majority of teachers used non

academic periods in the school day, such as recess or lunch to implement social skills instruction.

Teachers who provided special education services to their students in self-contained and resource settings were more likely to directly teach social skills to their students with AS than teachers in a co-teaching setting. Support from administrators and regular and special education teachers were reported as factors that enhance the implementation of social skills instruction. Parental advocacy was considered to play an important role in teachers' implementation of social skills for students with AS.

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DEDICATION

This dissertation is dedicated to my mother, Britt Powell and daughters Erica and Elisha Lent.

My mother has always had confidence in me and offered me encouragement and support in all my endeavors. Her inspiration came early in life as I watched her work many long hours to provide our family with things we longed for. By watching her, I learned the value of hard work and determination to see things through to the end. Thank you Mom, I love you!

Thank you to my daughters Erica and Elisha whose encouragement and support never wavered, even through all my emotional ups and downs. Their love and support sustained me all the way. "I love you". May you also be motivated and encouraged to meet your dreams.

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CHAPTER I

INTRODUCTION

Aspergers Syndrome (AS) is a neurological disorder that falls within the spectrum of autism. Five pervasive developmental disorders (PDD) make up the autism spectrum. Each of these disorders are characterized by varying degrees of impairment in communication skills, social interactions, and behavior. AS is differentiated by characteristics of average or above average intelligence, normal language development, and impairments in social skills as defined by the development of social communication, social interaction, and social imagination (American Psychiatric Association, 2000) Studies documenting the effectiveness of various interventions and strategies for addressing social skills needs for students with AS are relatively abundant in the professional literature (Beelman, Pfungsten, & Losel, 1994; Schneider, 1992; Spence, 2003). Even though evidence points to the benefits of social skills training and instruction, their extent and implementation in classrooms are not well documented.

As an autism specialist in Georgia, observing several classrooms a month and consulting with teachers who serve students with AS, I have noticed a lack of social skills instruction in the classrooms. Consultations with teachers reveal it is difficult to find the time to implement social skills programs and instruction given the programs required by the state and local governments that must be incorporated in the school day.

Despite the fact that students with AS have social skills needs, literature reveals limited information regarding if and how these needs are being addressed in classrooms or in students' individual education plans (IEPs). Noell and Witt (1999) examined teacher implementation of

interventions as they relate to students receiving special education services. Their findings revealed little is known about the extent to which special education teachers actually implement interventions as they have “infrequently been directly measured” (p. 29).

The importance of social skills instruction cannot be underestimated. Children’s growth and development depend on successful social interactions (Caldarella & Merrill, 1997; Elksnin & Elksnin, 2000; Elliott & Gresham, 1993). Children with AS lack social skills for personal success and are at-risk for negative outcomes both in and out of school (Lane, Pierson, & Givner, 2003; Walker, Irvin, Novell, & Singer, 1992). Social behaviors begin to emerge in children at the age of three. These behaviors are often either labeled pro-social or antisocial (Hart, Burock, London, & Atkins, 2003). Even as early as kindergarten the lack of pro-social behaviors can be an indicator that students may be rejected by their peers a year later (Vitaro, Gagnon, & Tremblay, 1990). According to Elliott and Gresham (1993) every social interaction children have during their school years has an impact on their development and the type of person they become as an adult. In addition, lack of social skills can cause rejection by peers and by many adults (Achenback & Edelbrook, 1981; Bullis, Walker, & Sprague, 2001; Cartledge & Milburn, 1978; Dishion, Loeber, Stouthamer-Loeber, & Patterson, 1984; Freeman, Rosenthal, Donahoe, Schlundt & McFall, 1978; Gresham, 1982; Henderson & Hollin, 1983).

In the case of children with AS, lack of social skills is at the very heart of their diagnosis. Research suggests that social development can be observed early in childhood and in many cases before the actual diagnosis of AS (Dawson, Osterling, Meltzoff, & Kuhl, 2000; Landa, 2007). Children with AS are impaired in social skills as defined by social communication, interaction, and imagination (Cumine, Dunlop, & Stevenson, 1988). Their social interaction may be characterized by self isolation, anxiety when social demands present themselves, and the inability to identify social cues. For instance, students with AS are often seen as loners, eccentric

or oppositional. As a result of these characteristics students are often teased and rejected by their peers.

Social communication refers to the use of formal and at times pedantic language (Cumine et al., 1988). For example, a student with AS may speak in a monotone voice lacking expression and without pause preventing reciprocal interaction with a peer. A peer may never get a word in the conversation. Also the inability to read a person's body language when they are upset or angry can cause difficulty for students with AS when interacting with a peer or adult.

Social imagination refers to a student's flexibility in both action and thought (Cumine et al., 1988). Limited range of interests as well as the inability to change behaviors according to situations are areas of flexibility that are difficult for a student with AS. In the school environment changing schedules and routines can cause havoc in a student's day. For instance, math might be scheduled 9:00 every day but because of a fire drill math is to start later. This might cause a student with AS to have a physical melt down and end up in detention.

Atwood (1998), a leading authority in the field of autism, states that individuals with AS "perceive the world differently from everyone else" (p. 9), this causes difficulty when they are interacting with peers. It has also been stated that AS is "clearly, a highly disabling social condition" (Tantam, 1991, p.147) causing the greatest disability during adolescence and young adulthood when social relationships are key to every achievement (Tantam, 1991). Not surprisingly, it is at this time that depression and anxiety occur, which may be related to awareness of their social differences (Wing, 1981).

Researchers have demonstrated positive effects of social skills instruction and that a variety of interventions and strategies increase social skills and long-term outcomes for students with AS. It is unclear how or if social skills instruction or interventions are implemented in

classrooms. The process teachers use to teach social skills has not been explored to any degree. For instance, social skills can be taught directly from a curriculum as a subject or incidentally, which involves structuring social skills objectives so that they occur within ongoing, typical activities.

Social skills instruction may be considered the most important aspect of instruction for students with AS. Often the school environment is thought of purely in terms of academic development and social skills are not taught (Pellegrini & Blatchford, 2000). Although researchers have documented deficits in areas of social skills for students with AS, limited research examining teacher implementation of social skills instruction in classroom settings was found in the literature.

Limited research has been completed on long-term outcomes for students who have received social skills instruction during their school years. Several studies have shown increases in social skills through a combination of strategies and interventions (Gonzalez-Lopez & Kamps, 1997; Kamps, Leonard, Veronon, & Dugan 1992; LeFebyre, & Strain, 1989). For example, pre-school students with autism taught specific skills increased their social interaction as did all students involved (Goldstein, Wickstrom, Hoyson, Jameson, & Odom, 1998). A language study conducted by Koegel, Camarata, Valdez-Menchaca, and Koegel (1998) documented increased social communication skills when students with autism were taught to ask questions.

Peer interventions have been explored to increase social communication, interaction, and imagination in students with autism. Lee and Odom (1996) implemented a peer intervention program for two students with autism and then discontinued the program to show increased and decreased social interaction rates. Social interaction increased during implementation and stereotypical behaviors decreased.

Purpose of Study

The number of students who receive special education services under autism eligibility has steadily increased. The Office of Special Education Programs (OSEP) reported in the 26th Annual Report to Congress (2006) an increase in students identified with autism from 0.03 percent in 1992 to 0.30 percent in 2002. In 2006, according to OSEP's state data collection, 192,643 students were served under the autism classification for special education services. (U.S. Dept. of Education, 2006). In February 2007, the Centers for Disease Control (CDC) released an Autism Spectrum Disorder population study finding one in 150 individuals have some form of autism.

Although the number of students with AS is increasing there has been little research on special education teachers' implementation of social skills instruction for students. Extreme social skill deficits have been documented by diagnostic criteria. Social skills instruction has received increased attention as an essential component of success in school and later in life (Myles & Adreon, 2001). An abundance of social skills curriculums, strategies, interventions, assessments, and trainings is available. This raises some questions. Are special education teachers utilizing these tools and implementing social skills instruction for AS students? How are they utilizing these tools, indirectly or directly, in the special education classroom or in the resource room? What knowledge do teacher have concerning social skills instruction?

The purpose of this study was to investigate how teachers are implementing social skills instruction, strategies, and/or interventions in their classrooms for students with AS. Identifying factors that interfere with implementation could prove useful in bringing about changes that might increase implementation of social skills instruction. Documenting the teachers' voices can help school administrators, special education directors, and researchers understand special education teachers' implementation strategies, processes, and practices. Teachers' perceptions

of social skills instruction for students with AS were investigated as these could be directly linked to implementation (Fullan, 2001). Documentation from this study can generate increased awareness and understanding of classroom instruction and situations teachers might face in implementation.

Statement of the Problem

Students with AS present a special challenge to the school systems because they lack the repertoire of social skills critical for academic and personal success. Wehmeyer stated “The purpose of education is to prepare all children and adolescents for success in adulthood. They need to have experiences with and instruction in skills which enable them to work, live, and enjoy life in their community” (1991, p 2.). Even though empirical evidence points to the value of social skills instruction for students with AS few students with AS receive adequate social skills programming in their school (Hume, Bellini, & Pratt, 2005).

According to Johns, Crowley, and Guetzloe (2002), students with disabilities will continue to have difficulty with peer and adult relationships if they do not receive needed social interventions. Perceptions of the effectiveness and need for social skills instruction for students with AS could be linked to willingness to implement social skills instruction. Teachers’ perceptions affect their practices when making instructional decisions (Fullan, 2001).

Fullan (2001) suggested we should be interested in factors that influence implementation because the more factors supporting implementation (such as training and experience of teachers), the more change that will be accomplished in practice. This study collected data concerning teachers’ perceptions of social skills instruction for students with AS to advance knowledge and to foster and improve social skills instruction.

Research Questions

The questions that guided this study address the process of teacher implementation of instruction as well as strategies and interventions, concerning social skills for students with AS. Special education teachers' perceptions of social skills instruction were documented. Participating teachers have taught students with AS from kindergarten through 12th grade with varying levels of intellect ranging from average to above average. The teachers in this study teach at the elementary level. The focus was on the following questions:

1. How are special education teachers implementing social skills instruction, strategies and interventions for students with AS?
2. What factors contribute to or inhibit social skills instruction for students with AS?
3. What are special education teachers' perceptions of social skill instruction for students with AS?

Definition of Terms

Listed are the key terms that were used in this study. The definitions are provided for clarification.

Direct social skills instruction: Instruction involving planning a lesson based on specific, targeted skills and objectives. The teacher provides instruction, students are allowed to practice and feedback is provided.

Implementation: Process of putting a program/strategy/intervention into practice (Fullan, 2001).

Incidental social skills instruction: Unstructured instruction where the teacher acts like a coach pointing out strategies to address social situations.

Indirect social skills: Instruction involving structuring social skills objectives so that they occur within ongoing, typical activities.

Individual Education Plans (IEP): Federal mandated program for students with disabilities that directs an individualized course of study in school. Its main components include: A statement of the student's present level of academic and functional performance (PLAFP) and how the student's disability affects involvement and progress in the general education curriculum. A statement of measurable annual goals, related services, and description of how these goals will be measured documented by the IEP team for each student served through a special education program. Transition services are addressed for students 14 years old and over.

Social Communication: The understanding and use of language formal and informal, verbal and non-verbal.

Social competence: An evaluative term based on judgments that a social task has been performed adequately and appropriately (Gresham, 1992).

Social curricula: Published programs providing a basic structure from which to assess and teach social skills (Sugai & Lewis, 1996) such as *Skills Streaming* (McGinnis & Goldstein, 1997) and *Walker's Social Skill Curriculum* (Walker, McConnell, Holmes, Todis, Walker, & Golden, 1983).

Social interaction: Relating on a social level to others, ability to read the thoughts and feelings of others; forming relationships.

Social imagination: Being able to be flexible in ways of thinking..

Social skills: Learned behaviors necessary to interact with adults and peers successfully in a majority of social situations including the school and community (Rhode, Jenson, & Reavis, 1993).

Teachable moments: Instruction conducted during unstructured activities when children have shown an interest in social activities of others (Brown, McEvoy, & Bishop, 1991).

Delimitations

Data collected reflect the current perceptions of teachers during the time period of the study. Data collection was completed through interviewing special education teachers at the elementary level who have taught or are presently teaching students with AS who receive special education services and have IEPs. Research continues to develop that can improve social skills instruction and the outcomes for students with AS.

Potential Limitations

This research study requires special education teachers to identify their perceptions of implementing social skills in the classroom as well as those concerning the implementation of social skills instruction. Therefore, the findings of this study are partially based on the assumption that special education teachers understand the definitions of direct and incidental instruction and social skills instruction. These definitions were provided by mail, before the interview and discussed and clarified as the interview began. Thus the teachers' perspectives were based on their interpretation of practices based on the definitions. The teachers were voluntary participants and self reporting.

The population of students with a formal diagnosis of AS is small although growing. Students diagnosed with AS are eligible for services in Georgia under the criteria of autism. Furthermore, there is a potential caution in this study of having an inside perspective of the topic as the researcher has knowledge of the implementation of social skills instructions and AS.

Researcher's Perspective

Having been a special education teacher for 17 years and teaching social skills to students with autism and Aspergers Syndrome, I consider myself an insider. I have experienced the challenge of finding time to implement socials skills in my classroom for students with AS.

