

The Use of Psychodrama Techniques for Students With Asperger's Disorder

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### Abstract

Asperger's Disorder (AD) is a pervasive developmental disorder affecting social functioning and behavioral interest and activities. The purpose of this article is to inform school counselors of the characteristic features of AD, common interventions being implemented, and the techniques associated with the practice of psychodrama that appear to have particular relevance in facilitating the generalization of social skills for students with AD. The merits of using psychodrama over other school counseling therapeutic approaches are considered, with an emphasis on the interface of psychodramatic techniques and key features of AD.

## The Use of Psychodrama Techniques for Students With Asperger's Disorder

The challenge facing many school counselors and educators today is in meeting the needs of and designing effective interventions for a growing segment of the student population, namely individuals with Asperger's Disorder (AD). Given the core deficits they demonstrate with regard to communication skills and in maintaining appropriate social relationships, the key to their successful integration and acceptance among peers relies on implementing those strategies most conducive to being generalized in new contexts. One such promising strategy posed by the authors involves the use of psychodrama techniques. This article seeks to describe AD, the common interventions that are typically used, and how psychodrama may be a particularly viable option in promoting real-world generalization of social skills.

### Overview of Asperger's Disorder: Background and Definition

Hans Asperger (1906-1980), an Austrian psychiatrist, studied a large number of boys who found it difficult to "fit in" socially. In addition to their deficits in social interaction skills, these boys also displayed impairments in verbal and nonverbal communication (gestures and facial expressions), and they exhibited restrictive, repetitive patterns of behavior, interests, and activities. He termed this condition "autistic psychopathy" in 1944 (cited in Safran, 2001; Hewetson, 2002). However, the condition remained unrecognized by the English-speaking world until 1981 when Dr. Lorna Wing translated and reintroduced the condition as Asperger's Disorder (AD). Eventually, the American Psychiatric Association (APA) recognized AD as a specific pervasive developmental disorder in 1994. The late entry of this clinical diagnosis may explain why relatively little has been written about AD in special education literature (Barnhill,

2001b). However, the prevalence rates have increased and are estimated to be as high as 7 out of every 1,000 people (Lamarine, 2001).

### *Diagnosis*

The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (APA, 2000), see Appendix A, definition of AD contains two primary clusters of traits that must be present to meet the diagnostic criteria. The first cluster is a qualitative impairment in social interaction. Accordingly, two of the following must be observed: marked delays in nonverbal behaviors, impairments in establishing peer relationships, absence of spontaneously seeking to share enjoyment and interests with others, or deficiency in social and emotional reciprocity. The second cluster concerns the individual's restricted areas of interest, stereotyped behaviors, and activities. Among these, one of the following must be exhibited: preoccupation with one or more restricted interests that appear abnormal in intensity or focus, inflexible following of nonfunctional routines, stereotyped and repetitive motor movements, or preoccupation with parts of objects (APA, 2000).

Asperger's Disorder differs from Autism in that early cognitive and language skills are not delayed significantly, repetitive motor mannerisms are not always present or pronounced, and, most importantly, the desire to pursue social and emotional relationships is present despite the inability to maintain them (APA, 2000; Hewetson, 2002). In addition, 75-80 percent of individuals with Autism fall into the mentally retarded range. However, children with AD have average to above average intelligence; in fact, many with AD may be intellectually gifted (Neihart, 2000; Barnhill, 2001b).

In regards to professional standards and ethical considerations, multidisciplinary evaluation teams must be responsible in their determination of whether an individual child meets the diagnostic criteria for AD. Although a diagnosis may provide an explanation of a child's unusual behavior, the classification or label has minimal value unless it relates directly to interventions that promote positive life outcomes (Jacob & Hartshorne, 2003; Thomas & Grimes, 2002).

### *Disorder Characteristics*

For school counselors in association with multidisciplinary evaluation team members to be able to adequately identify students with Asperger's Disorder, the first step involves a complete understanding of the features associated with this disorder. These primary features include impairment in social, emotional, communicative, motor, and academic functions.

