



**FROM THE
OUTSIDE
IN:**

**MEETING THE NEEDS OF CHILDREN WITH
AUTISTIC SPECTRUM DISORDERS**

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ASPERGER'S SYNDROME



After a variety of different doctor's opinions, conferences with teachers, sessions with therapists and disruptions at home, the Sylvester family had nearly run out of patience. They knew their child was capable, talented and extremely intelligent, but as of yet their 14-year-old son, David, had little to no friends, was failing in school and hardly got along with his siblings. Going out to dinner was always a lesson in awkwardness and holidays were fraught with strife. This often is the reality of everyday life for a child with Asperger's syndrome.

The Sylvesters knew that they needed help but weren't prepared to send their son just anywhere. So much negative media attention had been given recently to private schools and boot camps that used punitive, dangerous and even sometimes deadly methods in their treatment. Plus, the thought of sending their son far away was difficult, emotional and tinged with guilt.

What the Sylvesters sought was a program that would specifically address the cognitive, behavioral, emotional, social, educational and recreational needs of their son while understanding his quirks and idiosyncrasies.

The Sylvesters predicament is not so unusual. Asperger's Syndrome, a form of Autism, received formal recognition in the mid-1990s and the diagnosis is increasing in prevalence. It is a developmental disorder that affects a child's ability to socialize and communicate effectively with others. Children with Asperger's usually display social awkwardness and an all-absorbing interest in specific topics.¹

Autism Spectrum Disorders (ASD) can occur in all racial, ethnic, and socio-economic groups and are four times more likely to occur in boys than in girls.² In 2007, the Centers for Disease Control and Prevention found that about 1 in 150 8-year-old children from across the country had an ASD.³

As such, growing numbers of parents are looking for programs and services that will help prepare their children for life in the "real world," whether that is pursuing college educations, attending a vocational school or entering the workplace.

And many of them are turning to "Outside In," a program of Montcalm School, a Starr Commonwealth private treatment program. Little did Starr's leaders and administrators know when opening Montcalm School in 2000 that they'd soon find themselves receiving phone calls and inquiries about the school's treatment model and ability to serve children with Autistic Spectrum Disorders. It seems that the school's strength-based philosophy and emphasis on group empowerment make it an attractive and highly qualified private therapeutic residential program for this niche.



¹ <http://www.mayoclinic.com/health/aspergers-syndrome/DS00551>. Retrieved September 24, 2008

² <http://www.cdc.gov/ncbddd/autism/overview.htm>. Retrieved December 3, 2008

³ <http://www.cdc.gov/ncbddd/autism/overview.htm>. Retrieved December 3, 2008

"We believe in each individual," said Dana Richards, Senior Family Services Coordinator for Montcalm School for Boys. "In believing in them and their ability to succeed we adapt what we do to ensure their success. We provide them with opportunities outside of what they've typically done and foster success in those new experiences. For most of our students, they haven't been exposed to a supportive peer or social environment to this extent or intensity. They are responsible for themselves and one another. There's an underlying message of 'you're here together and to help each other.'"



Because of these successes, and in major part because many families of children with Autism and Asperger's network with one another, the program has grown significantly from "word-of-mouth" referrals. Unfortunately, many of these

youth have been asked to leave other schools and programs as a result of their behaviors or they simply chose not to attend school anymore due to constant victimization and bullying. But with the assistance of other families and professionals familiar

Many kids with Asperger's choose to leave their schools due to constant bullying and victimization.

"Outside In" may be the answer for these families.



with Montcalm Schools they were directed to the "Outside In" program.

What are Autistic Spectrum Disorders? Why does the diagnosis seem to be growing? Much of the conversation surrounding the diagnosis is controversial – Is it genetic? Are environmental triggers to blame? Are doctors too quick to label?

Whatever your thoughts are about the diagnosis, the reality is that every day there are increasingly more families of ASD children reaching out for help and hope.

AUTISTIC SPECTRUM DISORDERS (ASD)

Autistic Spectrum Disorders are classified in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) as "Pervasive Development Disorders (PDD)," which refers to a group of conditions involving delays in basic developmental skills.⁴

All children with ASD demonstrate deficits in:

- Social interaction
- Verbal and nonverbal communication
- Repetitive behaviors and interests

Symptoms of the disorder are often noticed by the age of 3, and sometimes earlier.⁵ Parental instinct and natural concerns about development are important reasons for further investigation, but according to the authors of "Parenting Your Asperger Child,"⁶ there are six characteristics of children with ASD.

Difficulty with reciprocating social interaction

- a. Limited comprehension of verbal and nonverbal cues that provide understanding in social interactions.
- b. The cues include eye contact, facial expressions, body language, conversational turn-taking, perspective taking, matching conversational and nonverbal responses.