Through the utilization of direct and indirect teaching methods I have seen students with AS benefit from both approaches. For example, I taught a social skills class to a group of students with AS on a weekly schedule. We worked on a variety of social skills including how not to interrupt when others are speaking. Later in the school year I observed two of my students successfully using strategies practiced in the social skills class during a conversation with their peers. Although incidental teaching can be successful with some students I believe every special education teacher should be knowledgeable in the process of implementing social skills. To be accepted socially by peers can be a predictor of students' success later in life (Moyes, 2001). Students with AS have documented deficits in social skills and the need for social skills training is evident.

As an autism specialist and consultant I have observed instruction in social skills and the lack of instruction of social skills in classrooms throughout my county. The teachers I have observed have not been required to teach social skills yet many seem to understand the importance of social skills instruction for students with AS. The information I have gained from my experiences with teachers connects me to my research prior to "data elicitation" (Bauer & Gaskell, 2000, p. 4) or data collection and analysis. My personal beliefs and experiences both as a teacher and autism specialist influenced the questions asked. I needed to be conscious of my role as the researcher in making interpretive decisions as I transcribe, analyze, and decide what is important. Having all the information recorded was important so I did not selectively choose data to support my stance on the need for implementation of social skills. I needed to control my reactions to the participants' answers as I am passionate about the need for implementation of social skills. The purpose of the interviews was to find out what views teachers hold; their views should be not be altered by evaluative responses on my part. Borland (1991) said: "When

we do interpretations, we bring our own knowledge, experience, and concerns to our material, and the result, we hope, is a richer, more textured understanding of its meaning" (p. 73).

CHAPTER II

REVIEW OF THE LITERATURE

Social skills instruction may be considered the most important aspects of instruction for students with AS. Often the school environment is thought of in terms of academic development of children (Pellegrini & Blatchford, 2000) where social skills instruction seldom takes place. Research into the factors contributing to teachers' implementation of social skills instruction as well as the factors contributing to the lack of implementation grew out of concern for the lack of social success of students with AS both in school and later in life.

An overview of AS including the diagnostic criteria, social deficiencies, long-term outcomes related to the syndrome emphasizes the need for social skills instruction. Then, information is provided regarding interventions, strategies, and programs that illustrate the importance of social skills through quality special education programming.

Overview of Asperger Syndrome

Hans Aspergers, an Austrian pediatrician identified the syndrome in 1944. He identified a pattern of behavior and abilities in young boys that he called "autistic psychopathy", later called AS. The patterns included lack of empathy, inability to form friendships, one sided conversations, over focusing on special interests, and often clumsy motor skills (Wing, 1981). Much of Asperger's early work was destroyed in a fire and his writings were not translated from German to English until 1991 (Wing, 2005), which may have caused the delay in recognizing AS in the United States until 1994. Although Leo Kanner did identify and name autism in the United States in 1943 his focus was on the more severe cases of autism. He identified four

characteristics associated with autism, “a preference for aloneness, an insistence on sameness, a liking for elaborate routines, and some abilities that are remarkable compared with those of the average person” (Ratey, 2002, p. 325). Some of these characteristics are similar but the degrees of severity are more extreme than usually seen in AS.

The current clinical definition, according to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), describes AS as a separate and distinct syndrome from autism although it falls under the umbrella of Pervasive Developmental Disorders (PDDs). PDDs represent a distinct category of developmental disabilities that share many of the same characteristics. AS is characterized by social impairments, which may include poor body language and a flat facial effect, poor eye contact, failure to develop peer relationships, lack of unprompted sharing of experience, lack of reciprocity, and the presence of repetitive behavior. Unusual narrowness and/or intensity of patterns, interests, and activities can also be exhibited. Students with AS are seen as loners or strange and may come across as deliberately annoying and oppositional (Fenster-Kuehl, 2000). As a result of these characteristics students with AS are often teased and rejected by their peers and may be thought of as trouble makers by teachers. They become isolated and often develop depression.

There is much debate among researchers, professionals, and parents as to whether AS is a syndrome in its own right or a form of autism which is high functioning. Some believe that the definition of autism should include diagnoses such as AS and other PDDs. Proponents of this view argue that because there are no biological tests for either autism or AS, it is difficult to determine a separate diagnosis as characteristics are similar. Also most state guidelines, schools, insurance companies, and social service agencies use diagnostic guidelines for autism, not AS as the primary disability for eligibility. Wing (2005) considers AS to be part of the autism spectrum arguing that not only does AS share the same impairments in social communication,

imagination, interactions, and repetitive patterns of activities similar to the characteristics of the autism spectrum but children diagnosed with autism early in life can develop the characteristics of AS later in life.

Those who believe AS is not a form of autism cite the current DSM-IV which clearly states that AS is a distinct diagnosis. They argue that by creating a distinction between autism and AS, one paves the way for more appropriate education and treatment. Other professionals such as Hans Asperger himself believed even though there are many similarities between his syndrome and autism there are also significant differences in individual's early history and outcomes. Specifically, those with AS have normal language development and normal to above normal intelligent quotients (IQs).

Clinical characteristics that define AS are generally agreed upon and include impairments in verbal and non verbal communication, lack of social relationships due to deficits in social communication, restricted ranges of interests, and lack of flexibility in thought (Barnhill, 2001; Szatmari, 1991; Wing, 1993). Examples of impairments in verbal communication might include limited ability to take part in reciprocal communication. This is the "give and take" in social communications, which can be exhibited in several ways. Children can exhibit the need to take control and direct social situations according to their own limited social rules and social understanding. Although a child may be able to initiate interactions with others, these interactions are typically considered to be "on one's own terms". These interactions appear to be very egocentric in that they relate primarily to the child's specific wants, needs, desires, and interests. They do not constitute a truly interactive, give-and-take social relationship with another person. Another form of impairment in communication might be the appearance of a very quiet, withdrawn, and even unresponsive individual having limited social drive and extreme difficulty engaging in social relations or social communication.

Nonverbal communication can include body language, facial expressions, eye contact, posture, and tone of voice. Communicating is not just about using words and language to express a particular point. It is about knowing how and when to communicate a message according to social conventions. AS may be most disabling in adolescence and young adulthood as social relationships are the key to almost every achievement (Tantam, 1991). Not surprising, it is at this time that clinical depression and anxiety occur, which may be related to a painful awareness of social differences (Wing, 1981).

The restricted range of interests found in persons with AS can take unusual or eccentric forms. For example, they may develop an extreme interest in astronomy, meteorology, trains, numbers, or animals. An obsession with computers is particularly appealing because talking or socializing is not required, and computers are logical, predictable, and not prone to moods as people are. While obsessive interests are similar to the interests of typically developing children, they are different in that the restricted interest is the only activity in which they participate. That is, instead of playing with other children, the child with AS typically engages in a solitary interest (Szatmari, 1991). This is often referred to as lack of social imagination and flexibility of thought. Several explanations are offered in the literature for these lone special interests. It is possible that individuals with AS use these interests to engage in conversation that is pleasurable and comfortable to them (Atwood, 1998). Teaching through their special interest can keep the student engaged.

Rigidity in AS can take the form of some of the following characteristics (a) insistence on a the same order of events, (b) compulsion to continue what is started, (c) many unwarranted phobia, (d) needing routines, and (e) insistence on specific unchangeable rules. Many individuals with AS do not seem to appreciate that there are times and situations when rules can be bent, renegotiated, or broken. Moreover, they may have difficulty predicting the future. An

insistence that things happen in a certain order provides comfort and security (Atwood, 1998; Myles & Simpson, 1998).

In addition to impairment of social interaction and restricted range of interests, Williams (1995) added the following: insistence on sameness, poor concentration, poor motor coordination, academic difficulties, and emotional vulnerability. Further, she described children with AS as lacking in common sense and being naive. According to Williams, it is not that these children's attention is poor but rather that their focus is odd. Persons with AS have difficulty figuring out what is relevant, so their attention is often on irrelevant stimuli.

Motor clumsiness is not unique to AS; however, research has demonstrated that 50 to 90% of individuals with AS have problems with motor coordination (Ehlers, Gillberg, & Wing 1993; Ghaziuddin & Butler, 1998; Gillberg, 1989; Tantam, 1991). In contrast, some evidence indicates that individuals with AS experience less clumsiness than individuals with autism (Ghaziuddin & Butler, 1998). No specific motor deficits are listed in the DSM 1V. However, as stated in the International Statistical Classification of Diseases and Related Health Problems (ICD 10), "This disorder is often associated with marked clumsiness" (WHO, 1992, p. 377). Fine-motor skill difficulties have implications for activities such as writing and art (Myles & Simpson, 1998; Williams, 1995), and gross-motor skill deficits may lead to difficulties playing games with peers.

Although these individuals usually have average to above average intelligence (Barnhill, Hagiwara, Myles, & Simpson, 2000; Ghaziuddin & Butler, 1998; Manjiviona & Prior, 1999), they may demonstrate academic difficulties because they lack higher level thinking and comprehension skills and tend to be very literal (Williams, 1995). Comprehension is frequently at the factual level. Furthermore, their problem solving tends to be poor (Myles & Simpson, 1998). A significant challenge is their difficulty generalizing knowledge and skills. They often have difficulty applying information and skills across settings and with different individuals.

Moreover, teachers frequently do not recognize their special academic needs because students often give the impression that they understand more than they do. Their pedantic style, advanced vocabulary, and parrot-like responses can mask deficits (Myles & Simpson, 1998). In addition, many are good word callers without having the higher order thinking and comprehension skills to understand what they read. For these reasons, controversy exists as to whether AS occurs in individuals who have mild mental retardation. Wing (1981) and Gillberg and Gillberg (1989) argued that it can occur in mildly retarded children, but Szatmari, Bartolucci, and Bremner (1989) disagreed.

Students with AS learn and process information in a style that is generally incompatible with the way academic materials are presented in many classrooms. As most academic material is presented orally these students often have difficulty with auditory input. Although it is speculated that they possess at least average ability to process visual and auditory information, they may have difficulty processing both concurrently. Furthermore, they may require additional processing time to understand words used in the context of sentences and paragraphs (Myles & Simpson, 1998).

Adolescents and young adults with AS are prone to depression and anxiety (Atwood, 1998; Ghaziuddin, Weidmer-Mikhail, & Ghaziuddin, 1998; Gillberg, 1985; Ryan, 1992; Wing, 1981). For example, Ghaziuddin et al. (1998) found that over half of participants with AS had a history of an additional psychiatric diagnosis at the time of evaluation and during the follow-up period. Attention-deficit/hyperactivity disorder was the most common diagnosis for children, while depression was most common diagnosis for adolescents and adults. These researchers recommended that children who evidence social difficulties be carefully screened for AS and that adolescents and adults with AS be examined for depression. Depression may be linked to

difficulty in coping or the outcome of genetic factors that are linked to the origin and development of AS.

Individuals with AS frequently do not have the emotional resources to cope with the demands of the classroom. Adolescents are especially prone to anxiety and can be easily overwhelmed when things do not turn out as their rigid thoughts dictate (Williams, 1995). Unlike typical developing peers, many students with AS do not demonstrate stress through their voice or posture. As a result, turmoil may escalate to a point of crisis because of others' unawareness of their agitation along with their inability to monitor and control discomforting situations (Myles & Simpson, 1998).

Children with AS are prone to peculiar sensory responses such as hypersensitivity to certain sounds or visual stimuli (Church, Alisanski, & Amanullah, 2000; Myles, Cook, Miller, Rinner, & Robbins, 2000; Myles & Simpson, 1998). Some individuals may be unable to tolerate bright light, flickering lights, or sunlight and may feel calmer in a darkened room. Moreover, certain lights may even be painful. In addition, unusual reactions or over sensitivity to specific noises are common. Frequently, there is a heightened or over exaggerated response to touch. Although they may like the person who has hugged them, they may not like the sudden physical contact.

Diagnostic Criteria for Asperger's Disorder

As defined in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (1994) the following summarizes the definition of AS.

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

2. failure to develop peer relationships appropriate to developmental level
 3. lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 4. lack of social or emotional reciprocity (e.g., does not participate in simple social games, or social conversation)
- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus (e.g., preoccupation with collecting birthdates of all of the movie stars, and only talks about that)
 2. apparently inflexible adherence to specific, nonfunctional routines or rituals (e.g., avoiding cracks in the sidewalk, touching something three times before moving on)
 3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 4. persistent preoccupation with parts of objects (e.g., plays with a computer mouse instead of computer, takes a toy apart to play with the battery)
- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3)
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia (American Psychiatric Association Diagnostic Statistical manual of mental disorders (DSM) 2000, p.84).

The DSM definition of AS differs from Wings (1979) in that Wings included the term 'triad of impairments' involving social interaction, communication and imagination, with additional repetitive stereotyped activities. This triad of symptoms later became known as the autistic spectrum and is included in DSM-IV under pervasive developmental disorder not otherwise specified, and in ICD-10 as atypical autism.