With regards to social impairment, individuals with AD may vary significantly in their behavior. They may show a limited interest in interacting with others; they may participate only in passive ways during social activities; or they may exhibit the desire to establish friendships but they may lack the prerequisite skills (Church, Alisanski, & Amanullah, 2000). Children with AD can appear to be socially awkward because they often ask inappropriate questions, stand too close to others, remain aloof, or make inappropriate comments that are disconnected from the theme of a conversation. In other words, they "seem out of context" because they have difficulty understanding the rules and social cues associated with how people relate to each other (Church et al., 2000; see also Myles, Barnhill, & Hagiwara, 2001; Marks, Schrader, & Levine, 1999). Additionally, individuals with AD tend to be deficient in their ability to be empathetic to

the needs of others. For the normally developing child, observing another child crying will intuitively trigger a sympathetic response as well as a rudimentary understanding of why this child may be upset. Children with AD tend to possess "theory of mind" deficits, or a lack in ability to understand the internal mental states of other people, including the intentions, beliefs, and feelings of others (Channon, Charman, & Heap, 2001; Gutstein, 2002).

The emotional deficits of individuals with AD include difficulties appropriately affiliating with others and a lack of self-awareness or insight regarding how other people may perceive them. They often have trouble explaining their own behavior to others (Myles et al., 2001; Barnhill, 2001b). In addition, a great deal of research has shown that adolescents with AD are prone to depression and anxiety, possibly due to the problems they face in coping with the demands of the classroom, the pressures of their social environment, and their inability to monitor and control their own behavior in uncomfortable situations (Barnhill, 2001a).

Communicative impairments for individuals with AD include both verbal and nonverbal deficits. Individuals with AD use language as a practical means to an end rather than as a social means of interaction (Barnhill, 2001b). In addition, their conversations may lack cohesion since few links are made between their statements or even to the theme of the conversation. The speech of these individuals may seem odd in its use of inflections. For example, they may use repetitive patterns of speech or talk too much or too little. Individuals with AD may also misinterpret the difference between literal statements and those of a symbolic or metaphorical nature. For example, expressions such as "Go jump in a lake" may be taken literally. Nonverbal impairments

may be seen in the limited use of gestures and facial expressions, clumsy or awkward body language, or a stiff gaze. These students have difficulty in interpreting the nonverbal cues of others as well as responding to these cues in a spontaneous and appropriate manner (Klin, Volkmar, & Sparrow, 2000; Attwood, 1998, Church et al., 2000).

Motor impairments for individuals with AD are evidenced by poor coordination, clumsiness, or an awkward gait. Research has shown that between fifty and ninety percent of individuals with AD have problems with motor coordination that often lead to difficulties in playing games and sports with peers (Myles & Simpson, 2001). Fine-motor skill difficulties in school activities such as writing and art often result in clumsy, awkward, or sloppy- looking schoolwork (Myles & Simpson, 1998).

Despite the fact that individuals with AD usually have average to above average intelligence, they can be expected to have academic difficulties due to their social, communicative, motor, and emotional deficits. One tendency displayed by AD students is fixating on narrowly defined interests thus shifting their overall focus away from general curriculum objectives. In addition, while rigid adherence to routines may be beneficial in a structured school setting, any deviation from this routine can potentially upset the AD student (Safran, 2002). Other challenges include difficulties in: applying specific knowledge from one area across a multitude of situations, attending to relevant cues and stimuli in their environment, and literal or concrete thinking styles. In addition, teachers may fail to recognize the AD student's special academic needs since these children often give the impression of understanding more than they truly do because of their use of advanced vocabulary (Brownell & Thomas, 2001).

## Intervention

A comprehensive treatment plan for children and adolescents with AD should include behavioral, academic, and social interventions. This article's focus rests on the social domain and its relevance to psychodramatic techniques useful to school counselors within a therapeutic context. The authors acknowledge the importance of behavioral and academic interventions, but must omit their discussion due to space limitations.

Difficulty in developing interpersonal skills is probably the most noticeable feature of children with AD. These children, unlike those with Autism, desire to be part of the social world but often lack the skills to integrate into their social environment. The challenge in meeting the needs of this specific population relies on providing social skills training and facilitating increased social opportunities. Social skills training can be viewed as having four main objectives: promoting skill acquisition, enhancing skill performance, removing or reducing problem behaviors, and facilitating generalization and maintenance of pro-social behaviors (Thomas & Grimes, 2002). However, the use of psychodrama may be considered the most useful technique in promoting the generalization of these social skills to other contexts.

There are many strategies available to school counselors in their efforts to enhance the social skills of students with AD. Some of these include the SODA strategy (Bock, 2001), the SOCCSS strategy (Myles & Simpson, 2001), social stories, and social autopsies.

