

## **Group Therapy for Boys with Features of Asperger Syndrome and Concurrent Learning Disabilities: Finding a Peer Group**

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*In this paper, we present a pilot group therapy model with modifications, for boys who meet the criteria of Asperger Syndrome as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association, 1994), and who have concurrent learning disabilities. It is recognized that learning disabilities are often a feature of Asperger Syndrome. Children and adolescents with learning disabilities are vulnerable to experiencing social and emotional problems, in particular difficulties with peers. The social functioning of children and adolescents who have Asperger Syndrome is greatly impeded, although they are motivated to have social contact and to make friends. This paper describes how elements of interpersonal group therapy were combined with modifications, which address the unique social and cognitive profiles of the boys in this group. Case examples are provided to illustrate the group model. The group members and their parents were interviewed after the group and two years later, to obtain their views of the group. Their responses are presented.*

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**KEY WORDS:** group therapy; learning disabilities; Asperger Syndrome; peer interaction.

### **INTRODUCTION**

Much has been written about the difficulties in categorizing and diagnosing individuals with Asperger Syndrome (Klin, 1996; Szatmari, 1991;

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Szatmari, Bartolucci, & Bremner, 1989; Wing, 1981). However, there is a paucity of literature about understanding and treating the social and emotional difficulties associated with this disorder (Szatmari, 1991).

This paper describes a group treatment model for boys who meet the criteria for Asperger Syndrome as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV; American Psychiatric Association, 1994), and who have concurrent learning disabilities. It is recognized that learning disabilities are often a feature of Asperger Syndrome (Klin, Sparrow, Volkmar, Cicchetti & Rourke, 1995; Szatmari, 1991). Researchers are in the process of examining the relationship between Asperger Syndrome and learning disabilities (Klin et al., 1995).

The group took place in a social service agency that serves children and adolescents with learning disabilities and psychosocial problems. Clients receive a range of services including individual, family and group therapy.

## LITERATURE REVIEW

There is agreement in the literature that peer relations contribute to children's emotional and social development. Maintaining peer relationships is considered a crucial developmental task (Grunebaum & Solomon, 1980, 1982, 1987).

According to the DSM-IV, Pervasive Developmental Disorder is characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, and the presence of stereotyped behaviour, interests, and activities. Pervasive Developmental Disorder subsumes Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger Syndrome, and Pervasive Developmental Disorder Not Otherwise Specified.

In addition to the clinical features of Pervasive Developmental Disorder, individuals with Asperger Syndrome meet the following criteria: they 1) are not clinically significantly delayed in language, 2) are not clinically significantly delayed in cognitive development, self-help skills, or adaptive behavior (other than social interaction), and 3) exhibit curiosity about their environment (DSM-IV) (see Table 1).

In 1943, Leo Kanner first described a syndrome termed early infantile Autism (Frith, 1991; Klin, 1996). Unaware of Kanner's work, in 1944 Hans Asperger published a paper in which he described a pattern of behaviour which he labelled Autistic psychopathy (Frith, 1991; Klin, 1996). Several authors (Klin, 1996; Szatmari, 1991; Szatmari et al., 1989; Wing, 1981) discuss the similarities and differences between Autism and Asperger Syndrome, and describe the controversy regarding whether they are two

**Table 1. DSM-IV Diagnostic Criteria for Asperger Disorder**

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- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
- (1) marked impairment in the use of multiple nonverbal behaviours 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) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
  - (4) lack of social or emotional reciprocity.
- B. Restricted repetitive and stereotyped patterns of behaviour, 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
  - (2) apparently inflexible adherence to specific, nonfunctional routines or rituals
  - (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
- 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 years).
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia. (DSM-IV; American Psychiatric Association, 1994).
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syndromes, or whether Asperger Syndrome is a milder form of Autism. Asperger Disorder was first included as a distinct diagnostic category in the DSM-IV, although the definition is provisional (Klin, 1996).

Children and adolescents with Asperger Syndrome present with features and impairments that are particularly detrimental to social interactions. They are reported to annoy others, particularly peers. They are observed to look “different” and relate differently. They tend to either ignore others or invade others’ space (Szatmari et al., 1989; Wing, 1981).