Understanding Social Skills

Social skills have been defined a variety of ways and are often interchangeable with the term social competence, a global concept that encompasses several specific skills (Sugai & Lewis, 1996) including social, emotional, and cognitive behaviors. Gresham and colleagues (2001) define social skills as behaviors used to complete a social task successfully such as starting a conversation, giving a compliment, or engaging in play. Gresham and Elliott (1984) suggest social competence will lead to acceptance by peers and positive outcomes later in life. Gresham (1998) also suggests that the degree to which a child develops and maintains social skills directly relates to social competence. Gresham further classifies social competences into two categories performance deficits or acquisition deficits. A performance deficit refers to a situation where an individual processes a skill but fails to perform or generalize this skill in certain situations (Spence, 2003). For example, a student with AS might go into an inclusion classroom after having practicing how to greet his peers, with a "Ha Dude" but when he enters the classroom he says "Ha Dude" to the teacher and is sent to the office for being insubordinate. The skill needed to gain entry into the play of peers as basketball at recess can be classified as an acquisition skill as the student has no social skill knowledge to use in this situation so day

after day the child watches his peers. The term *social skill* often is used to identify a specific skill that is being taught or a skill an individual's does not have (Fischer, 2004). Factors such cognitive deficits, anxiety, and anger may interfere with the acquisition of appropriate social skills behavior.

An understanding of the social challenges students with AS face everyday can lead researchers and educators to appropriate social skills interventions and programming. Social skills in this paper will be defined by looking at social communication, social interaction, and social imagination and how they relate to future outcomes for students with AS. Wing (1981) refers to these social impairments in AS as a triad that can occur in varying degrees of severity and in association with any level of intelligence as measured on standardized tests.

Social Communication

Individuals with AS have difficulty processing more than one thing at a time either physically or mentally. "Social relationships require a lot of simultaneous walking and chewing of gum, that is, they require us to be able to pay attention to many stimuli and respond with many actions all at the same time" (Ratey, 2002, p. 297). A conversation with a peer often follows "unwritten" rules that require participants to have knowledge of proper distance, appropriate posture and body language, good eye contact, and the ability to both listen and speak appropriately in a reciprocal fashion. This social interaction, though conversation, is a common everyday event and seldom takes much thought for a typical individual. The ability to interact in a conversation varies from individual to individual (Wing, 1981). For an individual with AS conversations with peers or adults can be very difficult and stressful because of the lack of understanding of unwritten rules of conversation.

Although verbal language for the individual with AS is normal compared to peers it is frequently spoken using sophisticated vocabulary often giving students with AS the nickname

“Little Professor”. Voice tone is usually flat or monotone and spoken without facial expression or emotion. This may give the wrong impression as it can be interpreted as anger, disinterest, boredom, or not listening. Understanding tone of voice in others conversation is difficult for the individual with AS and can put this individual in awkward situation. Interrupting and identifying expressions in others can be difficult.

Social Interaction

Social behavior of an individual with AS maybe naive causing social isolation and ridicule. Often impairment is seen in two way social interactions. Individuals with AS may not pick up on body language or social cues and be at a disadvantage in making and keeping friendships. Many individuals with AS are aware of their difficulties and try to overcome them, but in inappropriate ways and without success because they lack strategies for developing friendships (Wing, 1981). Over-sensitivity to criticism and often extreme suspicion of other people can be a characteristic of AS possibly from the knowledge of being “different”.

Adolescence can be a troubling time for the typical teenager but for the teen with AS it becomes traumatic because of their social deficits. Wing (1981) gave an example that has been seen many times in real situations since 1981.

A young man with Aspergers syndrome observes that most of his contemporaries have girl friends and eventually marry and have children. He wishes to be normal in this respect, but has no idea how to indicate his interest and attract a partner in a socially acceptable fashion. He may ask other people for a list of rules for talking to girls, or try to find the secret in books. If he has a strong sex drive he may approach and touch or kiss a stranger, or someone much older or younger than himself, and, as a consequence, find himself in trouble with the police (p.116)

Social Imagination

Individuals with AS often have a narrow range of repetitive, stereotyped pursuits, which take unusual or peculiar forms. For example, an obsession with computers is very common

because talking or socializing is not required, and computers are logical and predictable.

Teaching students with AS through their special interests can keep them engaged and encourages success.

Restricted repetitive behavior can also be exhibited through rigid, set observances of specific nonfunctional routines or rituals. An example is being insistent on walking on a certain side of the hall at school without deviation. The student is inflexible about following a certain sequence of events such as the needing to tap a pencil three times on the desk before writing with it. These nonfunctional routines can be of critical importance to the child with AS. Rigidity can also manifest in a compulsion to finish what was started, fear or a phobia based on a single experience, or insistence on rules (Atwood, 1998; Myles & Simpson, 1998).

Long-term Outcomes

Individuals with Aspergers syndrome have an increased prevalence of depression, mood disorders, and obsessive-compulsive disorders, which have all been linked to deficits in social skills (Barnhill, 2007). Early diagnosis is important for all developmental disorders which includes AS. Diagnosis and intervention minimize the delays in development for a child, which influences positive impacts on long-term prognosis. Children with AS often learn to cope with their disability, but may find social situations and personal relationships challenging throughout life. Many adults with Aspergers are able to work successfully in mainstream jobs, although they continue to need encouragement and moral support to maintain an independent life.

The deficits associated with AS may be debilitating, but many individuals experience positive outcomes, particularly those who excel in areas less dependent on social interaction, as mathematics, music, and the sciences (Bellini, Peters, Benner, & Hope, 2007). However, as adults they may need to continually work on life skills that many people take for granted such as

taking an interest in others, learning the give and take of conversations, maintaining friendships, reading non-verbal communication, and so forth.

Information on outcomes for adults with AS has come from personal accounts in the form of autobiographies and experiences (Grandin, 1995; Gerland, 1996; Lawson 2001; O'Neil, 1999; Sanders, 2004; Tammet, 2006; Willey, 1999) and long-term follow up studies. Specifically these include long-term outcomes related to employment and independence.

Researchers have investigated the long-term outcomes for individuals on the autism spectrum however little research has been published on AS (Engstrom, Ekstrom, & Emilsson, 2003; Hurlbutt & Chalmers, 2004). Barnhill (2007) reviewed the research on outcomes in adults with AS and noted that many now being studied were originally diagnosed with autism. Many clinicians were unaware of AS prior to 1981. Later diagnoses were made based on the DSM-IV (2000) criteria which stated that a diagnosis of autism rules out a diagnosis of AS, and vice versa, leading to inconsistency in the use of the diagnosis criteria (Tyron, Mayes, Rhodes, & Waldo, 2006). For example, the label of AS may be used for all individuals who have high IQs and good communication skills regardless of the lack of early development in language (a criteria for autism and high functioning autism). Most research does not differentiate between AS and autism concerning outcome studies (Howlin, 2000).

Independence and Employment in Adult Life

Individuals with AS have reported difficulty navigating the social expectations of a job, finding employment that matches their ability levels, maintaining a job, and social relationships (Barnhill, 2007; Frith, 2004; Hurlbutt & Chalmers, 2004; Tantam, 2000). Although individuals with AS may have the technical skills required to do a specific job difficulty often arises with required social interactions and communications. For example, the interview process includes reciprocal conversation and thinking quickly to respond to a question, often difficult for

individuals with AS (Barnhill, 2007). In spite of the ability to do a job individuals with AS often are not employed or are employed in jobs beneath their ability levels leading to depression and low self esteem (Nesbitt, 2000). Hurlbutt and Chalmers (2004) interviewed adults with AS and found sensory issues and social communication between employers and co-workers to be cited most often as problems associated with maintaining a job.

Difficulties getting and keeping employment often forces individuals with AS to be dependent on their families and friends for financial and emotional support. Outcome studies of adults with AS show they require high levels of support from family members or service agencies throughout their lives. Kanner (1973) studied the long-term outcomes for 96 individuals with autism ranging in age from 20 to 30 years. In summary, 87% of the individuals experienced poor outcomes and were dependent on others for their livelihoods. Employment outcomes reported 84 of the 96 adults as unemployed and requiring supportive living arrangements. The remaining 12 adults were considered to have good outcomes defined as being employed (11), attending college (1), and living in their own homes (7). Five of these individuals were living with their parents. This can be called one of the baseline studies as it was one of the first to look at the long-term outcomes for these individuals. Later studies showed little progress in long-term outcomes for individuals on the autism spectrum.

Tantam (1991) also reported poor employment and independent living outcomes for the majority of individuals with autism. Specifically, of 46 individuals, who meet the criteria for AS four (9%) were employed, and two individuals were attending college (4%). All of the participants required support and/or supervision in daily living. Nearly half (47%) lived with parents and 53% received residential care services. Tantam (1991) concluded AS is considered a higher functioning and milder form of autism and a socially disabling condition.

Lord and Venter's (1992) follow-up study of 22 individuals 18 years and older identified with high functioning autism reported 27% were independently employed in low level service jobs, 14% were unemployed, and 59% were employed with on-the-job assistance. Although the overall outcome of employment was better than in Tantam's study, all participants had assistance in finding employment and few lived independently. Howlin (2000) noted in her review of research on long-term outcomes studies in adults with AS that they might be successful in employment and independent living but this achievement seldom comes easily. Howlin's (2000) outcome study of 19 participants having high functioning autism revealed 16% (n = 3) of those who participated obtained good to very good outcomes. Of the participants, 47% were educated in self-contained classrooms for individuals with autism and 37% had not participated in formalized public schooling. In employment, 5% were independently employed, and 10% were in college.

Adult Relationships

Relationships present many different challenges to adults with AS. Managing adult relationships takes social and empathetic skills to be successful. It is now well-established and accepted that some people with AS are able to form adult relationships, marry, and have children. Because of the difficulties individuals with AS face understanding others feelings it is often a challenge to have long-term relationships. Studies show the majority of adult AS relationships are not successful. Kanners' (1973) long-term outcome study of 96 adults over 20 years old revealed one individual was married. Likewise data from Lord and Venter's (1992) long-term follow-up study with high functioning autism revealed one of 22 adults was married and two adults were dating.

Adult relationships were a variable in an outcome study comparing high-functioning autism and developmental language disorders (Howlin et al., 2000). Of the 19 men followed, none was married or reported a close intimate relationship.

According to Lord and Venter (1992) cognitive and language abilities are related to long-term outcomes, although interventions and strategies in social skills may also have a significant impact on the outcomes for individuals with AS. For example, structured educational programs that focus on social skills can improve social competence and development of social relationships (Howlin & Yates, 1999; Mesibov, 1992).

Factors Related to AS Outcomes

Researchers believe the best predictors of success for individuals with AS are their IQ scores and early communicative speech ability (DeMyer et al., 1973; Eisenberg, 1956; Gillberg, 1991; Gillberg & Steffenburg, 1987; Ritvo, Needleman, & Yokota, 1985; Rumsey, Rapoport, & Sceery 1985; Stein et al., 2001). Specifically, children with autism who do not develop speech before the age of 5 and have standard scores of below 50 on a non-verbal IQ test are considered at risk for poor outcomes. To facilitate better outcomes for individuals with AS, researchers are beginning to identify other factors that relate to good outcomes (Howlin, 2000; Ruble & Dalrymple, 1996). Ruble and Dalrymple stated, "Information on variables that can be manipulated and are responsive to treatment are more likely to be useful to parents and practitioners" (1996, p. 4). Intervention has been well documented as one of the variables that provides students on the autism spectrum with significantly better outcomes if it takes place in the early years of life (Fenske, Zalski, Krantz, & McClannahan, 1985).

Although researchers have documented deficits in areas of social communication, interaction, and imagination, there is limited research that supports these deficits in this population. However there is abundant research reporting deficits in adaptive skills including

social communication associated with the outcomes for students with disabilities. Studies of adaptive behaviors, which include social skills, report direct links to the level of independence reached in adulthood by individuals with disabilities (Felce & Emerson, 2001; Freeman, Del'Homme, Guthrie & Zhang, 1999; Wacker, Harper, Powell, & Healy, 1983). For example, McGrew, Bruininks, and Thurlow (1992) examined community adjustments as an outcome factor, which included social integration, recreation/leisure integration, community and economic integration, and need for support. The findings reveal a significant relationship between adaptive behavior and outcome in adult life. For instance, more restricted levels of community adjustments were reported for individuals who had adaptive behavior skills deficits.

Research on Social Skills Interventions and Instruction

Research concerning social skills and the inclusion of students with autism with typical age peers does not reflect an increase in social interaction (Myles, Simpson, Ormsbee, & Erickson, 1993), although social skills imitations of the typical students increased somewhat (Schlein, Mustonen, & Rynders, 1995). Myles et al. studied variations in the environment and found that having students with autism in inclusive settings did not significantly increase social interactions. When students with autism were integrated into a music class and cooperative grouping was utilized an increase of interactions between students with autism and non disabled peers was noted. Initiation was noted only in non disabled peers toward the student with autism and not by students with autism toward their peers.

Peer interventions in different forms have been explored as possible strategies to increase social communication, interaction, and imagination in student with autism. Play groups studied in 1983 (Strain) focusing on students with autism in the age range of 7 to 10 years showed an association with higher rates of social interaction when placed in developmental play

groups. Before the children were placed in the play groups they were taught social skills through a social intervention strategy.

Likewise, Mundschenk and Sasso (1995) reported that integrated peer groups increased social interaction during play groups. In this study the students ranged from 7 to 10 years and consisted of one student with autism and five peers. The student with autism increased interaction with peers after other students in the class received training in how to initiate interaction with a student with autism.

Many researchers are interested in treatments to increase social participation or play (Baker 2002; McConnell, 2002; Thorp, Stahmer, & Schreibman, 1995). Baker, Koegel, and Koegel (1998) found that games and play activities focusing on students' preservative and obsessive behaviors were instrumental in increasing social interactions for those with autism. Baker (2002) additionally found that the use of picture schedules at home increased the social interaction of 6 to 8 year old children with autism with family members.