SODA is divided into four components: Stop, Observe, Deliberate, and Act. During the first step, students ask themselves questions about their environment



including the sequence of events or routine associated with the setting. The second step involves observation of what people are doing and saying (social cues) in their conversations. The third step is when students consider what they might say or do and how others would perceive them. The final step is when students take action in interacting with others by keeping in mind the social cues they have picked up on (Bock, 2001).

The SOCCSS strategy involves six steps in helping students work on interpersonal skills: Situation, Options, Consequences, Choices, Strategy, and Simulation. During the first step, the teacher or school counselor helps the student understand a social problem or situation by identifying who was involved, what happened, the time of occurrence, and the reasons for it. During the second step, the student is assisted in brainstorming several options of behavior to help him see the many ways in which a situation can be handled. The third step involves an evaluation of each of the options that were generated. During this step the teacher or school counselor acts as a facilitator for the child to develop consequences for each option. In the fourth step, the student selects the option that will have the most desirable consequences. The fifth step is when the student is assisted in developing an action plan to implement the selected option. During the last step, the student simulates the selected option through the use of role-play (Myles & Simpson, 1998, 2001).

Social stories are another effective method of providing both guidance and direction that help promote self-awareness, self-calming, and self-management in responding to social situations. A social story describes a specific situation and attempts to clearly illustrate the individuals and circumstances involved. These stories contain

descriptions (information about the setting, people, actions, and their feelings), directions (statements about appropriate behavioral responses), and perspectives (sentences describing the feelings and reactions of others) (Gutstein, 2002; Marks et al., 1999).

Social autopsies were developed by Richard La Voie to help students understand social mistakes by dissecting the incident through examination and analysis of the cause of the mistake, the damage caused by it, and ways in which to prevent it from happening again. When a social mistake occurs, the student meets with a teacher, counselor, or school psychologist. Together they discuss the situation and develop a plan to help ensure that the error does not occur again (cited in Myles & Simpson, 2001).

Despite the relevance of these strategies in promoting the development of social skills, the generalization of these skills to other contexts can be problematic. Though a child may gain an understanding of how to handle specific situations, he may not be equipped to respond appropriately in new and unfamiliar settings. In addition, since individuals with AD typically demonstrate strong rote memory ability, some may be able to provide appropriate answers to hypothetical social situations with limited opportunity for direct application. Therefore, the use of "role-play and feedback need to be components of instruction" (Barnhill, 2001c). In this sense, psychodrama techniques may be particularly beneficial.

#### *Justification for psychodrama*

Psychodrama techniques may prove to be an effective means of working with deficits related to the "theory of mind". By acting out a particular role or taking the

perspective of specific characters, students with AD can learn to: interpret the emotions, behaviors, and intentions of others, anticipate various courses of actions, and predict social consequences. In an effective conversation, the speaker and listener must adopt each other's perspective so as to judge, for example, whether a particular topic is of interest to the other or not. When taught how to take turns in conversation and when to change topics, children made more responses that were appropriate to the context of the conversation (Chin & Bernard-Opitz, 2000). It is anticipated that with numerous opportunities for psychodrama, students may increase their ability to modulate their own behaviors to match the needs of others as well as the social demands of each situation.

In addition, psychodrama can provide a more natural means of instilling both appropriate verbal communication patterns (i.e., turn-taking in conversations, maintaining focus on a topic, etc.) as well as appropriate nonverbal communication features (i.e., tone, loudness of voice, facial expressions, posture and body gestures, interpersonal distance, and rhythm and timing of speech). The importance of nonverbal communication skills is evident from recent research revealing that only about 7% of the emotional meaning of a message is actually conveyed through words (cited in Barnhill, 2001b). Furthermore, in a study by Barnhill, Cook, Tebbenkamp, and Myles (2002), the direct instruction of nonverbal characteristics through role-playing yielded two positive outcomes. First, some social relationships were developed and maintained over time. Secondly, participants increased their ability to read the nonverbal communication of others and were more vigilant toward the importance of eye contact.

A recurring problem for children with AD is that despite the possibility of accurately identifying the emotions of others, they are often unable to react to them

appropriately in spontaneous, real life situations (Church et al., 2000). In addition, they tend to be impaired in their ability to problem-solve, including generating and selecting optimal solutions to real life problems (Channon et al., 2001). Psychodrama can provide relevant real life contexts in which AD students can practice these skills.