A father was visiting his son at Montcalm School for Boys and had just entered the cottage. Upon entering, he was met by another student who greeted him with the customary "Hello." The father responded with "Hello, how are you?" The student, seeing the opportunity, went on to explain how he was great because he has just purchased a new CD and further proceeded to spend the next 20 minutes discussing his musical interests. When the father attempted to walk away and spend time with his son, the other student followed him throughout the cottage continuing to explain his interests.



⁴ American Psychiatric Association. (2000) *Diagnostic and statistical manual of mental disorders: DSM-IV-TR* (fourth edition, text revision). Washington DC: American Psychiatric Association.

⁵ American Psychiatric Association. (2000) *Diagnostic and statistical manual of mental disorders: DSM-IV-TR* (fourth edition, text revision). Washington DC: American Psychiatric Association.

⁶ Grayson, C., & Sohn, A. (2005) *Parenting Your Asperger Child: Individualized Solutions for Teaching Your Child Practical Solutions*. New York: Penguin Group.

Impairments in language skills

- Specific language problems related to the social aspect of language.
- They see language as a way to share facts and information, especially about their special interest, not as a way to share thoughts or feelings.
- Impairment in pitch, rhythm or melody of speech.
- Conversations may appear scripted or ritualistic.
- They may have problems solving, analyzing or synthesizing information, and understanding language beyond a literal level.

Narrow range of interests with insistence on set routines

- Interactions are ruled by rigidity, obsessions and perseveration.
- They have fewer interests, but these interests will dominate their lives.

Many Montcalm students have shown an intense interest in electronics, specifically computers. One student reported that prior to being in therapeutic programs; he would spend up to 18 hours per day on his computer, even to the exclusion of eating. Once here, his ability to use his computer was reduced and initially led to physical outbursts where he damaged all of his possessions, except his computer. As a "new" routine was established and consistently maintained, the student adapted to the routine and was able to significantly reduce his use of the computer and physical outbursts.



Motor clumsiness

- Difficulty with fine and/or gross motor skills. Difficulty is not only in the task itself, but in the ability to plan the body's movement to attempt the task (called "dyspraxia").

During a campus-wide basketball tournament at Montcalm School for Girls, a student's shoe became untied and she was unable to retie-it. To avoid embarrassment, she asked one of her peers to step into the locker room and help her tie her shoe so that she could continue to help the group in the tournament. While the diagnosis is more prevalent among boys, we are experiencing a growing number of families seeking "Outside In" for their daughters.



Cognitive Issues

- a. Difficulties in the ability to make inferences about what another person is thinking or feeling is a core disability.
- b. Difficulties with empathy and will often say what they think without considering other's feelings. Often assume that others think the same things they do.
- c. Rigid thinking interferes with problem solving, mental planning, impulse control, flexibility in thoughts and actions and the ability to stay focused on a task until completion.
- d. Difficulties with problem solving are a result of lack of cognitive creativity.

Sensory sensitivities

- a. Occurs in one or more of the senses (sight, smell, sound, touch, taste and movement). Challenge is to determine if child's response is actually a sensory reaction or if it is a learned behavior driven by rigidity and anxiety.

Sean was sitting near the phone when his Clinician dialed his parent's home phone number. By mistake, the Clinician hit the wrong key and dialed the wrong number, but he wasn't aware of the error until Sean pointed it out. Sean has the ability to hear the dial tones on the phone and distinguish between which keys are being pressed, thus also able to detect by dial tone if his home number was dialed correctly or not.



THREE MOST COMMON FORMS OF PERVERSIVE DEVELOPMENT DISORDERS

Autism

Asperger's Syndrome

PDD-NOS – Pervasive Development Disorder – Not Otherwise Specified

How they differ?

Autism: Autism is a brain development disorder that impairs social interaction and communication and causes restricted and repetitive behavior usually before 3 years old, although new research is making it possible to diagnose as early as 6 months.⁷ Signs to look for include lack or delay in spoken language, little to no eye contact, lack of interest in peers, lack of make-believe play and fixation on parts of objects.⁸ Many children with autism also have some degree of mental retardation.

Asperger's Syndrome: With Asperger's Syndrome, children have the same difficulties as autistic youth with social interaction and communication and have a narrow range of interests. But they have average to above average intelligence.⁹ While language and cognitive development is normal, Asperger's children may experience difficulty with concentration and coordination.¹⁰

PDD-NOS: This diagnosis is made when there is severe and pervasive impairment in development in communicating, play and social interaction, but are considered too social to be autistic.