Research of socio-dramatic play, consisting of structure activities taught to students with autism, showed an increase in social interaction rates (Thorp et al., 1995). Studies with preschool students with autism where specific skills were taught increased the social interaction of all students involved, peers as well as autistic students (Goldstein et al., 1998).

Lee and Odom (1996) implemented a peer intervention program with two students with autism. After training peers in interventions an increase in social interaction occurred and after removing the peer support there was a reported decrease in social interaction rates. Also noted was a decrease in stereotypical behaviors during implementation of the program.

Several studies have shown increases in student social interactions through a combination of strategies and interventions. Social skills training is a general term for an instructional strategy conducted in behavioral areas promoting positive interaction with others.

Reinforcement interventions include coaching and peer reinforcement (Gonzalez-Lopez & Kamps, 1997; Kamps et al., 1992; Lefebvre & Strain, 1989). McConnell (2002) conducted a meta-analysis of empirical research surrounding interventions that reinforce and increase students with autism social interaction and social communication. In some instances studies showed specific interventions such as direct social skills training not only increased socialization, but increased the length of interaction among young students with autism and their peers.

Best Practices in Teaching Social Skills

Improving social functioning has been considered an important intervention for individuals on the autism spectrum. Individuals with AS have responded to a variety of social interventions aimed at increasing their social interaction, imagination, and communication. Literature reflects the use of several successful social interventions with students on the autism spectrum. Specialists in the field of autism agree that social skills instruction needs to be directly taught one-to-one and/or in small group settings (Myles & Adreon, 2001; Simpson, 2004) depending on the needs of students. Skills learned need to be generalized from a small, structured setting, for instance from a resource or self-contained classroom to a larger real life situation. When addressing social skills development, it is important to give students with AS an opportunity to interact in a variety of natural settings. For example, the general classroom setting can provide appropriate peer models, natural cues and stimuli, and reinforcements that are functional to give students with AS access to peer models and social opportunities (Atwood, 1998). Walker, Colvin, and Ramsey (1995) suggested when using a small group model that students of the same age group who are not displaying the targeted social deficit should be selected to participate in the group as peer models for the student with the social deficit. In some cases social skills instruction has been implemented in a whole group model addressing skills all students in a class would benefit from. Although students with AS can benefit from this

type of instruction their need for a more direct individualized approach is well documented (Stokes, 2002).

Bellini's (2008) five step model for social skills instruction includes identifying the social skill deficit, defining it (acquisition or performance deficit), selecting an intervention strategy, implementing interventions, and assessing and modifying the intervention as needed. It is important to note that these steps are considered the best practice for implementation of social skills programs.

Specific strategies and programs include individual and small group social skills instruction and interventions. Individual instruction might include teaching explicit rules of social conduct such as reciprocal conversation or social distance when speaking to another person, social stories, and role playing. Often small group instruction which includes peer interactions such as the lunch bunch, recess buddies, role playing, and turn taking games are used to teach social skills to students with AS.

Teaching peers to interact with students with AS is often called peer buddies. When students with AS are included in the regular education classroom this approach is often utilized. Peer buddies may be needed to take notes during a lecture or explain social situations to a student with AS. Training peer buddies and rotating responsibilities among a group of peer buddies is essential. Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH), a division of the University of North Carolina focusing on autism, has developed a protocol for training peers from kindergarten through high school which is available at their website <http://www.unc.edu/depts/teacch/>. Another peer training protocol for children between the ages of 8 and 18 is Carol Gray's "Sixth Sense" addressing social communication.

Factors Affecting Implementation of Social Skills Instruction

A study of factors affecting the implementation of social skills instruction focuses on students in general education classrooms not specifically students with AS. Cosden (1991) surveyed 271 elementary and secondary teachers concerning implementation of social skills. The survey revealed teachers often questioned the impact of instruction which decreased implementation in the classroom. In addition, teachers felt that academics priorities and demands left no time for social skills instruction. Teacher training in the area of social skills was also reported to be a factor that influences implementation as many teachers do not know how to teach social skills.

Fullan (2001) stressed the importance of support from administrators and the district office as affecting the implementation process. Principals who require documentation in lesson plans of implementation of social skills give a message of their importance. Workdays that include teacher instruction in social skills implementation speak volumes to the importance it has in the county and schools. Without support from the lead decision makers, teachers, principals, and county offices, teachers are likely to believe it is not important to teach social skills to students.

Summary

Over the past 20 years, researchers have moved from identifying characteristics that differentiate AS from autism to developing strategies and interventions to encourage success in school and in later life for individuals with AS. It is fairly well agreed upon that social skills deficits are the major concern for students with AS. Social skills deficits interfere with the ability to form relationships, cause isolation, and relate to anxiety and depression in students diagnosed with AS. Employment, personal relationships, and independence outcomes for AS are

poor and most, when older, live at home and work minimal jobs without having close social relationships.

Students with AS are a challenge to school systems as they present behavioral challenges and social deficits. Social skills programs, requiring planned, coordinated group activities and procedures, strategies, and interventions that are specific to social areas have been reported to help students with AS in school settings.

Little is known about teacher implementation of social skills programs, strategies, and intervention for students with AS. Social skills instruction is not required in most schools. This study explored special education teachers' perceptions of implementing social skills instruction, strategies, and interventions in their classrooms.

CHAPTER III

METHODOLOGY

A qualitative research approach was used in this study. Qualitative inquiry allowed investigation of behaviors, perspectives, and reasoning of participants from their points of view, beliefs, and perceptions (Creswell, 1994). This type of exploratory inquiry allowed better understanding of the questions that address the “what, when, and how” of social skills implementation in the classroom for students with AS.

Qualitative design relies on context and the participants’ frame of references (Marshall & Rossman, 1995). Kvale (1996) defined qualitative research interviews as looking at the world from the participant’s point of view. Strauss and Corbin (1998) believed that qualitative methods can be used to better understand any phenomenon about which little is known. Due to the lack of research related to the implementation of social skills, a qualitative approach provided in-depth information through direct interviews with teachers capturing their perceptions, experiences, and perspectives concerning implementation of social skills.

Fullan described implementation as the “process of putting into practice an idea, program, or set of activities and structures new to the people attempting or expected to change” (2001, p. 69). This study defined implementation as Fullan (2001) described it as the process of putting into practice a strategy, program, curriculum, or activity that promotes the instruction of social skills for students with AS.

The literature suggests that social skills instruction helps students with AS in school and later in life. The importance of teaching social skills should not be overlooked or minimized. The question becomes, Are teachers aware of the need for social skills instruction? And if yes, Are

teachers using methods that research reports are successful with students with AS such as peer tutoring, role playing, and/or scripted social lessons from a curriculum?

An investigation into how teachers are implementing social skills in their classroom was completed through teacher interviews. When social skills instruction was not being implemented the factors that interfered with implementation were discussed. Were they familiar with specific social skill commercial programs, strategies, and interventions? How do teachers perceive social skills instruction for students with AS? Further, the author investigated teachers' perceptions of their implementation of social skills. Did teachers see a need for instruction in social skills for students with AS? Did they feel they need training in implementation?

Important information was gathered from the special education teachers as they are the key players in implementing social skills instruction to students with AS. Understanding implementation of social skills is important for insight into what is actually happening and how interventions are occurring. Studying the lack of implementation could provide information on obstacles teachers face. Consequently this information could help understand conditions that are necessary and/or the factors that influence implementation.

Ethical Considerations

Most ethical considerations can be identified in advance and documented before data collection is started. This study provided participants with documents that explained the research objectives of the study (Creswell, 1998) and data collection procedures (Appendix D). The researcher has the obligation to protect the rights and values of the participants by providing each participant with an informed consent form discussing risks and other relevant issues pertaining to the study (Appendix E). Interviewees were given the opportunity to participate or not to participate in the study without any consequences. Qualitative research

often raises concerns about the protection of the confidentiality of the participants as well as third parties mentioned in transcriptions. All transcripts were coded with numbers and interviewees' names were replaced with letters. Original transcripts and audio tapes have been stored in a locked file cabinet.

According to Kidder (1996) and Sternberg (2003) true tests of "ethical fitness" or "wisdom" occur during practice, when researchers are on their own in the field. Although field studies often require spontaneous decision making, scheduled interviews require the researcher to be opened minded in what is asked and recorded. Semi-structured questions were prepared in advance to ensure that basically the same information was obtained from each teacher.

Sampling

Purposeful sampling was used to select special education teachers who taught students with AS. The population of students with AS continues to increase, although in most public schools the population remains a disability of low incidence. This narrowed the population for sampling and it was difficult to recruit special education teachers who are in charge of implementing students' IEP goals. Criteria for participation consisted of being an educator who had taught or was currently teaching a student with AS.

Teachers from three surrounding counties were chosen. Two were small rural counties and one was part of a metropolitan area with a larger student population. These counties were geographically accessible and outside the scope of influences of the researcher as to personal and school environment. The first step was to identify teachers by contacting them through the use of the *Special Education Directory* (2007). A listing of names and email addresses of the special education teachers in the surrounding districts was developed.

An email, inviting teachers to participate on a voluntary basis was sent to the first 10 special education teachers listed under the two rural districts and 10 teachers under the larger

metropolitan district. A cover letter was included in the email to inform teachers about the study and included the criteria for participation. The call for participants yielded three teacher respondents. A small list of teachers was expected as students with AS in Georgia are often found eligible under the Autism Spectrum Disorders label and do not receive an actual diagnosis of AS (a criterion for selection).

Snowball sampling was used to recruit participants from those already selected to participate. For example, I interviewed a special education teacher and asked whether she knew another teacher who taught a student with AS. This participant's recommendations lead to another participant and eventually to the addition of nine teachers, totaling eleven. One participant canceled the interview after a family death. Ten elementary teachers meeting the criteria of having taught or currently teaching a student with AS were interviewed. In addition, the teachers needed to be in charge of the implementation of students' Individual Education Programs (IEP). Volunteers were sent a follow up email containing the consent form, criteria, list of pertinent definitions, and a social skills checklist to review before the interview.

Data Collection

Data collection used semi-structured interviews (Turner, 1981) arranged at a time and place to suit each participant. All participants chose school settings for their interview. Interviews were audio taped after permission was given by the interviewee. Interviews were a valuable way for teachers to share their implementation of social skills instruction (Schensul, Schensul, & LeCompte, 1999).

Interviews were open ended questioning (Appendix A), "Tell me about the process you use to teach social skills to students with AS" and "What do you see as factors that influence implementation of social skills instruction in your classroom?" This questioning encouraged the

interviewee to reveal thoughts, beliefs, and practices associated with their social skills instruction and perceptions on social skills instruction.

A social skills checklist consisting of frequently used strategies, interventions, and programs for teaching social skills was developed by the researcher. The list (Appendix D) was given to each participant that allowed them to circle strategies, interventions, and programs they used in the classroom as well as a options to fill in "Other" social skills interventions they might have used with students with AS. The checklist was used to start conversations with participants.

Interview questions became more specific as they progressed concerning actual strategies and programs. Not all questions were designed and phrased ahead of time. Some common probes such as, "Can you expand on that" or "Tell me more", allowed both the interviewer and the interviewee the flexibility to seek details or discuss issues.

Interviews

The interview was chosen as the instrument of data collection to "Yield direct quotations from people about their experiences, opinions, feelings, and knowledge" (Patton, 2002, p. 4). The researcher scheduled interview times, dates, and locations according to the teachers' needs. Each interview was conducted at a school in the teacher's district. After each participant's approval, permission to conduct interviews with more than one teacher at the same time was requested for convenience of the interviewer. The purpose of the study was reviewed with participants before the interviews began. The teachers were asked to sign the Informed Consent. Permission was asked to record the interview through the use of note taking and an audio recorder. If the teacher did not complete the social skills checklist through email the teacher was asked to do so before the interview began. The interviewer reviewed the areas checked and generated questions to ask the interviewee such as, "talk a little about how you

implemented this strategy of role playing with a student with AS". Further questions from were based on what the interviewee said and consisted mostly of clarifying and probing for details. Several questions were prepared in advance to gain background information and used as a guide for the interviewer to explore the issues and address the research questions. Additionally, Dilley (2000) stated, "Research protocols must be revisited and revised as we conduct interviews, obtain new information, and crystallize out understanding of the lives and issues we investigate" (p. 134). Interviewees were allowed and encouraged to provide information outside of the scope of questions. Interviews lasted approximately 60-90 minutes.

Data Analysis

Transcripts of the interviews were reviewed and organized into themes. Initially, information was examined and coded according to the three research questions then coding was created and revised as the data were analyzed (Ferguson & Ferguson, 2000; Gay & Airasian, 2003; Maxwell, 2004). Berg (2004) described this practice as, "typically, a systematic indexing process begins as researchers set up several sheets of paper with major topics of interest listed separately. Below these major interest topics are usually several other subtopics or themes" (p. 115). Similarly, Este, Sieppert, and Barsky (1998) described similar methods of coding using cards and cutting and pasting the information into various categories. Using similar practices, the research data were divided and coded. The organization of the data was continually reviewed and revised often changing and adding themes and sub-themes.

Key categories (rather than individual words) were identified using the research questions as a starting point. These allowed themes to emerge. Constant comparisons and searches for themes in and among the transcripts were performed. Spiggle described the process of analyzing data as, "Analysis explicitly compares each incident in the data with other

incidents appearing to belong to the same category, exploring their similarities and differences" (1994, p. 493).