In a study by Bauminger (2002), the intervention involved AD children's close social agents (i.e., parents, teachers, and peers) and focused on improving their social cognition/social problem solving as well as their ability to learn and practice social behaviors such as sharing or cooperating. The following improvements were demonstrated: speech that expresses interest in another, eye contact, relevant social solutions, providing examples of complex emotions, and a reduction in ritualistic or repetitive behaviors. In addition, the children showed an increase in their positive interaction with peers aside from the assigned peer with whom they had practiced the different social tasks (Bauminger, 2002). By incorporating psychodrama techniques, AD individuals can further improve their level of social cognition, experiment with wider ranges of behavioral responses, explore the subtleties of human emotion, and enhance their self-awareness.

### *Psychodrama Techniques*

The techniques of psychodrama appear to be a viable intervention alternative for school counselors working with AD individuals. "Psychodrama is a method for exploring psychological and social problems by having participants enact the relevant events in their lives instead of simply talking about them" (Blatner, 2000, p.1). Psychodrama, first introduced by Moreno (1946), has generated a significant bibliography of comprehensive guides for application. The purpose of the paper is to provide an

introduction to the psychodrama process and techniques and the reader is advised to refer to the numerous outstanding psychodrama sources (e.g., Blatner, 1996, 2000 and Leveton, 1992). Psychodrama involves a variety of techniques that facilitate thinking and communicating about relationships. Psychodrama is an integrative process that includes techniques such as role taking, role reversal, role distancing, improvising, exaggerating, and replaying, that represents a creative but structured process. The practice of shifting perspectives allows individuals with AD to develop the capacity for self-reflection and mental flexibility in social activity. Many social problems are due to a lack of skills in communication, interpersonal problem-solving and social awareness. Direct teaching of these types of skills has been attempted with individuals with AD. As previously mentioned, the various social skill interventions have yet proven to generalize into the real world of the AD individual.

Psychodrama offers a natural and integrative process for the acquisition and practice of psychosocial skills. Many of the basic principles of psychodrama are particularly relevant to individuals with AD. These principles include the use of physical action rather than narrative, the promotion of authentic encounters, the encouragement of spontaneity in activity, and making abstract situations more concrete. These techniques encourage participants to make affirmative statements about their desires, fears, and intentions. Psychodrama techniques focus particular attention to nonverbal cues such as voice tone, inflection, intensity, basing, etc. The principles also encourage the development of empathy through role reversals, as well as providing feedback through techniques such as sociometry. Psychodrama allows the exaggeration of behavioral expressions to explore wider ranges of responses. Thus, some peculiarities

of behavior associated with AD are encouraged and accepted in the psychodrama context.

According to Blatner (1996) many dimensions of personal development may be enhanced through the use of psychodramatic methods (see Appendix B). Psychodrama techniques are tools for thinking and communicating about feelings and relationships that have been used extensively in various forms of individual and group counseling. Therefore, these tools may be used in isolation and not necessarily in the full context of a psychodrama reenactment. However, the essence of psychodrama techniques involves the ideas of spontaneity, imagination and playfulness for developing the capacity of self-reflection.

One of the major differences between traditional school counseling and therapy and psychodrama is the idea of having participants enact the relevant events in their lives instead of simply talking about them. Problems or situations to be explored in a reenactment may involve the recent or distant past, the present or the future. Both the external circumstances and the internal aspects of the situation are brought to the forefront. The psychodrama reenactment should serve as an occasion for increased self-reflection. Psychodrama typically follows an enactment sequence (see Appendix C) and differs from other types of therapy and traditional theatrical drama in that it is meant to be corrective and educational. Another difference between psychodrama and traditional therapy is that instead of the focus of treatment being on a patient and/or client, the focus of attention in psychodrama is on the person called the protagonist. The person facilitating the enactment is called the director. People who help the protagonist as supporting players are called auxiliaries. Other people who are present at the time of

enactment are referred to as the audience. The location for the psychodrama exploration is referred to as the stage, but may be any appropriate working location.

The protagonist is the term for the role of the individual who is seeking to work out problems, gain insight, or to develop an alternative response pattern. Usually the protagonist's experiences or needs become the central focus of the group process. Protagonists take on single or multiple roles, representing not just himself but any other person or thing of significance in the protagonist's life.

The director in psychodrama is the facilitator of the exploratory process. The director is usually the group's leader and may be a teacher, the school counselor, or the school psychologist, etc. Since the director is key in orchestrating the multiple aspects of the enactment, he or she should be appropriately trained with a background in the various techniques. The auxiliaries provide the protagonist the opportunity to interact spontaneously with people who take an active part in the scene that is being reenacted. An auxiliary may be thought of as a "supporting player" in the enactment.