As a result of these diagnoses, children are struggling to find a sense of belonging in this world, parents are struggling to under-



⁷ www.autismspeaks.org. Retrieved Dec. 4, 2008.

⁸ www.autism-society.org. Retrieved November 27, 2008.

⁹ Pervasive Development Disorders (PDDs). <http://www.webmd.com/brain/autism/development-disorder>. Retrieved Nov. 27, 2008.

¹⁰ http://www.ninds.nih.gov/disorders/asperger/detail_asperger.htm#115333080. National Institute of Neurological Disorders and Stroke. Retrieved Dec. 10, 2008.

stand how to help their children and educators are tasked with providing adequate services to this group of youth. Some specialized programs focus on the cognitive and behavioral issues, while others concentrate on children's learning disabilities. How do parents decide what the best program is for their child? Finding a place that suits the unique social, educational and behavioral challenges of ASD children can be found at Montcalm Schools.

"OUTSIDE IN"

As we see the diagnoses increase with Autistic Spectrum Disorders, so too has the number of families placing children with Asperger's Syndrome at Montcalm Schools. Montcalm Schools' "Outside In" program is helping meet the social, emotional, behavioral and educational needs of this group of children through its strength-based, youth empowerment model.

AT ITS CORE, 'OUTSIDE IN' HELPS YOUTH BY FOCUSING ON THEIR INNER STRENGTHS AND TALENTS. WE LOVE THESE KIDS UNTIL THEY LOVE THEMSELVES."



At its core, "Outside In" helps youth by focusing on their inner strengths and talents. By providing an environment filled with consistency, trust and most of all patience, the boys gain self-confidence and begin achieving at the levels their intelligence indicates they are capable of. As said best by Patti Hiatt, Dean of Schools, "We love these kids until they love themselves."

Cornelia Romanowski, the mother of a young man in the program, firmly believes that the staff members truly love the children who come to Montcalm. She also has witnessed tremendous progress in her son, Andrew, on many levels.



"He had been attending a parochial school back home that had undergone some changes, which was quite difficult for him," Romanowski said, adding that Andrew had been judged, bullied, and even pushed into lockers. "A whole bunch of pieces were falling into place and he was just headed in the wrong direction."

The Romanowskis began seeking an alternative, a therapeutic school that would help address the emotional and social issues Andrew was experiencing, with the hopes that the academics would improve as a result.



They have found that to be the case at Montcalm Schools. Andrew graduated and received his diploma in June 2009.

“This was probably the hardest decision we ever made,” Romanowski said. “You can’t mess this up. This is your child. But Andrew was a flower that was wilting here at home, and now he’s blooming.”

It is always important to remind folks that the ability to listen to troubled children and to understand their hurtful behaviors does not mean that we accept those behaviors. But it is our ability to effectively communicate our understanding of why they do the things they do that can lead us to transformational educational, social and behavioral changes.

We focus first on the social and emotional aspects of treatment, which for many of our youth, result in improvements in their learning and academic progress.

SOCIAL

To be included in relationships in which one feels known, heard, seen and understood is a biological necessity.¹¹

A common myth is that individuals with ASD don't want friendships, although this has not been our experience. Generally, they want to have friends, but have difficulties starting and maintaining friendships.

WHEN SURROUNDED BY SECURE, TRUSTING PEERS AND ADULTS, CHILDREN ARE ABLE TO MOVE TO A CALMER, LESS STRESSFUL STATE, BUILDING PATHWAYS FOR SELF-CONTROL.



Their social interactions are often described as lacking in empathy, exhibiting poor nonverbal communications and use of speech, and being overly reliant on rote language abilities. These children are usually aware of their inability to connect to others.¹²

Typically individuals with ASD have limited interest in the views of others, which pushes away possible friendships. A severity of symptoms can be correlated to the number of people around them. The bigger the group the greater the chance of rigid thinking and avoidance. Most friendships are with those that are several years younger than them. Often they have difficulties in sharing items which limits making friends because they lose “control” of the item.

Children are very strongly influenced by their environments. When surrounded by adults who believe in them and provide positive reinforcement, children will begin to think the same of themselves and behave in a way that is consistent with what he and others think about him.¹³

Through the implementation of an adapted Positive Peer Culture,¹⁴ youth working to address similar issues enlist the help of one another. It uses problem-solving groups in which youth with an adult leader provide support and respectfully challenge hurting behavior.

When surrounded by secure, trusting peers and adults, children are able to regulate their emotions and lower stress.¹⁵ As we help children move to a calmer, less stressful state, they begin to build pathways for self-control.¹⁶

GROUP TREATMENT OF YOUTH WITH ASPERGER'S

A review of the literature on the treatment of Asperger's in adolescent youth reveals that individual psychotherapy, social skills training, behavior modification (points, rewards, levels, etc.), parent education, sensory integration training, and educational interventions are effective treatment methods. Traditionally, there has been an overall emphasis on individual treatment for these children.