Klin et al. (1995) write that “similar diagnostic concepts originating from adult psychiatry, neuropsychology, neurology, and other disciplines share, to a great degree, the phenomenological aspects of AS” (p. 96). Specifically, he summarizes accounts of individuals with social learning disabilities reported by Denckla and Voeller, and research on individuals with Nonverbal Learning Disabilities, reported by Rourke. Klin et al. (1995) de-

scribe a study which found that the neuropsychological features of Asperger Syndrome and High Functioning Autism differed significantly. Findings of that study suggested that there was, however, a high level of correspondence between the neuropsychological profiles of Asperger Syndrome and Non-verbal Learning Disabilities. Klin et al. (1995) write that the "neurocognitive patterns obtained in AS appear to follow very closely the cluster of neuropsychological assets and disabilities defining the concept of NLD" (p. 107).

It is clear that the social functioning of children and adolescents who have Asperger Syndrome is greatly impeded (Szatmari, 1991; Klin, 1996). Their social problems frequently lead to frustration and discouragement (Bauer, 1996). Bauer (1996) notes that teachers and other adults may misunderstand these children and adolescents' behaviour. Psychosocial problems are frequently attributed to emotional or motivational factors. This misunderstanding may further escalate emotional or behavioural difficulties.

Nevertheless, it is emphasized in the literature that despite their presentation, children and adolescents with Asperger Syndrome are motivated to have social contact and to make friends (Bauer, 1996; Klin, 1996; Marriage, Gordon, & Brand, 1995; Wing, 1981). Wing (1981) observes that adolescents with Asperger Syndrome may become particularly sensitive to criticism, due to their growing awareness of their differences from other people. Some authors (Klin, 1996; Szatmari, 1991) write that individuals with Asperger Syndrome are at risk of becoming despondent and depressed, "as a result of their increasing awareness of personal inadequacy in social situations, and repeated experiences of failure in social situations" (Klin, 1996, p. 16).

### GROUP THERAPY

Despite the consensus that group psychotherapy with adolescents is indicated, it is not widely practised nor reported widely in the literature (Scheidlinger, 1985; Siepker, 1985). The literature outlines potential benefits of group therapy for children and adolescents (MacLennan & Felsenfeld, 1968; Scheidlinger & Aronson, 1991) indicating that it helps peers assist and challenge one another, and provides a miniature real life situation (Berkowitz & Sugar, 1986) from which to learn about and change behaviour. Groups improve socialization skills, decrease the sense of isolation, and build self-esteem through feeling accepted and helping others.

There is a lack of literature describing models of intervention for children and adolescents with Asperger Syndrome. Much of the literature focuses on group interventions with individuals identified as high functioning Autistic (Marriage et al., 1995; Roeyers, 1996). Szatmari (1991) recommends

social skills training as an intervention with older children or adolescents diagnosed with Asperger Syndrome, to observe and change social interactions through teaching. Of two articles found on group interventions for children with Pervasive Developmental Syndrome, one describes a structured social skills group for boys with Asperger Syndrome. In this study, group members all made gains in self confidence and acquisition of some concrete social skills. However, the skills learned in this structured social skills group did not generalize to home, school or community (Marriage et al., 1995). A second article describes a program in which 48 dyads were formed, composed of one child with a Pervasive Developmental Disorder and one non-handicapped child (Roeyers, 1996). While the PDD children developed positive and appropriate social behaviours within the dyads, they were unable to demonstrate effective social interactions outside of the dyads.

Mishna, Kaiman, Little and Tarshis (1994), and Mishna (1996a, b) write that with modifications in place, required due to cognitive deficits and discrepancies, adolescents who have learning disabilities meet the criteria for group therapy (Rutan & Stone, 1984). It is hypothesized that with modifications, children and adolescents with traits of Asperger Syndrome and concurrent learning disabilities similarly fit the criteria for group therapy. Children and adolescents with Asperger Syndrome have difficulty interacting effectively with peers (Bauer, 1996), which leaves them feeling frustrated, prone to depression and other mood disorders, socially isolated and without a peer group (Bauer, 1996).