The audience in a psychodrama is not on stage as are the protagonist, the director, and the auxiliaries, but serve as witnesses to the process. The audience is not allowed to share their thoughts about the protagonist's psychological dynamics, but they are told "tell us what there is in your life that responds to the psychodrama you have just witnessed". Whether an audience is used or the size of the audience is the option of the director.

The stage of psychodrama is the place of enactment. It is often helpful to set aside a special area or room where the enactments are conducted rather than it being a location of ongoing group therapy. Since the stage can be a formal or informal place, it

is most important that a space be designated for the experience, regardless of location and/or equipment.

The specific techniques used in the psychodrama process have been integrated into a wide variety of therapeutic modalities. However, several techniques appear particularly useful in working with AD individuals (see Appendix D). These techniques are often less sophisticated and more likely to be an existing skill of the director or facilitator. In addition, various techniques can be utilized within a group therapy (i.e., “Breaking In”, “Double”, “Ego Building”, “Role Reversal”, “Shared Secrets”, etc.) or individual one-one-one counseling context (i.e., “Coaching”, “Empty Chair”, “Monodrama”, “Role Presentation”, “Puppets”, etc.)

Within a group therapy context, membership composition is often based on sharing the same difficulty or issue. In the case of students with AD, however, they may benefit the most from reenacting various situations with non-AD members serving as auxiliaries in the group. Given their impairments in social interaction, psychodrama enactments conducted solely by AD individuals may be less effective in correcting and/or acquiring appropriate social skills. Non-AD auxiliaries may be better able to model desired behaviors, provide their AD peers with authentic, real-life reactions to scenarios, and assist them in generating optimal solutions to social dilemmas. In addition, their feedback and support can enable AD students to readily generalize these skills to other contexts. For non-AD students, their participation can result in enhanced understanding and tolerance for their AD peers.



### Implications for Practice

At present, an ever-increasing number of children are being identified as having Asperger's Disorder (Safran, 2001). Just as important as the increased prevalence of the disability is the fact that school counselors, school psychologists and other educational professionals are quickly discovering the challenges of serving these children effectively. In accordance with Section 504 of the Rehabilitation Act of 1973, students with AD are afforded accommodations as related to their needs (Maag & Katslyannis, 2000). In determining the "least restrictive environment" for most of these students, they usually end up spending the majority, if not all, of their educational hours in the general education setting. Therefore, one challenge lies in training teachers to be sensitive and active in meeting the needs of this distinct population. Furthermore, the placement of AD students in regular education classrooms means that they will share space and experiences with students who are developing and achieving in what is considered a more normal fashion. These non-AD peers can, at times, have limited tolerance for the AD students who fail to understand and follow the often complex and unstated rules of the classroom and school (Myles & Simpson, 2001). One considerable role for school counselors may also involve advocating the importance of tolerance, understanding, and acceptance of individual differences (Jacob & Hartshorne, 2003; Thomas & Grimes, 2002). The use of psychodrama techniques can be instrumental in this endeavor. By encouraging the involvement of both teachers and peers of AD students in the psychodrama process, further understanding and acceptance of AD children may be easily achieved.

School counselors must also keep in mind that there will not be a single effective practice applicable for all children and adolescents with AD. Students with this complex disorder have needs that can be addressed effectively only when trained professionals apply a variety of appropriate research-based interventions in an individualized manner (Myles & Simpson, 2001). Not only must these methods address the multiple domains (social, behavioral, and academic) related to AD (Jacob & Hartshorne, 2003; Thomas & Grimes, 2002), they should also promote generalization in other contexts, and involve real-life application. It is only through these practices that we can endeavor to meet the needs of these very special children, and in so doing, ensure their success at school, at home, and in life.

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## Appendix A

*DSM-IV-TR Diagnostic Criteria for Asperger Disorder*

- A. Qualitative impairment in social interaction, as shown by a minimum of two of the following:
1. Significant impairment in use of nonverbal behavior, such as social interaction gestures, facial expressions, eye-to-eye contact, and body postures.
  2. Inability to form and maintain developmentally appropriate relationships with peers.
  3. Failure to spontaneously seek out others for interactions, such as by sharing interests, achievements, and so forth.
  4. Difficulty with social or emotional reciprocity.
- B. Repetitive and restricted stereotyped patterns of behavior, activities, and interests, as shown by at least one of the following:
1. Significant preoccupation with one or more stereotyped and restricted interests whose focus or intensity makes it abnormal.
  2. Significant manifestation of nonfunctional routines or inflexible adherence to rituals.
  3. Repetitive and stereotyped motor movements, such as complex whole-body movements, or hand or finger flapping or twisting.
  4. Significant and persistent preoccupation with parts of objects.
- C. Clinically significant social, occupational, or other functioning impairment.
- D. Absence of a clinically significant general language delay.