When Montcalm School for Boys opened its doors in 2000, youth with Asperger's Syndrome were admitted for treatment. Consistent with Starr's history of being successful by empowering youth to help each other through a therapeutic group approach,



¹¹ Glantz, K., & Pearce, J. (1989). *Exiles from Eden*. New York: Norton.

¹² Volkmar, F.R. & Klin, A. (2000). *Diagnostic Issues*. In Klin, A., Volkmar, F. and Sparrow, S., (Eds.) *Asperger Syndrome* (pp. 25-71). New York : The Guilford Press.

¹³ Long, N.J., & Morse, W.C. (1996). *Conflict in the Classroom: The Education of At-Risk and Troubled Teens*. Austin, Texas: pro-ed.

¹⁴ Vorrath, H.H., & Brendtro, L.K. (1985). *Positive Peer Culture*. New York: Aldine.

¹⁵ Hofer, M. A. (1987). *Early social relationships: A psycho-biologist's view*. *Child Development*, 48(3), 633-647.

¹⁶ Brendtro, L.K., Mitchell, M.M., & McCall, H.J. (2009) *Deep Brain Learning: Pathways to Potential With Challenging Youth*. Albion, Michigan: Starr Commonwealth.

Montcalm's clinicians believed that there was no reason why this method would not be successful with kids struggling with peer relationships and who just don't seem to "fit in." This methodology was extended to apply to girls with this diagnosis with the opening of the Montcalm School for Girls.

Eight years of experience working with youth with Asperger's and their families have validated these early beliefs. Although there is no doubt that these kids

require individualized treatment, educational, and social skills training, the "power of the group" is very real and has a significant impact on their lives.

Romanowski never doubted that this approach would work with her son. She felt confident in knowing that Andrew would be among like peers who weren't going to judge or pick on him.

"He wasn't a big talker in a group, but I knew this environ-

ment was safe," she said. "I knew the kids couldn't target him and that the group session was led by trained professionals. The staff would facilitate the conversation and be present at all times."

Clinicians not only conduct formal group therapy sessions five days a week, but there is an emphasis on kids helping each other throughout the day as well as to be involved in service learning projects where the whole group is engaged in activities designed to help people in surrounding communities.

PARENTS EXPRESS FEELINGS OF RELIEF AND EVEN JOY AT SEEING THEIR CHILD BEING A CONTRIBUTING PART OF A PEER GROUP – SOMETHING THEY HAD NEVER EXPERIENCED.



"I am not alone"

Youth and their parents are comforted in knowing that they are not alone in their experience of "being on the outside looking in." There is something very powerful about being in a group setting where kids talk about their experiences and they find out that they have much in common with others. Being in a group with kids with similar problems helps deal with the very scary feeling of "being the only one in the world with these problems." Parents express feelings of relief

and even joy at seeing their son or daughter being a contributing part of a peer group – something they had never experienced. They also become acquainted with other parents and are able to support each other through their child's course of treatment.

"I learn about myself"

Kids tell us that they learn that it is impossible to help others without helping themselves. Although only one group member is the focus of the group therapy on any one day, group members are able to identify with that youth's struggles and problems and that through helping others they become more insightful about their own issues. It is very common to hear a group member say, "I have the same problem! At times I feel that there is no way for me to say how I feel, so I don't even try!"

"I learn about my environment"

Kids with Asperger's are by diagnosis limited in their ability to accurately read and interpret other people's body language and nonverbal cues. This creates huge problems for them in knowing how to socially interact with



others because they miss the point completely and go off on their own tangent and/or withdraw from the interaction. With practice and support, these kids become more "other focused" rather than being so wrapped up in their private worlds. They actually begin to develop an understanding of what makes other people tick ("other people have feelings too!") and they learn to guide their own behavior accordingly. Many youth tell us that they have learned something that nobody ever thought that they would learn – patience with others and themselves.



"I can express myself"

Through the group process, kids become more competent and therefore more comfortable in their ability to articulate how they are feeling and what is troubling them. It is typical for these children early on in treatment to act out their feelings of pain – most often anger and frustration. Clinicians and group members understand that it is not unusual for a youth to "pitch a fit" when overloaded with these intense feelings. Group members help them learn about



their "Conflict Cycle" and they learn more productive ways of solving life's problems by talking about them. Even when a youth gets upset and acts out feelings, the tantrum serves as an opportunity for others to help him/her through this and to learn how to gradually rely on their verbal abilities to express themselves.