### **RATIONALE FOR THE GROUP**

In recent years, a number of children and adolescents who meet both the criteria for Asperger Syndrome and for learning disabilities, have participated in the group therapy offered by our agency, which serves children and adolescents with learning disabilities and social/emotional problems. When included in group therapy with children or adolescents who had learning disabilities but did not meet the criteria for Asperger Syndrome, the other group members had a particularly difficult time tolerating the children and adolescents who exhibited traits of Asperger Syndrome. The latter tended to appear preoccupied with their idiosyncratic interests or topics, transportation for example, and thus did not seem to listen to others. These behaviours irritated the other group members, who were then inclined to either ignore or overtly reject the group member with features of Asperger Syndrome. Their experience of being ignored or rejected in the group interfered with the ability of the children and adolescents with

traits of Asperger Syndrome to properly benefit from group therapy. Rather, they re-experienced the rejection they suffered in the community.

In their discussion about group therapy for individuals with learning disabilities, Brown, Hedlinger, and Mieling (1995) recommend utilizing a homogeneous group composition. The objective is to provide leaders with the leverage to encourage group members to discuss and examine their learning disabilities and how the learning disabilities affect the members socially. They write that despite the various types and combinations of learning disabilities, "their homogeneous nature provides a specific culture on which the group process may be built. Identifying one's disability to the group and how it affects one educationally, socially, and emotionally, provides a culture and framework in which the group may grow" (pp. 99-100).

It was evident that the children and adolescents who presented with features of Asperger Syndrome who participated in the agency's groups, were motivated to have social contact. We recognized that the lack of positive peer connection made them vulnerable to becoming sad, lonely or depressed. Therefore, it was decided to offer a homogeneous group consisting of children and adolescents with both traits of Asperger Syndrome and learning disabilities. The rationale was to provide an experience in which these children and adolescents could be with a peer group with whom they could interact and share problems and experiences.

### GROUP THERAPY MODEL

We will describe how elements of interpersonal group therapy were combined with modifications, which address the unique social and cognitive profiles of the boys in this group. Many of these adaptations are those used by the agency in groups for children and adolescents with learning disabilities (Mishna, 1996a, b; Mishna et al., 1994). Additional accommodations addressed the specific social deficits and difficulties of the boys in the group described in this paper.

The group therapy model used in the agency is described as interpersonal group therapy. According to interpersonal group theory (Yalom, 1975), the key therapeutic factor occurs through the interactions that take place among the group members, in the group. It is thought that through repeated interactions within the group, the members learn about their interpersonal responses and perceptions that elicit negative reactions from others.

Mishna et al. (1994), and Mishna (1996a, b) explain that leaders use techniques which take the group members' learning disabilities into account. Techniques to promote the group process include clarifying verbal

and nonverbal messages, monitoring discussions so that members follow, and encouraging interactions in which group members talk to and acknowledge one another.

In this model of group therapy, leaders assume a role in which they encourage the members to raise issues, and facilitate interaction. The group members make decisions regarding matters such as where they sit and what they discuss. Leaders examine interactions in the group, as well as the ways that members respond to and deal with each other (Stone, 1992). A group member might raise an issue or initiate conversation. If group members do not take this initiative, the leaders facilitate discussion. The nature of their facilitation varies according to the type of group. For example, the leaders might comment on the silence, ask if members have issues to discuss, or refer to an issue from the previous week. Each group session concludes with a "wrap-up," in which the group members and leaders comment on their responses to the particular group session.

The leaders' interventions and understanding of the interactions within the group are guided by the assumption that feeling understood is needed for self development. The groups frequently deal with 'silly' or 'inappropriate behaviours,' which are exacerbated by the children and adolescents' learning disabilities. Peculiar and distancing behaviours are viewed as ways in which the group members regulate themselves, in anticipation or response to feeling rejected, misunderstood or disappointed. Rather than directly teach 'appropriate' behaviour or skills, the leaders try to understand and interpret the children and adolescents' behaviour in relation to their interactions in the group. The leaders help group members to express their needs and to support and challenge one another.