- E. Absence of a clinically significant delay in cognitive development or in development of age-appropriate adaptive behavior (other than social interaction), self-help skills, and childhood curiosity about the environment.
- F. Failure to meet diagnostic criteria for schizophrenia, or for other types of pervasive developmental disorders.

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## Appendix B

### *Dimensions of Personal Development that May be Enhanced Through the Use of Psychodramatic Methods*

#### A. Self-awareness

1. Clarification of inner feelings, goals, strengths, weaknesses, needs, fears
2. Growth of a wider role repertoire, more realistic body image, awareness of one's own interpersonal style, habitual responses
3. Sense of responsibility and ego boundaries strengthened

#### B. Interpersonal skills

1. Greater capacity for trust, autonomy, initiative, self-disclosure, self-assertion
2. Increased awareness of other people's weaknesses, fears, needs, temperamental differences
3. Knowledge of some common interactional and semantic communication difficulties; ability to express oneself congruently and clearly
4. The ability to listen, empathize, with less distortion

#### C. Value systems

1. Philosophy of life, some idea about the meaning of one's own death, significance of life, relations with spiritual concerns, engagement in nonrational experiences, meditation

#### D. Spontaneity

1. Playfulness, improvisation, participation in art, song, dance, drama, humor, wonder

#### E. Sensory-awakening

1. Body movement, sense of rhythm, points of balance, appropriate use of touch and sensuality

F. Imagination

1. Cultivation of skills in using associations, dreams, symbols, images, guided fantasy, intuition, storytelling in personal growth

Adapted from Blatner, A. (1996). *Acting-In: Practical applications of psychodramatic methods* (3<sup>rd</sup> ed.). New York: Springer Publishing.

## Appendix C

### *An Outlined Description of a Typical Psychodramatic Enactment*

#### A. The Warm-up

1. The director warms herself up.
2. The group discusses goals, roles, time arrangements, etc.
3. Getting acquainted; exercises are used that introduce group members to each other.
4. The director leads the group in exercises that build group cohesion and spontaneity.
5. A theme of common interest to the group or to the individual emerges.
6. One of the group members is selected to be the protagonist, who will enact his own or the group's issue.

#### B. The Action

1. The director brings the protagonist to the stage, where the problem is briefly discussed.
2. The conflict is redefined in terms of a concrete example – one that could be enacted.
3. The director helps the protagonist to describe the setting in which a specific action occurs, thus "setting the stage."
4. The protagonist is instructed to play the scene as if it were occurring in the "here and now."

5. The director has other members of the group play the parts of other significant figures in the protagonist's drama – these people then become the auxiliary egos.
6. The opening scene is portrayed.
7. The director helps the auxiliary egos learn their roles by having the protagonist change parts with them (reverse roles).
8. The scene continues with the director introducing other psychodramatic techniques that function to elaborate on the feelings being expressed.
9. As the enactment unfolds, the director uses a variety of other techniques in order to explore different facets of the protagonist's experience.

#### C. Working Through

1. The protagonist is helped to develop other adaptive attitudinal and behavioral responses to his situation – this is called working through.
2. Repeat role-playing of the conflict, with the protagonist trying a different approach with each attempt.
3. Modeling by other group members, to show how they would deal with the problem.
4. Role reversal between the protagonist and his auxiliary egos – the other figures in his enactment – so that the protagonist can discover what behaviors might achieve the desired effect.

#### D. Closure

1. Following the main action, the director helps the protagonist to receive some supportive feedback from the other group members (audience).

2. The director encourages the group members to share with the protagonist their personal feelings related to the enactment.
3. The director may proceed to use a variety of supportive psychodramatic techniques.
4. Further discussion by the group follows.
5. Finally, the director moves toward terminating the experience by using a variety of closing techniques.

Adapted from Blatner, A. (2000). *Foundations of psychodrama* (4<sup>th</sup> ed.). New York: Springer Publishing.