"I have value"

In time, youth become very adept at recognizing signals of stress in other group members.

For example, they see that when a group member begins to pace, shout, or rock, they need to do whatever has been identified to reduce that group member's stress and discomfort. Sometimes this can mean giving calming words of support and encouragement; in some situations it may be best to just leave someone alone for awhile. Being a part of a helping process validates these kids' self-concepts as having a positive impact on others. Clinicians and others in the group positively reinforce the helping behavior and kids begin to see themselves as a "helper" and as someone with strengths.

BEING PART OF THE MONTCALM SCHOOL PROGRAM GIVES THESE KIDS THE OPPORTUNITY TO EXPERIENCE THE JOYS OF BEING A PART OF SOMETHING LARGER THAN THEMSELVES.

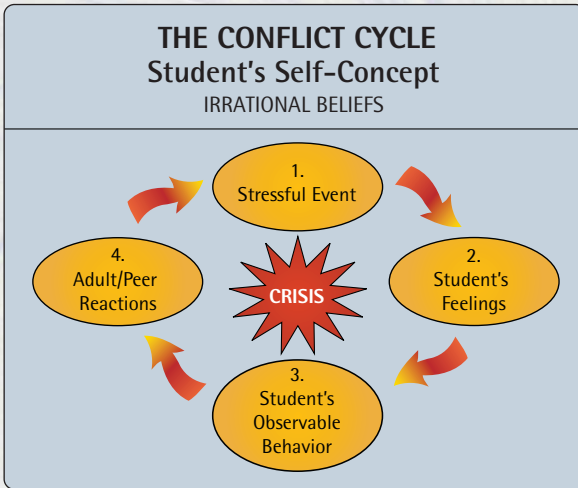


"I am part of a group"

Prominent in the histories of youth with Asperger's treated at Montcalm is that they have experienced painful isolation at the hands of their peers in their schools and communities. Many are shunned and even targeted for physical and emotional abuse by their classmates. Kids coming into our program have often come to believe that they are unlikable and are destined to be alone. We have even heard from kids that they actually are convinced that they deserve such mistreatment. Being in the Montcalm School program gives these kids the opportunity to experience the joys of being a part of something larger than themselves. This healthy new perspective challenges previously held beliefs about self and provides an antidote to loneliness and the sense of alienation.

THE CONFLICT CYCLE

The Conflict Cycle, as developed by Nicholas Long¹⁷ for dealing with challenging behaviors, is Montcalm School's primary paradigm for viewing why reasonable individuals behave in inappropriate ways and how a minor incident can escalate into a major crisis. By understanding how the cycle works, adults and youth are able to disengage from the cycle and prevent crisis.¹⁸



During the Conflict Cycle, children in stress will create their feelings in adults. If not trained, adults will mirror the children's behaviors. Understanding the Conflict Cycle is the first line of defense in reinforcing the child's irrational beliefs and self-fulfilling prophecy.

Student's self-concept

1. Stressful event – Stress results when a person perceives some situation as posing either a threat or a challenge.¹⁹ Whatever the source of stress may be – developmental, environmental or psychological – we do know that it is more difficult for children diagnosed with Autism Spectrum Disorders to cope well with stress.

2. Youth's feelings – Emotional intelligence is the ability to monitor the feelings of oneself and others and to use this information for successful social behavior.²⁰ This ability to self-realize is not inherently present in children with Asperger's. In fact, as noted in "Troubled Children and Youth: Turning Problems

¹⁷ Long, N.J. (1996) *The Conflict Cycle Paradigm on How Troubled Students Get Teachers Out of Control. In Conflict in the Classroom: The Education of At-Risk and Troubled Teens* (pp. 244-265). Austin, Texas: Pro-ed.

¹⁸ Long, N.J., & Morse, W.C. (1996) *Conflict in the Classroom: The Education of At-Risk and Troubled Teens*. Austin, Texas: Pro-ed.

¹⁹ Lazarus, R.S., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. New York: Springer.

²⁰ Salovey, P., Hsee, C.K., & Mayer, J.D. (1993). *Emotional intelligence and the self-regulation of affect. In D.M. Wegner & J.W. Pennebaker (Eds.), Handbook of mental control* (pp.258-277). Upper Saddle River, New Jersey: Prentice Hall.

into Opportunities," the authors state that empathy is the pinnacle of emotional intelligence. For youth with Asperger's, it is very difficult to interpret other people's feelings accurately and respond appropriately.