An additional source was utilized as an external auditor to check data and theme development. A former Special Education Director served in this capacity. All themes were reviewed. This was a valid component to add to the analysis process as an extra pair of eyes outside the research study helped fine tune, or refocus, the process. Creswell and Miller (2000) stated that this approach was important to establish credibility in research. "Reviewers not affiliated with the project may help establish validity as well as various readers for whom the account is written" (p. 125).

Personal reflexivity was utilized to reflect on the researcher's experiences, beliefs, values, and politics that shaped the research. Nightingale and Cromby (1999) stated reflexivity

...requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining 'outside of' one subject matter while conducting research, Reflexivity urges us to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research (p. 228).

Similarities, differences, and relations among different texts were examined. For example, a respondent said to the researcher, "I sit down and have classes, I do direct instruction with social skills" the researcher then categorized the action as "Direct teaching". As the researcher encountered other teachers who used direct teaching and after comparison to the first appeared to resemble the same phenomena, then these were labeled as "Direct teaching". Only by comparing incidents and naming like phenomena with the same term can the theorist accumulate the basic categories and themes (Strauss & Corbin, 1998).

The first interview allowed the researcher to look at the situation and the language the teacher used to explain the process of implementation of social skills. The data were organized

by question and later compared to all respondents and their responses to identify consistencies and differences. These themes became categories. Subsequent interviews added new categories. The initial list of categories changed as review of the data proceeded. Constant comparison was used, initially comparing interview data, later comparing categories. For instance, when teachers were asked about factors that influence implementation of social skill instruction in the classroom, the first two teachers mentioned “lack of time” which became a category and similar discussions used by all the teachers were coded as lack of time.

When one or more categories emerged with high frequency in the interviews they became a core category. Charting the process was helpful and code abbreviations were designated to some categories. Memos and notes were written as the data were collected. In effect, a memo is a note about a category or property and particularly about relationships among categories. Notes were used during the interviews to record further questions and to keep track of the questions already asked. Ideas and thoughts that occurred during the interview were taken in note form to be reviewed later.

In the course of the process of analysis of the data, many instances occurred where the researcher became aware of another category from a statement of a participant which lead the researcher in a direction unforeseen. Further study of notes and memos, taken while the interviews were being recorded, later led to the examination of issues raised by participants and member checking was used to clarify meaning and intent occurred on four different occasions. Once the codes from the interviews were identified, the research questions were reviewed and applied to the themes.

Summary

The use of a qualitative design helped understand and explore special education teachers’ perceptions of implementing social skills instruction for students with AS.

Implementation is a complicated process and the use of teacher interviews as a tool to explore practices, concerning implementation of social skills suited this design.

Use of the research questions and the related literature provided guidelines for data analysis. The transcripts of the interviews were coded and organized within these categories, and the data analysis emerged from this topic framework.

CHAPTER IV

FINDINGS

In the early 1980s the research of Wing (1981), a graduate student, resurrected the research of Kanner (1943) and Asperger (1944) on autism. This began an abundance of research on the characteristics of autism in an effort to understand the syndrome. Research has led to the identification of several types of autism, now known as Autism Spectrum Disorders (ASD). AS was identified as one of several ASD that emerged on the spectrum. With the identification of AS and the inclusion of students with this disability into regular education classrooms the focus of researchers shifted to identifying strategies, programs, and interventions to encourage student success.

Present Study

Researchers began to focus on the social needs of students on the autism spectrum as an area for attention. They looked at specific strategies and interventions in classrooms to increase the social skills of the students. Resulting research pointed to a number of factors that appeared to impact the success of students with AS in the classroom. Factors that were frequently identified were related to social skills. Specifically, social communication, imagination, and interaction have been identified as the difficult areas for students (Cumine et al., 1988). While these factors were identified as influencing the successful integration of students with AS in the classroom and society, consultants, researchers, and autism organizations developed programs, strategies, and interventions to address these needs. Despite the research that has been done on addressing the needs of AS through social skills

instruction, little is known on teachers' perceptions of social skills instruction in the classroom for students with AS.

The purpose of this study was to investigate teachers' perceptions of social skills for students with AS. Studies of social skills and students with AS provide information on teaching social skills and the strategies/interventions and tools available that prove helpful in teaching these skills. Most important, however, is understanding actual implementation of social skills in the schools.

Interviews were conducted with ten special education teachers regarding their practices of implementing social skills instruction for students with AS. Teachers' perceptions of the implementation of social skills instruction were recorded and analyzed.

Teaching assignments of the interviewees varied, although all were elementary school teachers (see Table 1). Three of the special education teachers taught in a self-contained setting where the majority of teaching takes place, in contrast to a resource classroom where instruction in selected areas, as reading or math, is done. Two teachers were resource teachers, who spend the majority of their time teaching students in a "Pull-out" service separate from the regular education classroom environment. Resource settings are usually characterized by smaller class size and modified curriculum. Three teachers served both as co-teachers and resource teachers providing services in regular education classrooms in addition to a resource classroom. Two teachers served as speech pathologists delivering services in self-contained, resource, and regular education environments. Each teacher taught at least one student with AS currently or in the last two years.

The participants were recruited through the special education directory, a list of all special educators in Northeast Georgia with their email addresses. This is a change from the original plan as there was difficulty recruiting teachers through the Special Education Directors.

Special Education Directors did not respond to the recruiting emails. Telephone calls to the Special Education Directors returned only one response, with the Special Education Director stating she was unaware of which teachers actually taught students with AS. Special education teachers from the three public schools in Georgia were recruited. One was in a large city, the other two were in rural counties. An email, inviting all special education teachers to participate was sent to every teacher in the three counties. The first 10-15 teachers who replied were chosen as participants. There were only two responses. Snowball sampling was then used to identify additional participants from the two who responded to the invitation. During the interviews the following information was gathered as to teacher experience teaching and training in ASDs.

Teachers Studied

The teaching experience of the ten teachers ranged from 2 to 27 years with seven of the teachers having 15 or more years of experience (see Table 1). Six teachers had training related to ASD, most often workshops or conferences.

Table 1: Participating Teachers Years' Teaching, ASD Training, and Teaching Assignment

Years Teaching	Training in ASDs	Assignment
18	Workshop in autism	Self-contained
27	Workshops conferences/college	Resource
18	College/conference	Self-contained
18	No training	Resource
5	Workshop	Resource
2	No training	Self-contained
22	Conferences	Resource
15	No training	Co-teacher
10	No training	Co-teacher
17	Workshops	Co-teacher

Three major themes were extracted from the interview transcripts, teaching methods, rationale, and the nature of special education. These themes are related to the research question in Table 2.

Table 2: Research Questions and Related Themes.

Research questions	Related topic/initial themes from interviews	Final themes related to research questions
1. How are special education teachers implementing social skills instruction, strategies and interventions for students with AS?	Strategies, interventions, direct instruction in social skills through social skills curriculums. No direct implementation	Teaching methodology—strategies/interventions and programs used by special education teachers to strengthen social performance of students with AS, how they are implemented and delivered
2. What factors contribute to or inhibit social skills instruction for student with AS?	Time, in-services, training, mandated testing, Buy in from the administrators/teachers, severity of AS characteristics, parents, IEP goals, team approach, age of student, rationale	Rationale—importance of social skills instruction for students with AS as described by special education teachers, teachers perceptions
3. What are special education teachers perceptions on social skill instruction for students with AS?	Needed, important, every student with AS should participate, need training, recommendation, rationale	Nature of the special educational system—including factors influencing implementation, setting, IEP goals, teacher/administrator/ parent support, training

Teaching Methodology

The findings reveal a number of differences and similarities in instructional practices. They fall in three broad categories: (a) how lessons are structured and implemented; (b) strategies/interventions used, and (c) the use of social skills programs. Although all ten teachers stated they implemented social skills instruction to students with AS, there appeared to be a clear distinction between how instruction was implemented in relationship to special education physical settings (i. e., self-contained, resource, or general education rooms).

How Lessons are Structured and Implemented

When interviewees were asked how they taught social skills instruction to students with AS the terms indirect, direct, incidental, group, and individual arose. These terms were on the vocabulary list all participants received (Appendix D) of definitions to review. The teachers' responses indicated that in different settings different approaches were used, suggesting that not all students with AS were exposed to the same kind of instruction.

Self-contained Settings

Many students with AS are recommended for placement in a self-contained classroom setting due to severe social, behavioral, or academic deficits. Students with AS often have a difficult time handling the demands of the regular education classroom. Often students are included in the general education curriculum for electives, such as gym, music, or art.

Two of the teachers who taught in self-contained classrooms viewed social skills instruction as a proactive tool to be taught daily in a direct fashion. Both teachers introduced one social skill every week. These teachers stated that after directly teaching the student a social skills lesson it was necessary to provide ample opportunity for the student to interact with others to practice the skills. They provided opportunities through collaboration with the regular education teachers having the student with AS practice the skill with assistance from the teachers or paraprofessionals in a general education setting. This allowed the student to generalize the skill across settings.

The following statements were made concerning direct instruction and practice for students with AS:

... he started school with no social skills whatsoever ... Very intelligent... For the first year he was self-contained ... I taught direct social skills...we practiced the skills over and over in all setting at school ... he was having meltdowns in the regular education. I helped the regular education teacher understand what to

do in the classroom. So this year he goes to the regular education classroom ... he hasn't had any meltdowns ... he does really well

I do social skills everyday with all the students in my class, not just the students with AS. So that is a part of our day...whether we have the time or not, I do it because my feeling is that is why they are here to learn how to survive in the regular classroom and the world

I have (regular) teachers tell me when my students with AS go into a regular education classroom they can problem solve and know how to deal with things better.

One teacher described using literature to teach social skills indirectly through the analysis and discussion of the character's actions in stories. The teacher discussed what they would do if they were in the same situation as the character and why. The teacher often chose literature that she could use to address students social needs. Both teachers stated the use of social stories to teach social skills. Teachers wrote stories for the purpose of teaching social skills to children with autism. Specific stories were written or found on the Internet pertaining to situations students with AS may find difficult or confusing. The goal of the story is to increase the students' understanding of a situation and in turn make him more comfortable with it. Suggestions of appropriate ways to address a situation are also presented in the story.

The third teacher in a self-contained setting used incidental teaching as the method for teaching social skills to students with AS. She explained that,

... the majority of time is incidental instruction in social skills, now I do have the school counselor who comes in, twice a month but that doesn't always happen.

The teacher stated after an incident that displayed the lack of social skills,

I try to talk through what just happened and what they can do differently next time, referring to the students.

Resource Settings

A resource setting is a classroom where special education programs are delivered to students eligible for special education services. Specialized instruction is given for periods of the

school day. Four teachers including the speech and language pathologists (SLP) provided special education services in a resource setting separate from the regular classroom for a portion of the day. All resource teachers implemented social skills instruction on a weekly basis, directly to a small group of students including, but not limited to students with AS. The SLPs implemented direct instruction in the resource setting once a week. Students are expected to practice applying the skills in the larger setting similar to the method used by the self-contained teachers. Feedback on the students' acquired skills was provided to the SLPs in the form of informal conversations between the regular education teachers and the SLPs.

Two resource teachers implemented social skills directly in small groups that met weekly during non-academics periods. Groups were given names such as "The Lunch Bunch" or "Recess Bunch" where social skills were taught and practiced.

Teachers who taught in the resource setting felt implementation of social skills instruction depended on the collaboration with the regular education teacher and if time allowed. Often other instruction such as testing taking skills and drill and practice for state mandated tested interfered with social skills implementation.

If a student with AS was having social difficulties that the regular education teacher could not resolve the special educator would teach the skill in the resource setting using a variety of strategies and the students were expected to re-enter the regular classroom with the skills. Some students needed further interventions as peer assistance when they returned to the regular education classroom as the teachers indicated

... this regular education teacher took it on herself to help carry over the learning in a small group situation. She worked on the skills with the other students in the classroom supporting her and the student with AS.

... other children (regular education) would try to help out....There was a lot of role playing in there and it was a reading class....For the reading assignment they would do social skills strategies. The child I have this year with AS stomps

his feet and growls for attention. He is in my class for two resource periods but he does better in the general education setting than he does in the resource.

Co-teaching Settings

Co-teaching is a teaching strategy that allows two teachers, in this case, a special and regular educator to teach side-by-side in one classroom, working together to deliver instruction to a diverse group of students. Three of the teachers taught in co-teaching settings.

All co-teachers interviewed stated that in the co-teaching environment they used incidental teaching for social skills. One teacher stated, "If there is a problem in the classroom with a student who has AS then they are treated like everyone else." The teacher went on concerning social skills implementation, "We address problems with the entire class as well as individually" and "we have talked about what you can do if something happened in certain situations". Also noted were that student's peers in the co-teaching classroom often helped the student with AS understand a social situation—no direct teaching, just peers "watching out for" their classmates.

Strategies/Interventions/Programs

Seven teachers consistently cited their use of the Lunch Bunch as a positive strategy in teaching social skills. The Lunch Bunch was social skills instruction facilitated by a teacher or paraprofessional during a student's lunch time. The student with AS or the teacher chooses one or more peers to join in a lunch activity. Instruction is given in a social skill during this time. Conversation is geared toward understanding the social skill learned and practicing conversational skills. Often a game is played after lunch facilitated by the teacher or paraprofessional. Lunchtime is convenient as all students and teachers feel this schedule does not interfere with academics.