## Appendix 4

*Selected Psychodrama Techniques for Asperger's Disorder*

Warm-up: A wide variety of techniques can be used to develop group cohesion, focus a group on its tasks, or create a special atmosphere. Warm-ups are a standard part of psychodrama and group therapy techniques.

Advice Giving: The protagonist gives advice to an imagined significant other (e.g., a parent, a peer, a teacher) played by an auxiliary or in an empty chair.

Amplification: The protagonist's softly spoken words are repeated loudly by a double or by the director. Or, the protagonist is encouraged to repeat with greater intensity any words softly spoken to give more feeling to an idea.

Behind the Back: The protagonist goes to a corner of the room and turns away from the auxiliary. The auxiliary proceeds to discuss him as if he was not there.

Breaking In: Protagonists portray their efforts to cope with feelings of isolation by trying to forcibly but not violently enter a circle of 6 to 8 auxiliary members who are facing inward and holding their arms together.

Coaching: The director coaches the protagonist in variations of body posture, pitching of voice, role definition, etc.

Cutting the Action: The enactment process is stopped whenever the director sees the participants who are out of role, blocked, or unable to continue. The phrase "freeze" may be used to indicate a need for minor adjustment with the participants holding their emotional positions and resuming as if nothing had interrupted them.

**Dance and Movement:** The protagonist may be encouraged or permitted to move nonverbally in a scene in order to express emotion more fully.

**De-roling:** Auxiliaries or protagonists who are finishing an enactment are encouraged to disidentify themselves from the role being played. This is done by engaging in some sort of dramatic symbolic gesture such as brushing oneself off, or by a verbal statement.

**Directed Dialogue:** This involves pairing up as a dyad with each person being given one or two phrases that may be said repeatedly with freedom to express individual variations in voice tone, gestures, etc.

**Double:** The protagonist is joined by an auxiliary, whose role is to act as a support in presenting the protagonist's positions or feelings. The double generally stands aside and at a slight angle to the protagonist, to create a sense of an empathic bond or united front, in helping the protagonist to communicate ideas and feelings.

**Ego Building:** An honest discussion of the protagonist is carried on by the auxiliary while the protagonist quietly faces the group and listens. The auxiliary focuses only on the positive qualities.

**Empty Chair:** An empty chair represents another person that would play a complimentary role in the protagonist's enactment. This often allows for more spontaneous expression of emotions and ideas.

**Future Projection:** A specific scene in the future is elaborated on and may include the most hoped for outcomes, the most feared events, exaggerated reactions, etc.

**Goodbye Scenes:** These are parts of the enactment that are used to complete unfinished business to process significant events and to bring closure.

**Idealizations:** A protagonist may portray his ideal self in a scene, and this role may also be used for dialogue with other parts of his or her identity. The ideal other, such as a peer, parent, or sibling, may also be created using a real or imagined experience.

**Identity:** The protagonist chooses two auxiliaries, one to represent himself and the other to represent his "negative identity", or that aspect of the protagonist that is disliked or unfulfilled.

**Judgment Scene:** The protagonist presents a conflict in terms of a courtroom scene. The roles of defendant, prosecutor, judge, jury, defense attorney, and others often have symbolic significance.

**Letter:** The protagonist writes an imaginary letter to or reads one from a significant other. This technique can be used as a warm-up, allowing an individual to prepare himself prior to the psychodrama encounter and reenactment. It may also be used as a closure item if obtaining resolution. In this sense the protagonist puts into a letter acknowledgement to another person and their impact upon the protagonist's life.

**Magic Shop:** One at a time, group members bargain with a "shopkeeper" who can grant their fondest desire. The shopkeeper often has magical abilities and is able to grant wishes.

**Mirror:** The protagonist stands back and watches while the role he or she has just portrayed is replayed by an auxiliary. This serves as a video tape-like function



without the equipment. It is a powerful confrontational technique and should be used with discretion. The protagonist must not be criticized.

**Monodrama:** The protagonist plays all the parts of the enactment. The advantage is that the protagonist viewpoint is fully represented and the reenactment requires no auxiliaries. Monodrama is often used in individual therapy and is often used with the empty chair technique.

**Nonverbal Techniques:** During psychodrama, dance, music, pantomime, touch, and other methods of nonverbal communication are used as powerful vehicles for getting beyond self-consciousness and defensiveness.

**Personification:** Things or concepts may be portrayed in roles as if they had feelings and thoughts. The protagonist's possessions may be represented in the projections of the protagonist's mind and inner state. Body parts or physiological states, such as a headache or a leg ache, may also be imagined to have intentions or feelings.