3. Youth's observable behavior – Hitting, running away, becoming ill, stealing, teasing, lying, fighting, drug use, withdrawal and depression are all behaviors that create additional problems for youth and their teachers, peers, families and school.²¹ All behaviors have a purpose and in most cases it is to change a person or environment.²²

4. Adult/peer reactions – How peers and adults react to a student's behavior can intensify the Conflict Cycle, adding unnecessary fuel to the fire. With understanding, self-control and "dispassionate compassion"²³ adults can avoid perpetuating the cycle.

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EDUCATIONAL

The traditional classroom setting with one teacher to a 20-something student ratio is not an ideal learning environment for students with Asperger's. Furthermore, many public schools are hardly equipped with the professionals and tools needed to successfully provide educational opportunities for these students.

The Individuals with Disabilities Education Act (IDEA) requires all public schools in every state to provide free and appropriate education for school-age children

²¹ Long, N.J. (1996) *The Conflict Cycle Paradigm on How Troubled Students Get Teachers Out of Control*. In *Conflict in the Classroom: The Education of At-Risk and Troubled Teens* (pp. 244-265). Austin, Texas: Pro-ed

²² Brendtro, L., & Shahbazian, M. (2004). *Troubled Children and Youth: Turning Problems into Opportunities*. Champaign, Illinois: Research Press

²³ Wood, M.M., & Long, N.J. (1991). *Life Space Intervention: Talking With Children and Youth in Crisis*. Austin, Texas: Pro-ed.

with Autism Spectrum Disorders like Asperger's.²⁴ Public schools must prepare a list of instruction goals or specific skills, known as the child's Individualized Education Program (IEP), to develop a program based on each child's needs. But these programs are exceedingly expensive to fund, and many families cannot persuade their school districts to pay for it.

Montcalm Schools can work with local school districts once they've determined that they are not equipped for ASD children. In fact, Patti Hiatt, Gordon Stemen,

(Dean of Students, Montcalm School for Girls) and the Admissions staff are well versed and prepared in this area and often work with families to transfer the student to Montcalm while the local school district pays tuition.



Many children with Asperger's benefit from speech therapy, occupational therapy and assistive technology such as AlphaSmart, a portable word-processing device that is particularly useful for special education students who have pain and difficulty in writing.²⁵ AlphaSmart, according to Hiatt, also is helpful in keeping students' notes and thoughts organized and in serving as a scheduler and reminder.

Also important is that assignments and directions for accomplishing them are broken into small specific steps. Teachers need to be aware that each day and each situation is essentially brand new so that it isn't assumed that just because the student could cope last time, it doesn't mean they will the next.

Savvy teachers use their students' interests to teach class subjects when possible. They develop a plan to help organize schoolwork and supplies. They also provide opportunities for the student to have time away to regroup. Some students may benefit from ear plugs or sunglasses to reduce external



²⁴ National Institute of Mental Health. (2004) *Autism Spectrum Disorders (Pervasive Developmental Disorders)*. Retrieved from <http://www.nimh.nih.gov/health/publications/autism/the-diagnosis-of-autism-spectrum-disorders.shtml>

²⁵ Myles, B. S. *Children and Youth with Asperger Syndrome: Strategies for Success in Inclusive Settings*. Thousand Oaks, California: Corwin Press.

stimulus. In fact, when Travis, a young man of superior intelligence but who had been kicked out of every school he'd attended, arrived at "Outside In" he was wearing his shades, had a hooded sweatshirt pulled up over his head and ear-phones blasted music from his iPod. To some he may have seemed disrespectful and obstinate, but the Montcalm Schools staff realized that this was his form of escape. They gave him several weeks to adjust to his new settings and new peers. All of sudden, as he acclimated to the program and felt the support of his peers

MONTCALM STAFF WORK TO IDENTIFY A STUDENT'S STRENGTHS AND PROVIDE THEM WITH OPPORTUNITIES TO SUCCEED THROUGH THEIR OWN UNIQUE LEARNING STYLE.



and the staff, he began to build trust with the teachers and peers and didn't feel the pressure to compete. Along with Travis came a file laden with notes from previous evaluations – "daydreams, doesn't pay attention, checks out." The Director of Montcalm School for Boys, Patti Hiatt, asked Travis to solve an intricate math problem that she read aloud. He appeared to be fulfilling all the labels in his file. But she waited, and waited and all of a sudden the young man recited the answer. He had calculated everything in his head, never wrote anything down and solved the problem correctly. Giving Travis extra time to do what he needed to do made all the difference in the world. He then began to do his math and loved it.



Travis' story is just one example of how the Montcalm staff work to identify a student's strengths and provide students opportunities to succeed through their own personal, unique and individual learning styles.

The staff also keep in close contact with families to update them on their child's progress. Weekly conference calls are held

in which a Senior Clinician speaks directly with the family and then brings the youth into the conversation a bit later.