All teachers described problem solving and conflict resolutions skills as areas of need for students with AS. These areas are often the focus of social skills instruction specifically, asking for help, accepting consequences, apologizing, and managing anger. Surprisingly, strategies and interventions for making friends were not considered an area of instruction on the social skills checklist. Five programs (see Table 3) were used by four of the teachers. The remaining six teachers did not identify the use of any particular social skills program. The table gives a list of the strategies, interventions, and programs that teachers reported using with students with AS in the classroom.

Table 3: Social Skills Checklist. Teachers Responses to Type of Social Skills Strategies and Programs Implemented with Students with AS.

Social skills— problem solving	Teachers	Conflict Resolution	Teachers	Strategies/ Interventions	Teachers
Asking for help	7	Dealing with teasing	7	Role playing/ behavioral rehearsal	4
Apologizing	7	Losing	7	Social stories/ comic/power cards	4
Accepting consequences	7	Accusations	7	Other—books on social situations	2
Deciding what to do	6	Being left out	6	Thoughts and feeling activities/ games	2
Other—making friends	2	Anger management	2		

Rationale

The theme “Rationale” arose frequently in the teachers’ responses. This theme reflected the importance respondents gave to understanding the reasons for implementing social skills instruction for students with AS at school. Teachers all mentioned the need for social skills instruction for students with AS as a rationale for teaching it.

Fullan (2001) stated that the implementation process is affected by several factors, one being the ability to see the need for change and in this case the need to implement social skills

instruction for students with AS. Teachers saw the need for instruction in social skills. The following quotes illustrate the rationale for the need to implement social skills instruction to students with AS.

... they are not going anywhere until you address the social skills and they can tell you. They are not going anywhere until you get the social skills. They have such deficits.

...they need to survive in any kind of social situation you can't go to a regular classroom or can't even go to the lunch room or walk down the hall, or walk through Wal-mart without knowing some of these skills.

Other supporting quotes that focused on the rationale for teaching social skills focused on the need for students with AS "to fit into society" and "take charge of their behavior".

Helping teachers and other school personal to understand the benefits of social skills instruction is a necessary component if implementation is expected in the classroom. Fullan stated that "many innovations are attempted without careful examination of whether or not they address what are perceived to be priority needs" (2001, p. 69). Teachers, both regular and special educators, need to understand the importance of social skills instruction for all students and especially students who have deficits in this area. Children and youth who experience deficits in social skills usually demonstrate a lack of social competence, which can result in lifelong problems associated with employment, mental and physical health, relationships, and overall quality of life (Melloy, Davis, Wehby, Murry, & Leiber, 1998). In addition several teachers expressed the rationale to implement social skills was reflected in positive outcomes seen in students' behavior, as these quotes illustrate.

... he would (student with AS) go and run up to a child and play with a child and then run away from the child. He thought in his mind they were playing together. He had what we called "lunch bunch". His peers would eat lunch with him, which was supervised and facilitated by a paraprofessional. ... they talked about turn taking ... good sportsmanship, how to respond if you lose, that type of behavior during lunch bunch and sometime she (the paraprofessional) had them converse and just socialize. He now has friends and has learned how to interact better and plays with other children at recess

We had a student last year who came to us ...we went through a traumatic time with him ... he was extremely misunderstood and needed social skills as well as behavioral training. We worked like night and day with him..I mean I really did, I thought about him half the night. ... and not to brag or anything but it just shows that that works because now he is doing very well at middle school. He is maintaining his behavior, and understands more social skills to interact with his peers.

I inherited four kindergarten students, one was on the spectrum ... who ate like dogs ... they did not use silverware. We went back to the room and started to work on table manners and other skills, needed to stay in the lunch room with their peers for lunch. It took us about two weeks and now my students are the best behaved in the lunch room. ... but I think if we had not really got down and worked them real hard for a couple of weeks that is wouldn't have turned out like that.

Research supports the notion that students benefit from instruction in social skills.

McConnell (2002) reviewed 55 studies examining social skills interventions that have been documented in the literature and concluded that students on the ASD have benefited from several social skills strategies, interventions, and programs.

The Nature of the Special Education

In the school year 1996-97, in the United States, approximately 4,000 special education teaching positions remained vacant and nearly 33,000 positions were staffed by teachers not fully qualified in special education (U.S. Department of Education, 1999). Special education teachers left the field at about twice the rate of their general education counterparts (Cook & Boe, 1998). Class size and make up were the primary concerns of special education teachers. When No Child Left Behind (NCLB) became law in 2002-2003, Georgia adopted the basic definition of a Highly Qualified Teacher as one who holds a bachelor's degree or higher in a subject area, has passed the state teacher content assessment in that subject, and is assigned to teach his/her major subject. These mandates contributed to many special education teachers leaving their teaching positions. Locally, some teachers were unable to fill the criteria for a

Highly Qualified Teacher or on becoming highly qualified they changed positions to work in regular education classroom. Teachers reported the nature of special education and what it meant to them as reasons for leaving. The assignment of large number of students, some larger class sizes than general education, extended caseloads for consultation, students being serviced in a co-teaching setting all contribute to high stress levels among special educators. Often, one teacher is expected to teach multiple subjects on multiple grade levels. Multiple subject areas and an overload of paper work has made the special education job overwhelming. Special education teachers often prepare more than 50 lessons per day to address students' diverse instructional needs (Coleman, 2000). Similar concerns were noted by the special education teachers in this study as federal and state regulations have been passed down to the district level requiring all special education students to be a part of the testing process with minimum accommodations. This impinges into the time teachers have to focus on diversifying their instruction, which in turn affects the student with AS. Often the needs of a student with AS differ from those of typical students being served through the special education program. Needs associated with social interaction, communication, and imagination differentiate these students. The growing number of students with AS being served in general education classrooms has increased teachers' frustration. Logic would have it that the students with the most intense social needs would receive services in this area, but the focus of the schools according to teachers in this study is the high stakes testing, which leaves little time for implementing social skills instruction. The teachers participating in this study discussed their overwhelming feeling as special education teachers. One teacher described it in her words,

I just can't keep up with it anymore. It would be nice if I could, but I can't. You know I have learned that I can sit and have grand and glorious plans but I also know I have a lot of behavior interruptions, then you got them coming and going and you got children who can't do, and you have to sit right with it cause you know they are intellectually disabled. I would love to be able to do more social skills with students with AS but it is not practical. Not in the least.

Individual Education Plans

Also noted was a lack of correlation between the teachers' identified need for social skills instruction and social skills goals in students' Individual Education Plan when asked the question, "Do your students have social skills goals in their IEPs?" All teachers stated the importance of social skills goals for the students they taught with the diagnosis of AS although only two teachers included social skills goals in IEPs. It is the IEP teams' responsibility to develop goals for students' educational programming. Special education teachers are the consultants on the team in the area of education, assessment, and specialized curriculum. Federal regulations emphasize that IEPs should be developed based on recent information from a variety of sources which might include social, adaptive, and behavioral assessments; teachers' classroom-based assessments; anecdotal observations; or student self assessments; as well as information supplied by parents.

The law states that a school district should offer an IEP that includes the special education services and related interventions needed to provide a free and appropriate education (FAPE) under IDEA. IDEA does not provide a list of services related to each disability as this would be in violation of the law as each student with a disability is different. Under IDEA a student with a disability has to *need* an intervention, in this case a student with AS has to need social skills instruction. The law differentiates between need for and benefit from receiving it. Although research suggests that social skills is a critical intervention and certain types of interventions are better than others, the law does not address specific ways to deliver the intervention. IDEA does require the IEP team to provide measures of annual goals related to each of the students with disabilities needs (34.C.F.R. 300.348 (a) (3)).

Teachers in a large urban school system were surveyed with a self-administered questionnaire to assess their views about IEPs and identify impediments to implementing the IEPs of their students. They indicated that the IEP was more a legal requirement than an important guide for planning instruction (Margolis & Truesdell, 1987).

IEPs plans and inclusion of social goals for students with AS brought mixed views from the teachers in this study on the inclusion of social skills goals.

... he had an IEP, but no it wasn't specified in his IEP, but we felt it would benefit him to come down and join these two guys (referring to other students who did not have AS in a resource setting who were being instructed in social skills).

I can't remember if he has, or we included social skills goals on his IEP

I do not have social goals in the IEP, sometimes put them in the behavior plan

We assess with the Assessment of Basic Language and Learning Skills (ABLES) and we take goals right from the ABLES.

Sometimes we include social skills goals in our IEPs, mostly for the students in the self-contained classrooms. The students with AS are often put in the general class because their academics are so high but this is a problem sometime ... their social skills are so low they often get into trouble and they have no friends ... there is no time to teach social skills in the general education class room.

Time

All interviewees considered time a major factor in implementing social skills instruction. Time, or lack thereof, was of particular importance to the teachers given the pressure they felt to teach the mandated Georgia Performance Standards (GPS). The nature and quantity of the paperwork in IEP development, data collection, Georgia Alternate Assessment (GAA), all affect the amount of time spent in areas often not seen as academics such as social skills instruction. Preparing students with disabilities to pass the state mandated test at their grade levels was an enormous stress that all participants voiced. The following quotes demonstrate these ideas.

... for these children, yes we need to get reading, yes, they need to do math ,yes they need to do those thing, and I always don't think they have a leg to stand on if you don't give them hard academics. I know that but they're under such stress, the teacher is ... as well as the kids. There is no time for anything else but studying the standards for the test.

... we are not teaching the students what they need because we do not have time ... they need to learn social skills to survive.

In Georgia, the use of the CRCT is currently mandated for assessing student achievement and holding schools and students accountable. When test scores have consequences for students or schools, they are referred to as high stakes tests. The current implementation of the CRCT would be considered in the category of high stakes testing. The emphasis on studying for the CRCT as a primary focus for learning limits instruction to the subjects tested and test taking skills. In turn teachers do not have the time available to teach subjects like social skills. Note the following quotes made by the respondents on the theme of time.

... time constrains, we would love to be able to teach a social skills class but there just isn't time to do that

I think rather than even having a set pull out it is integrating social skills in the real classroom. That to me is getting more effective long-term, and as more and more of our classes go to inclusion ... here I think there is a perfect place to do it but it is finding the time with all the academic rigor

Time appeared to be the major theme that influenced implementation of social skills instruction both in special education and regular education classrooms. Teachers revealed that the development of lesson plans to teach social skills and materials needed to support instruction took an inordinate amount of time to prepare. Teachers were willing to schedule time in the school day to implement social skills instruction but felt it was impossible because of all the other commitments.

Supports

Administration

When asking interviewees about factors that supported or inhibited implementation of social skills instruction in their classrooms, administration support was repeatedly emphasized as a major factor. Teachers felt they needed administrators' approval and/or "buy in" to the importance of social skills instruction. Generally it was felt that with this support the possibility of providing professional development opportunities would increase. In turn this would provide teachers with the skills and knowledge they needed to implement instruction in social skills. Additional issues teachers included in administrative support were providing time to engage in planning, understanding of the services special education provided, and the strains put on special education teachers when they are expected to co-teach, collect data, and do the paperwork required by the state and local government for special education. Participants spoke about administrators in the following statements:

My administrator is very supportive. I have been to a couple of professional developments in Atlanta, for kids with autism and lot of the stuff has to do with social skills

... because our school is so large and we do have a high population of AS kids that we had a consultant come and so training here for all the teachers...our principals contract this out. ... this has been the most helpful aspect of teaching social skills.

I am lucky to have an administrator that sees the importance in training in social skills.

Seven teachers mentioned their administration as having a direct relation to whether or not social skills implementation was taking place in the classroom. Also noted was that lack of administration support often made it difficult to plan, implement, and obtain materials needed in social skills instruction.

I used video and play back stuff, but now we can't use videos. Because the administration here does not allow us to use videos, so I don't do this anymore and it was really effective.

..... the principals want test results, no one mentions social skills

Under Fullan's interactive model, staff development is considered one of the key themes in the implementation process. Staff development is also mentioned by Fullan as one of the key factors affecting implementation.

Teachers

Regular education teachers support was noted by several respondents as being helpful when implementing social skills for students with AS. Social skills strategies were mentioned several times by teachers as preferably taught indirectly in the regular classroom environment. Students with AS may be able to answer all social skills questioning and effectively role play in a small prearranged social situation but cannot generalize the skill in other environments. This is consistent with the research of Bellini, Peters, Benner, and Hope (2007), a meta-analysis of school-based social skills interventions for children with ASD. Skills instruction took place in the general education classroom to maintain and generalize the social skills instruction received in typical classroom setting for significantly better instruction than that received in a resource or pull-out program.

Teachers on several occasions described factors that special educators and their regular education cohorts faced in implementation of social skills.

Social skills instruction is not something that most regular education teachers think they have to teach. The administrators want test results. No one mentions social skills instruction. If it was mandatory we would teach it. We as special educators see the importance of teaching these skills but teaching them in a resource setting is not known to help these students in the real world.

As our kids (AS) get older there is too much academics to pull out for social skills. They do better in the general education setting than the resource setting.

We need to somehow include these social instructions into the regular education classroom. This year we do not have enough time to do this.

Our students with AS are being more included in the regular classroom. And meeting those standards that is all were working on right now. Not social skills. I think everyone in the regular education classroom would benefit from social skills instruction.

We are not teaching to the children's needs. I know they have to pass the CRCT, I know that, I understand, that's what they want, but we are leaving a lot of things left undone for these children.