**Photograph Warm-up:** The director invites group members to remember and/or to provide a photograph of some aspect of their past life that seems significant. The protagonist projects himself into the photo scene, exploring the important aspects it represents.

**Puppets:** Puppets may be used as aids in warming up a group. A protagonist may work with the puppets as a way of seeing some of the elements of a situation. This is often helpful when children are participating in the enactment.

**Remote Control:** The director gives the protagonist an invisible or actual device as a prop to push a button and call out commands such as "mute", "pause", "rewind",

"fast forward", or "volume". Remote control is used as a prop along with the techniques of cutting the action, replay, future projection, and amplification.

**Replay:** Scenes may be reenacted with changes and modifications in order to experience a different ending, a more effective interpersonal strategy, and a specific outcome.

**Role Presentation:** Inanimate objects can be psychologically real in psychodrama.

Protagonists may present any role using an inanimate object in order to directly represent the perception of the individual.

**Role Reversal:** The major participants in an enactment change roles. Role reversal is indicated when it is appropriate for the protagonist to empathize with another person's viewpoint.

**Role Taking:** Role taking is the act of taking on a role that is not usually a part of one's ordinary life. In this process, spontaneity is emphasized.

**Self-presentation:** A protagonist presents his home, work place, or school setting, along with the portrayal of relevant people in that social setting. He shows how people behave in what is said and not said and using very basic dramatic techniques portrays his own view of the world.

**Shared Secrets:** Each group member writes a secret on a piece of paper and puts it into a container mixed with those of everyone else. Then the secrets are picked out randomly and are read and elaborated on. This is often a useful warm-up technique to build group cohesion.

**Silent Auxiliary:** Activities are suggested by gesture rather than speech, similar to pantomime. This allows for a group member who is not able to think of anything to say to participate in the enactment.

**Soliloquy:** The protagonist shares with the audience the feelings and thoughts that would normally be kept hidden or suppressed. A scene is enacted while engaging in a solitary activity such as walking home, attending to hygiene, etc. The soliloquy might involve giving oneself advice, words to bolster courage, viewing an experience, or giving self-criticism.

**Substitute Role:** Protagonists who are unwilling to portray themselves may be willing to enact a role of someone else who has similar circumstances. For example, a ridiculed teenager.

**Symbolic Distance:** The protagonist enacts a role that is somewhat different from his or her own life circumstances. Then the protagonist is gradually led toward the real life situation. This technique may be used in combination with a story line from a book or a movie.

**Telephone:** The use of this prop encourages spontaneity and interaction. The participants may make and receive calls without any type of repercussions.

**Touching:** Some reenactments involve a degree of body contact such as an arm and a shoulder, a handshake, a push or a pull. Nonverbal modes of communication are powerful tools that can be employed with subtlety or exaggeration.

**Voluntary Double:** Members of the audience are permitted to enter as doubles when they believe they are identifying deeply with the protagonist and can facilitate the

creative process. The double may remain in the action or may fade out as soon as an appropriate contribution has been made.

Adapted from Blatner, A. (2000). Foundations of psychodrama, 4th edition. New York: Springer Publishing.

### Biographical Statements

Samira Munir has a master's degree in Curriculum and Instruction from Loyola University-Chicago and recently earned her master's degree in School Psychology from Texas State University-San Marcos. She completed her school psychology internship at the Round Rock Independent School District. In addition to her duties as a school psychologist, Ms. Munir also serves on the school district's autism assessment team. Prior to working as a school psychologist, Ms. Munir was employed as an elementary school teacher and mental health counselor. Her research interests include autism/Asperger's Disorder, neuropsychology, and child development.

Edward J. Scholwinski received his Ph.D. in School Psychology from Texas A&M University and his M.Ed. in School Psychology and B.S. in Education from Southwest Texas State University. He is currently an Associate Professor in the NASP-approved School Psychology program at Texas State University-San Marcos. Dr. Scholwinski has an extensive clinical, counseling, and school psychology background and is president and founder of the School and Family Institute in San Marcos, Texas where he maintains a private practice as a licensed psychologist and educational consultant. He is actively involved in research and consultation for children with emotional and behavioral difficulties, with particular interest in the areas of ADHD and Autism/PDD. Dr. Scholwinski is also a past-president of the Texas Association of School Psychologists.

Jon Lasser is an assistant professor in the School Psychology Program at Texas State University-San Marcos. He has a master's degree in Human Sexuality Education from

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