"I really appreciate the conference calls," Romanowski said. "Every Tuesday we talk without Andrew and then add Andrew in later. There's a real connection with the school and parents."

THE FIVE SHIFTS

Originally introduced to Starr Commonwealth by Sherlock Graham Haynes and further adapted for work with children and youth by Jim Longhurst and other leaders at Starr, the Five Shifts serve as a model for parents and those working professionally with children. These shifts operate on the premise that we need to approach our work with them from a new perspective. Working with children with Asperger's requires us to understand how they see themselves and their world and to be able to communicate this understanding back to them. Making the Five Shifts enables us to do this.

Material to the Spiritual

Making this shift puts us on the pathway of truly connecting with kids. As humans, we have a tendency to quickly "size up" people based on what we see on a material level – their overall appearance, skin color, posture, clothes, etc. Truly, in a blink, we make assumptions about what we see and ascribe strengths or deficits to them. Of course, these assumptions can interfere with our ability to connect with kids. It is important to see that the behaviors presented by a youth with Asperger's, however different from our own experience, still represent attempts to meet needs, solve problems, and interact with their world.

Cognitive to the Affective

Our ability to truly empathize with kids with Asperger's is critical. When they are experiencing intense anger or frustration, there is much to be gained by simply reflecting back to them their feelings that they are trying to communicate. Parents and those working with these kids should not expect them to quickly shift gears into a cognitive-based, problem solving mode until they have had an opportunity to "drain off" emotionally. Helping these kids focus on their feelings and what they perceive as emotions in others helps to increase their capacity of sensitivity to feelings and even compassion for themselves and others.

Certainty to Curiosity

We must always proceed with a high level of curiosity in trying to understand what makes youth with Asperger's tick. Montcalm School clinicians report that they never cease to be amazed by the extremely divergent and mostly always hidden, needs and motivations behind these kids' behaviors. Assuming that one knows what's going on without exploring patiently and thoroughly the youth's thoughts and feelings can lead to inaccurate conclusions about treatment

direction that can serve to frustrate youth even more. Remaining intellectually curious can put parents and clinicians on a pathway of a deeper understanding of these kids. The kids in turn then can experience the rewarding feelings of “being understood!”

Solution to Transformation

Patience! Patience! Patience! When we as parents and clinicians can really appreciate how much change we are asking of these youth to make, we can develop a much healthier perspective on the change process. Those who work with children with Asperger’s



(and all kids!) know that we need to constantly understand that change is rarely, if ever, a smooth, linear process; there are a lot of ups and downs, and periods of progress followed by periods of what seems like “going backwards.” How we manage our own expectations – in other words our ability to transform ourselves – can directly impact the children with whom we work. The courage shown by adults to change can directly encourage kids to do likewise – to challenge themselves even further.

Discussion and Debate to Dialogue

We as adults have to be ever mindful as to how we communicate with our children. The form of communication called discussion is very helpful for us to solve problems, establish priorities, and make plans. As well, debate is an effective way to communicate when we are attempting to build a case or win an argument. Debating with our kids can create a need to emphasize our own points of view and to find flaws in the other person’s. This can swiftly lead to arguments and conflicts. It is dialogue, or the act of learning and listening together, that has been shown to be the most productive way to communicate with kids. Engaging in dialogue is not easy and takes a lot of practice. It involves deep levels of listening and understanding and taking much more time before responding to what the child says. Dialogue leads us on the pathway of developing a shared understanding with the children we serve.

PERISTENCE & PATIENCE

Patience is a must when interacting with children and is cited as a primary reason for the progress we see at Montcalm Schools with students of "Outside In." It is important for staff to gather information from the youngster, the parents and each other to determine what leads to increased difficulties for the child. Schools should be aware of the young persons' special interests and use them in situations where the student's anxiety is increasing.

Behaviors have a purpose and it is important that you understand this purpose in order to help reduce the behavior. In other words, don't focus on the behavior; instead focus on the need. The intent behind behaviors is rarely malicious.

As noted before, many of the children who come to "Outside In" have been expelled from other traditional and private school settings because of their behaviors. Often in these settings the Conflict Cycle is not executed and

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educators are far from patient. Remarkably, tremendous success is being had at Montcalm Schools with youth diagnosed with Autism Spectrum Disorders, and the staff members believe that once social and behavioral issues are addressed, in that order, children can focus more clearly on learning.

As Hiatt said, "Give us the toughest kids out there that from the outside look like they are aggressive and angry. But we know that behavior is a direct result of their environment. When trusted, supported and given opportunities to build self-esteem, you'll see dramatic improvements in learning."