One teacher described what could be accomplished when regular education and special education teachers worked together.

The regular education teacher took it on herself to help carry over the learning in a small group so we had a good relationship but she had a great heart.

Respondents' perceptions were that teachers often influence their support. Regular education teachers do not have training and knowledge concerning the deficits AS students face in social communication, imagination, and interaction. Teachers often observe the unusual behaviors of students with AS as being "Just behaving badly" and "Doing that on purpose" when responding to these behaviors in social situations they do not understand. One respondent stated it this way when talking about teacher support.

... so when the teachers realized that it (behavior) was something that he wasn't doing intentionally that he needed to have some guidance and some teaching of how to do things appropriately they helped

Parents

Respondents felt parents were more "on board" and supportive concerning the need for their children to have social skills instruction to help with behaviors at school. Teachers stressed the importance of parents being advocates and parents were often the "driving force" behind the social skills instruction.

The parent was very very much, what's the word I am looking for ... proactive and but if you need something you just go ahead and tell this parent and she'd

make sure that you know you would get it. She got us a consultant and he suggested social skills implementation.

I had a student with AS whose parents were very knowledgeable about social skills and gave us input on their perspective of how it should be taught ... we followed her lead and learned from her.

Research in 1991 (Baumgart & Filler) recorded teachers' ratings of social skills

instruction in schools as more important than did parents. In contrast, in this study teachers reported parents were the underlying reason a student received social skills instruction because they saw the need for their child. This does not imply that teachers did not see the importance of social skills instruction, but parents were reported to have social skills implemented for their children if a teacher could not. Many parents of students with AS were reported to understand the importance of social skills instruction for their children and were willing to "fight" for social skills goals in the IEPs.

CHAPTER V

DISCUSSION

This study used qualitative research methodology to explore teachers' implementation of social skills instruction. In addition, the study focused on special education teachers as they are in charge of the programming for students with special education needs. The findings were, for the most part, supportive of the findings from previous research on best practices in educational strategies/interventions and programs. All participants implemented social skills instruction using some strategies or interventions although specific programs were seldom used.

While the goal of this exploratory study was to investigate teachers practices of implementation of social skills instruction for students with AS, the findings may provide a way to conceptualize the issues teachers face and document specific strategies/ interventions and programs used in this process. Perhaps this documentation will bring about awareness and understanding of classroom instruction and factors surrounding teacher implementation of social skills for students with AS.

Analysis of the data revealed similar themes regarding implementation of social skills instruction for students with AS. Of the themes identified, rationale for implementation of social skills instruction and the nature of special education carry the most influence on the implementation process.

Rationale addressed the importance special education teachers gave to the implementation of social skills. Further, the importance of regular education teachers, administrators, and parents in relation to implementation can be included within this theme as they are key players in decisions concerning implementation.

Eight teachers acknowledged the need for social skills implementation to take place in the classroom and expressed the importance and necessity for these skills to be taught individually to students with AS. Four of ten teachers stated it was just as important for students without the AS diagnosis to receive social skills instruction at school. It was voiced that there was a shift away from implementation of instruction that did not directly relate to state mandated testing. Teachers reported they taught social skills and/or character education as recently as last year, but were not encouraged to continue these subjects. Teachers felt they did not receive the support from administrators to implement social skills instruction and reported administrators often did not understand the intense needs of students with ASD. Teachers believed that with support from the administration they might receive more planning time, trained paraprofessionals, in-services, and less demands on their time at school.

The nature of education is changing into a system of accountability through state mandates. Higher performance standards for teachers and students, the identification of low performing schools, school improvement plans, and testing to improve student achievement are placing demands on educators in Georgia. Federal and state governments are increasing control of the educational process (Fusarellis, 2002) often using standardized tests as the sole determining factor for making major decisions. Common examples of decisions brought about by high stakes testing is using results to measure school progress and student promotion and use of test scores to determine whether or not a school retains accreditation. In addition, federal and state monies can be withheld if school systems do not meet the standards. High stakes testing brings pressure from the state and federal government to administrators who pass that pressure on to the teachers and eventually students. Because of this pressure teachers reported cutting social skills implementation to prepare students for standardized tests. One participant, when referring to teaching social skills to students with AS, stated, "This year we

don't have enough time in the academic day. We used to teach social skills last year but now with the CRCT we do not have any time”.

Additional themes included factors influencing implementation time; instructional setting; IEP goals; and teacher, administrator, and parental support. It was unanimous among the teachers that lack of time was interfering with the implementation of social skills instruction. A number of special educators reported that even if the administrators were supportive of implementing social skills instruction, they did not know when they would find the time as they had to implement IEP goals, state standards, and, in some cases, Georgia Alternate Assessment (GAAs). Teachers noted the increase in stress levels stemming from an abundance of paperwork, diversity of their teaching, and increases in students with exceptional needs. Also mentioned was the difficulty of achieving the highly qualified status expected by the state department for every subject area taught, some teaching several subject areas a day.

Research Questions

I believe this research study has provided a better understanding of social skills implementation and has provided information to answer the research questions. The interpretations that result from the study may be transferable to other studies having similar research questions as well as to administrators and teachers to bring about changes that might increase implementation of social skills.

Implementation of Social Skills—Research Question 1

How are special education teachers implementing social skills instruction, strategies, and interventions for students with AS? Teachers reported various lengths of time, approaches, programs, and strategies. All teachers were aware of the need for social skills instruction for students with AS.

Research supports direct instruction for students with AS accompanied by follow-up practice in environments where the skills will be used. Noteworthy was that seven of ten teachers reported they did not teach social skills directly but *as needed* in an incidental fashion. The majority of the teachers reported lack of time for direct instruction during the school day.

From this study students served in self-contained classroom settings were more likely to receive direct instruction and follow-up practice. Two of three teachers in self-contained classrooms reported scheduling time into the school day to implement social skills. This could be due to students who are served in a self-contained setting spend the majority of the day with the same teacher and class size is controlled by state mandates. Smaller class sizes allow more individual attention to students who need the most assistance. Scheduling is often more difficult for resource and general education teachers as they have more students and different demands placed on them. For instance, many general education teachers are required to include test taking practice to prepare students for the state mandated tests. Students who are served in a self-contained setting often are taught through an alternate curriculum and take the GAA that does not require test taking practice as it consists of a portfolio entry to the state department.

Strategies implemented by the majority of teachers were referred to by names such as “Lunch Bunch,” “Recess Buddy,” or “Friendship Club”. These strategies bring students with AS and their peers together to learn social skills through interaction and may be preferred by teachers as they do not take up time during the academic day. They can be implemented by paraprofessionals during lunch and recess. The strategies incorporate instruction in social communication, interaction, and imagination.

Contributing to or Inhibiting Instruction—Research Question 2

What factors contribute to or inhibit social skills instruction for students with AS?

All teachers agreed time was a factor in the implementation of social skills. It was evident that teachers in self-contained classroom settings included social skills instruction in the daily schedule. Two of three self-contained classrooms had segments in the day that revolved around social skills implementation. Students with AS generally placed into self-contained classroom settings are often considered to have extreme behavioral, adaptive, and social challenges that limit access to the regular education classroom. For example, a student with AS may not understand how to interact with peers and to gain attention may hit other students.

Teachers in self-contained settings are able to adjust students' schedules to include social skills on a more consistent basis than a resource or co-teacher. Resource and co-teaching teachers often have to adhere to the regular education teachers' schedules for each of their students. With academics the major focus and the intense expectations to meet state goals, finding time to include social skills is seldom a priority. Resource teachers and co-teachers reported no time for direct social skills instruction citing the preparation for state mandated testing and pressure from the administration to perform in the high range on these tests.

Another factor that plays a role in the implementation of social skills for students with AS is the advocacy parents play. According to the teachers, parents who take an active interest in their children receiving social skills instruction often influence the administration and teacher resulting in implementation of social skills in some fashion for their children.

Perceptions of Skill Instruction—Research Question 3

What are special education teachers' perceptions of social skill instruction for students with AS? All teachers reported the need for implementing social skills instruction for students with AS although only three teachers included it in their schedules. Teachers held the belief that teaching social skills to students with AS is just as important as teaching academic subjects and that social skills should be emphasized for all students. These findings support research

reporting teachers favor the use of social skills instruction in the curriculum (Baumgart & Filler, 1991). Despite data indicating that social skills instruction benefits students with AS and teachers support it, responses from teachers indicate that minimal time is actually spent on implementing social skills instruction. There is not enough time in the school day and teachers consistently stated they felt overwhelmed by the diverse populations and pressures of federal mandates as literature indicates (Lane, Pierson, & Givner, 2003).

Teachers supported the notion that implementation should be a combination of direct and indirect instruction. Teachers responding to the question, "Tell me about your beliefs concerning the importance of students with AS learning social skills?", stated students made more friends and seemed to fit in with their peers better after receiving social skills instruction. Supporting research indicates that peer acceptance is associated with social competence (Elksnin & Elksnin, 2000). In addition, students who are accepted by their peers display fewer instances of aggression (Dodge et al., 2003). Research discussed generalization of learned social skills as the desired results of a lesson in social skills for students with AS (Sugai & Lewis, 1996). Teachers stated they believed through direct social skills instruction students can generalize their newly learned skills with support in school environments other than special education classrooms. This is in agreement with professionals who stated social skills are enhanced when directly taught (Sugai & Lewis, 1996). Five teachers reported teaching social skills in direct instruction with four teachers finding time during instruction portions while the other teacher used non instructional time to implement social interactions and instruction (i.e., recess, lunch). The remaining 50% of teachers in this study reported they spent no time teaching social skills directly to students with AS.

Several teachers expressed that if they received support from their administrators they would teach social skills directly in the classroom, but currently they do not have the time to

address social skills instruction and react to social incompetence of students with AS only when behaviors interfere with learning in the classroom. Students with AS having deficits in social skills often present behaviors that are interpreted to be defiant and turn into discipline problems. Research states that discipline problems would virtually be eliminated if students were directly taught social skills on a consistent basis (Mannuel, 1997).

Implications for Future Research and Practice

Implications for Teaching

The most important findings of this study was that the teachers perceived social skills instruction as necessary for students with AS as part of their school day. Perhaps this perception is due to the majority of teachers had some form of training in ASDs. Furthermore, articles, reports, and specials on ASD are appearing in increased abundance in the media providing awareness concerning characteristics and needs of individuals with ASD. Even though teachers understand the rationale behind providing social skills they are clearly experiencing difficulties finding time to implement social skills instruction as pressure to meet state mandated testing leaves limited time to teach social skills.

Teaching social skills in the form of mini-lessons might provide an approach that increases social skills implementation and does not take up much time. A mini-lesson is a brief lesson, anywhere from 15 to 20 minutes, that provides instruction and focuses on one social skill at a time. This could be taught once a week or more. The design of a mini-lesson is to teach the lesson and then have students implement and practice it throughout the day/week depending on how difficult the skill is for the students to master. For example, students with AS often have difficulty understanding that others have their own point of view. Instruction might be presented in a mini-lesson taking approximately 15 minutes that looks like the following:

Skill: Understanding another's person point of view.

Instruction: large group-Today we are going to do a little experiment and look at a picture to see if everyone sees the same thing.

- Have students find a partner.
- Distribute copies of a picture that can be interpreted in different ways.
- Give pairs 5 minutes to come up with an interpretation of what they see.
- Regain groups' attention and ask volunteers for their descriptions/interpretations.
- Write interpretations on board/paper as students volunteer them.

Summarize: People have different ways of looking at things. We often see things differently than other people. This is called having different "points of view." It happens because we are different. We are part of different families, have different experiences, and even different bodies. It is okay to have different points of view. We need to respect other people's point of view. This week I want you to try to remember this lesson and let me know if you notice others having a different point of view on something and we will keep a chart of what we find. Also in your writing today you can write about someone's point of view and we will read it at the end of week.

By providing direct social skills instruction in the classroom, whether it is regular education, resource, and/or self-contained, all students receive the benefit of the lessons. Lessons can be based on the needs of individual students with AS and/or other students in need of social skills instruction. If paraprofessionals are present they can assist students with AS in the generalization process throughout the day/week in various school environments. Rewards, praise, and/or privileges might be offered to students to encourage the use of the new skill.

A few teachers in this study reported teaching social skills on an "as needed" basis that can be addressed in an indirect teaching fashion or with teachable moments. Teachable

moments usually center on spontaneously generated situations in which an opportunity to help students enhance their understanding of a skill, perspective, or idea takes place (Perlman & McCann, 2002). Often opportunities for teachable moments relating to social skills can be created during the school day through academic activities. The ability for teachers to arrange these and recognize and take advantage of them can provide students with immediate feedback concerning acceptable social skills which encourages generalization of skills. Skills can be taught throughout the day through cooperative learning groups (Cartledge & Kiarie, 2001; Kamps & Kay, 2002; Melloy et al., 1998; Prater, Bruhl, & Serna, 1998; Sugai & Lewis, 1996). Although students with AS often have difficulty when attempting to work collaboratively and effectively in group situations, encouraging, modeling, and teaching the use of good social skills can be accomplished through participation in groups. One way to enhance students' social and group skills is to spend time during the school year discussing the protocol of working in a group. This sends a signal to students that these skills are important. Teaching and re-teaching these skills before group projects can support students with AS through the targeting of the specific skills that need improvement.