As noted by the National Institute of Mental Health, "an effective treatment program will build on a child's interests, offer a predictable schedule, teach tasks as a series of simple steps, actively engage the child's attention in highly structured activities, and provide regular reinforcement of behavior." Also equally important is the involvement of parents in treatment. Families of "Outside In"

children are encouraged to visit, participate and work with the teachers and clinicians who also will assist with preparing for transitions to home or college.

Realizing how incredibly difficult and challenging this time is for families is equally important. Montcalm Schools may enroll and work with an individual child, but in reality it's the entire family unit at the heart of treatment. Just as the students of Montcalm find a great deal of comfort and belonging in this environment, families are finding the support and networking opportunities they need to cope with this stressful time.

"When I had to leave Andrew at Montcalm that first time," Romanowski said, "it was probably one of the hardest decisions I've ever made. The best thing was to say good-bye and walk away crying. Now, he's graduating and it comes full circle. When I left him I was crying out of sadness and a little bit of guilt. Now I'm crying out of pride and joy."

Parents are very pleased with the overall treatment impact the Montcalm School program has on their children. We have seen tears of joy and relief from families upon witnessing that their children have become viable members of a group – sometimes for the first time in their lives. Of course, much of this is made possible by the individualized attention and treatment that all youth receive in the program. But the emphasis on the group process and empowering kids to help each other is no less important and is the ingredient that provides a sense of wholeness to the youth and their families. And finally they no longer feel on the outside, looking in.

ABOUT THE AUTHORS

Dr. Jim Longhurst, a Licensed Psychologist, has been transforming the lives of children at Starr Commonwealth and Montcalm Schools for more than 35 years. He is Director of Montcalm Schools and also serves as Senior Vice President of Clinical Services, overseeing all of Starr's medical and mental health services. Longhurst holds a Doctorate in Counseling Psychology and is an expert in the field of strength-based treatment for children and families. He also is a member of the Michigan Psychological Association, the American Psychological Association, and a charter member of the International Positive Psychology Association.

Dr. Pamela Lemerand, a Licensed Psychologist and an Occupational Therapist, is currently a professor at Eastern Michigan University and maintains a small private practice specializing in families with autism. Dr. Lemerand is also the Project Director of the Autism Collaborative Center at Eastern Michigan University. This new Center serves families with autism and conducts research on "what works" in autism interventions. Previous to her work at Eastern, she was the Director of Student Services in the Grosse Pointe Public Schools. In that role she was responsible for programs for "at-risk" children and students in special

education, including 165 students with ASD. Dr. Lemerand has published a book on supporting at-risk students in public schools, "The SAFE Program: An Elementary School Model for Student Assistance and Family Education." The emphasis of the program is building resiliency in children and families. She has presented at national and state conferences on the SAFE Model, diagnosis and treatment of ASD, and mental health services for young children. She received her doctorate from the University of Michigan. Dr. Lemerand also is a Trustee of Starr Commonwealth.

Patti Hiatt is the Dean of Students for Montcalm Schools, a private program of Starr Commonwealth, where she has more than 36 years tenure. She began her career as a Special Education Teacher in 1972 and continued on as a Teacher Consultant until 2000 when she began to create and implement the educational program of Montcalm Schools. Her main focus is to develop a quality educational program that services students with individual needs including those students whose curriculum necessitates college-bound courses. Patti earned her Bachelor's degree through Central Michigan University and Master's degree from Western Michigan University. Her main goal in life is to ensure that "all students" learn and grow into productive adults.

Dana Richards is a Senior Residential Family Specialist with Montcalm Schools and lead therapist for Montcalm's "Outside In" program that focuses on students diagnosed with Autism Spectrum Disorders or other social difficulties. His main responsibilities include developing the individual, group, and family treatment plans. Dana has been a Senior Clinician/Senior Residential Family Specialist at Starr Commonwealth since 1995. He has presented at national conferences on topics including Asperger's Syndrome, assessment of youth, treatment techniques, and teamwork. Dana received his Master's Degree in Counseling Psychology from Western Michigan University and is licensed with the State of Michigan as a Limited Licensed Psychologist.

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ABOUT STARR COMMONWEALTH & MONTCALM SCHOOLS



Montcalm Schools is a private program of Starr Commonwealth, which is internationally recognized as a leader in transformational programs for children, families, schools and communities. Founded in 1913, Starr's treatment philosophy is rooted in seeing something good in every child, which serves as the guiding principle in its strength-based approach. Starr offers a full spectrum of community-based early intervention and prevention services along with specialized residential programs. Through the Starr Institute for Training, parents, clinicians, educators and childcare professionals now have access to Starr's highly successful and innovative techniques aimed at bringing out the best in every child. For more information, please visit www.starr.org and www.montcalmschools.org.



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