Although many teachers implement small group activities, it is important to remember that students with AS do not automatically pick up social skills by being included in the group. Students with AS have difficulty interacting with their peers in any situation. For students with AS to benefit from cooperative groups, teachers should provide structured learning groups with immediate teacher mediation when needed. For instance, teachers need to give students instructions on group assignments, written and verbal reminders of the protocol as to expectations of individuals and the group. These might include the social expectations on how to interact with members of their group, share materials, respect other opinions, and support and encourage each other's academic accomplishments. Specific instructions of using quiet

voices, positive comments only, and listening to everyone's comments and ideas should be given to help clarify expectations for students with AS. Using cooperative groupings in a classroom with students with AS allows the practice of social skills including giving help, requesting help, giving constructive criticism, accepting negative feedback, interrupting appropriately, praising, and encouraging.

Future Research

Research concerning teachers' implementation of social skills instruction in the classroom for students with AS is limited. Based on the findings of this study, teachers believed students with AS need direct social skills instruction in the classroom, but do not have support from administrators or time to implement it. Administrators play a key role in the implementation process of social skills as it relates to instruction, scheduling, training, and materials for students. The level of support administrators give to teachers can open up monies, curriculum, and time to implement social skills instruction. Research is necessary to examine the perceptions, attitudes, and knowledge of administrators concerning AS and social skills instruction as according to this study they are directly linked to implementation.

Teachers indicated that they spent a good deal of time on paperwork, developing IEPs, assessing students, and drilling students for standardized tests. Teacher documentation of behaviors and student progress is ongoing throughout the year. Many special education teachers are also required to co-teach in regular education classrooms and prepare plans for various subjects. In addition to paperwork, teachers face the demands of specialized areas of disabilities such as AS students who often need individualized attention as their behaviors may require the specialized skills of the teacher. It would be helpful if the administration provided additional time, whether a day or an hour a day, for teachers to do paperwork and planning.

Additional studies should be conducted surrounding the perception of teachers, administrators, and parents concerning the need for social skills goals to be included in the IEPs of students with AS. This study revealed teachers in some instances did not know if social skills goals were included in students' IEPs. The questions and possible research studies that arise from this finding include, "Are special education teachers advising IEP teams to include social skills goals for students with AS?", and "If the IEP has social skill goals are teachers more apt to implement social skills instruction to address the goals?"

Limitations of the Study

A limitation of the study is that it consists of three North Georgia school districts. Second, the study was limited by the possibility that teachers may have felt uncomfortable disclosing certain information as the researcher was a specialist in autism. Third, this study was based on data from special education teachers through self-reported interviews. Observations, surveys, and examinations of IEPs to document actual practices and time spent on teaching and styles of instruction (direct or indirect) would provide more precise data regarding frequency, duration, and actual practices in teaching social skills instruction to student with AS. With this knowledge, improvements in the implementation and design of social skills instruction for students with AS may occur.

Conclusion

Implementation of social skills instruction for students with AS is not easily accomplished. Several factors can interfere with the process among them lack of time and administrators' support. To encourage social skills implementation for students with AS, schools can explore strategies for implementing social skills instruction in the general education classroom as a standard part of the curriculum. Mini-lessons and cooperative learning groups

are offered as strategies to increase implementation of social skills. IEP teams need to address social skills goals and include them in the IEPs of students with AS when appropriate. Teachers need to follow-up the goals in the IEP.

Overall the study is useful in gaining an understanding of the difficulties teachers are having in implementing social skills for students with AS. Documentation of teacher implementation of social skills had been provided. Factors that enhance or inhibit implementation are noted in hopes of increasing and improving social skills instruction for students with AS. Special education directors and administrators may find this information helpful in addressing and supporting the implementation of social skills. Regardless of how social skills instruction is implemented it is important for teachers and schools to find time and put in the effort to plan and implement social skills for students with AS (Sugai & Lewis, 1996).

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APPENDIXES

Appendix A

Email Letter to Teachers

Date

Dear teacher:

Your name was given to me as special education teacher in your county who might be interested in participating in a study. The study will consist of an initial interview concerning teachers' implementation of social skills instruction in the classroom for students with Aspergers Syndrome. I am doing research in partial fulfillment of my doctoral studies at Colorado State University.

Your participation would be greatly appreciated. As an educator myself, I understand how hard you work, and how valuable your time is. If you agree to participate, the interview will take about an hour of your time. A follow up interview might be needed.

The interview time and location will be arranged to meet your needs. Please be assured your participation is absolutely voluntary. The data you provide will remain anonymous. There are no risks associated with participating in this interview. There is no penalty for not participating.

Now that you are interested in participating, please email me dlent@habersham.k12.ga.us or call 706-754-2913 ext. 29 and we can set up a date and time in the next few weeks. If you are not interested please also reply. When we meet I will go over the interview process with you, answer any questions that you might have, and review the consent process with you.

If you have any questions concerning any part of this research, you may contact me by at 706-754-1542 or my email address.

Thank you for your time, assistances, and commitment to education.

Diane Lent

Appendix B

Interview Questions

TEACHER INTERVIEW SCRIPT BASED ON RESEARCH QUESTIONS:

Instructions: The purpose of this interview is to find out the process that teachers are using to implement social skills instruction to students with Aspergers Syndrome.

Teachers will be emailed a copy of Appendix D, definition of terms before the interview.

They will be asked if they have any questions concerning the definitions.

The series of questions listed with an “a” will be for the teachers who implement social skills instructions, strategies, or interventions.

The series of questions listed as “b” will be direct toward the teachers who are not implementing social skills instructions, strategies, or interventions.

Question 1a: Tell me about how you implement social skills instruction for your students with AS?

OR

Question 1b: Tell me why you do not implement social skills instruction in your classroom?

Question 2: Tell me about specific strategies, programs, or curriculum you use to address social skills for your students with AS? (Prompts)

Describe the specific strategy-program-(indirect/incidental/direct instruction)

Who implements, where, and when

How much time is spent implementing this strategy per week?

Is this strategy documented? How? (ex. written intervention plan)

Please describe the progress monitoring activities you use with this strategy (e.g., What kind of data is collected, how often?)

Questions 2b.

Question 3: Talk about the strengths and weaknesses of social skills training implementation as you see them?

Prompts : What are your beliefs about the importance of students with AS learning social skills?

Questions 3b.

Questions 4: What are some of the things your students are learning? What is some evidence that they are learning these things? Give examples:

Questions 4b.

Questions: What are some of the factors that affect the implementation of social skills instruction in your classroom?

At the end of interview

How many years have you been Special education teacher?

How many student have you had with that had a diagnosis of AS?

How much training have you have in implementing social skills for students with AS or other students?

Appendix C

Consent to Participate in a Research Study

Colorado State University

TITLE OF STUDY: Teachers' implementation of social skills

PRINCIPAL INVESTIGATOR: *Carole Makela*

CO-PRINCIPAL INVESTIGATOR: *Diane Lent 904 Cider Ridge Clarkesville, GA 30523*

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? *As a special educator who has taught or is currently teaching a student with Aspergers Syndrome, information you can offer such as strategies, interventions, ways to implement social skills instruction will be valuable to this study.*

WHO IS DOING THE STUDY? *Diane Lent, a doctoral student from Colorado State University*

WHAT IS THE PURPOSE OF THIS STUDY? *The purpose of the study is to investigate how teachers are implementing social skills with students with Aspergers Syndrome. If social skills instruction is not in place what are the factors that are interfering with social skills instruction.*

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The study will take place at a location of your convenience. The interview should last about 60 minutes.

WHAT WILL I BE ASKED TO DO? *Interview questions will be asked about your teaching experiences with students with Aspergers Syndrome. The interview will be audio taped. A discussion will take place on how you implement or why you do not implement social skills instruction. A sample list of social skills, interventions and programs will be provided ahead of time through email to review in order to guide the interview discussion.*

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no known risks associated with the interview process. It is not possible to identify all potential risks in research procedures, but the researcher have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? *There is no direct benefit to you as a result of this study, but we hope to gain a better understanding of the situations teachers face and to advance the knowledge of the process of implementation of social skills by understanding conditions that are necessary and/or the factors that influence teaching social skills.*

DO I HAVE TO TAKE PART IN THE STUDY? *Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.*

WHAT WILL IT COST ME TO PARTICIPATE? *No costs are associated with this research.*

Page 1 of 2 Participant's initials _____ Date _____

WHO WILL SEE THE INFORMATION THAT I GIVE?

I will keep private all research records that identify you, to the extent allowed by law. Your information will be combined with information from other teachers taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? *There will be no compensation for taking part in this study.*

WHAT HAPPENS IF I AM INJURED BECAUSE OF THE RESEARCH? *The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if an injury happens because of this study. Claims against the University must be filed within 180 days of the injury.*

WHAT IF I HAVE QUESTIONS?

Before you decide to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Diane Lent at dlent@habersham.k12.ga.us. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you.

WHAT ELSE DO I NEED TO KNOW? *A follow up interview may be necessary after initial analysis of the data begins. This would occur to clarify a statement or add data needed. The interview will be scheduled at your convenience and should take from 30 to 45 minutes.*

_____ *Yes, you may contact me for clarification or further details.*

_____ *No, I would rather not be contacted again.*

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of person providing information to participant

Date

Signature of Research Staff

Date

Page 2 of 2 Participant's initials _____ Date _____

Appendix D

Definition of Terms

(Sent to participating teachers before the interview through an email)

Listed below are the key terms that will be used in this study. The definitions are provided for clarification.

Direct social skills instruction: Instruction involving planning a lesson based on specific, targeted skills and objectives. The teacher provides instruction, students are allowed to practice, and feedback is provided.

Implementation: Process of putting a program/strategy/intervention into practice (Fullan, 2001).

Incidental social skills instruction: Unstructured instruction where the teacher acts like a coach pointing out strategies to address social situations

Indirect social skills: Instruction involving structuring social skills objectives so that they occur within ongoing, typical activities.

Individual Education Plans (IEP): Federal mandated program for students with disabilities that directs an individualized course of study in school. Its main components include: A statement of the student's present level of academic and functional performance (PLAFP) and how the student's disability affects involvement and progress in the general education curriculum. A statement of measurable annual goals, related services, and description of how these goals will be measured documented by the IEP team for each student served through a special education program. Transition services are addressed for students 14 years old and over.

Social Communication: The understanding and use of language formal and informal, verbal and non-verbal.

Social competence: An evaluative term based on judgments that a social task has been performed adequately and appropriately (Gresham, 1992).

Social curricula: Published programs providing a basic structure from which to assess and teach social skills (Sugai & Lewis, 1996) such as *Skills Streaming* (McGinnis & Goldstein, 1997) and *Walkers Social Skill Curriculum* (Walker, McConnell, Holmes, Todis, Walker, & Golden, 1983).

Social interaction: Relating on a social level to others, ability to read the thoughts and feelings of others; forming relationships

Social imagination: Being able to be flexible in ways of thinking.

Social skills: Learned behaviors necessary to interact with adults and peers successfully in a majority of social situations including the school and community (Rhode, Jenson, & Reavis, 1993).

Teachable moments: Instruction can be conducted during unstructured activities when children have shown an interest in social activities of others (Brown, McEvoy, & Bishop, 1991).

APPENDIX E

Social Skills Checklist

Code _____

Please circle the social skill strategies (S), interventions (I), or programs (P) you have used with your student(s) with Aspergers Syndrome (AS). Fill in other if you have used other SPIs.

Thank you,
Diane Lent

Strategies/ Interventions

Problems-solving skills

Asking for help

Apologizing

Accepting consequences

Deciding what to do

Other _____.

Conflict resolutions skills

Dealing with teasing

Losing

Accusations

Being left out

Peer pressure

Anger management

Other _____.

Role playing/behavioral rehearsal

Provide practice of social skills which have been taught

Other _____.

Social stories/comics/power cards

Read/tell story describing a situation, skill, or concept which include relevant social cues, perspectives, and responses in a specifically defines style and format.

Comic strips used to illustrate social skills

Other _____.

Thoughts and feeling activities (activities/games have students identify, recognize, and understand the feelings and thoughts of others)

Other _____.

Programs

Skills Streaming

Stop and Think

ACCEPTS program

The Lunch Bunch

Friendship Club

Peer coaching/mentors- trained peers to participated in interventions to make social initiations or responding promptly and appropriately to initiations of children with AS)

Other _____

Appendix F

Recruitment Letter

Dear :

I am a Special Education Coordinator in Habersham County. I found your name in the Special Education Directory. I am hoping you would be interested in participating in a study. The study will consist of an initial interview concerning teachers' implementation of social skills instruction in the classroom for students with Aspergers Syndrome. I am doing research in partial fulfillment of my doctoral studies at Colorado State University.

Your participation would be greatly appreciated. As an educator, I understand how hard you work, and how valuable your time is. If you agree to participate, the interview will take about an hour of your time. A follow up interview may be needed.

The interview time and location will be arranged to meet your needs. Please be assured your participation is absolutely voluntary. The data you provide will remain anonymous. There are no risks associated with participating in this interview. There is no penalty for not participating.

Now that you are interested in participating, please email me dlent@habersham.k12.ga.us or call 706-754-2913 ext. 29 to set up a date and time in the next few weeks. If you are not interested please also reply. When we meet I will go over the interview process with you, answer any questions that you might have, and review the consent process with you.

If you have any questions concerning any part of this research, you may contact me by at 706-754-2913 or my email address.

Thank you for your time, assistances, and commitment to education.

Diane Lent