### DESCRIPTION OF GROUP

The group ran for 9 weekly one-hour sessions, and was co-led by two females. Participants were six boys between the ages of ten and thirteen. The group was homogeneous in that all of the group members were diagnosed with learning disabilities and presented with features of Asperger Syndrome, and all had average cognitive reasoning. Five group members were identified as having nonverbal learning disabilities and had cognitive profiles in which there was at least a twenty point discrepancy between their Verbal and Nonverbal IQ scores, in favour of Verbal. The sixth group member was diagnosed with a language learning disability. Five boys had been diagnosed with Pervasive Developmental Disorders. These boys presented with a profile similar to that described by Klin, Volkmar, Sparrow, Cicchetti, & Rourke (1995), who write that the "phenomenological simi-

larities between AS and NLD suggest the use of the NLD profile as a neuropsychological model of AS" (p. 1130). All of the group members displayed features of Asperger Syndrome related to impairment in social interaction, and restricted, repetitive and stereotyped patterns of behaviour, interests, and activities (DSM-IV). For example, three group members were preoccupied with the city's public transportation system, and wanted to use the group to discuss transportation. Five group members attended public school; three were in regular classes with resource support and two were in special education classes with integration. One boy attended a small private school for children with learning problems. The group members were from middle class families, five of which were two parent and one was a single parent.

At the outset, the group members all expressed a desire to have help with their social difficulties. For example, they stated that they wanted to be with others who had similar interests and who wouldn't tease and victimize them, and said that they never found people who were like themselves. During the first session, the members identified the reasons they were in the group (see Table 2). Previous group experiences suggested that these boys' idiosyncratic interests, for example their preoccupation with transportation, interfered socially and singled them out. The boys all had a history of being teased or physically hurt by peers. This group offered a unique opportunity in which the boys' interests actually allowed them to share commonalities with other group members.

Throughout the group, the boys fluctuated between engaging and disengaging with peers. For example, one boy alternated between wandering around the periphery of the group singing opera, and moving in very closely to others, to the point of needing to be directed to allow others more physical space. Another boy oscillated between watching himself in the mirror as he danced and gyrated, and commanding that the "train people" (i.e., group members interested in transportation) declare themselves. One boy demonstrated more ability than the others to observe and comment on the

**Table 2.** The Group Members' Reasons for Being in the Group

1.	Because we have learning disabilities
2.	To talk about problems at school
3.	Talk about TTC (Toronto Transit Commission)
4.	Talk about GO Transit (Government of Ontario)
5.	Talk about Via Rail
6.	Means of transportation
7.	Movies
8.	Music

group process and demanded to know of the others why they acted in particular ways. None of the boys made eye contact, and all demonstrated a poor sense of space. For example, boys often sat on one another, with no sign of noticing. Consequently, the leaders needed to actively monitor and redirect the boys, for example, to move apart.

At times, group members appeared withdrawn and “in their own worlds.” However, it was notable that in the midst of what appeared to be six individuals moving around, they were involved with each other, the leaders and the group process. This involvement is illustrated by their interactions when the group played “Charades.” Some group members appeared not to be attentive, illustrated by turning away or by focussing on their own idiosyncratic gestures and behaviours. However, these same group members provided responses to the “Charade” items, which indicated that they had, in fact, been paying attention.

### GROUP PROCESS

In the first session of the present group, the leaders identified that the group members shared common issues, such as learning disabilities and problems making and keeping friends. They reviewed the group’s purpose, which was to help the group members improve their ability to socialize with peers.

The leaders outlined the rules protecting confidentiality and prohibiting violence, which are the agency’s standard group rules. The group members expressed the need for other, more specific rules and began compiling a list. These rules were posted in the room, and throughout the sessions, various group members regularly reminded the group about these rules. The rules generated by the group were related to behaviours the boys exhibited, which irritate others and get them into social difficulty. For example, the rules included “no touching, no profanity, no screaming, no belching, no name calling.” The group members added new rules as issues emerged throughout the group.

An important and unique component of the leaders’ roles was their flexibility within the group structure. For example, the group members generally wandered around the room and carried on more than one conversation, whereas typically in group therapy, one group conversation is encouraged. The group sometimes consisted of two distinct conversations, with one leader participating in each, whereas at other times, the group held a single discussion. Throughout each group session, the members moved back and forth between these two forms of group discussion. Social and verbal interaction is particularly difficult for these boys. Due to their

limitations in social situations, it was very difficult for the group members to sustain interaction with the entire group. Thus, at times it was necessary to modify the goal of whole-group interaction and for example, allow sub-group discussions.

It was essential that the leaders monitor the boys to observe activities in which they perseverated, to determine when the boys were becoming either overly withdrawn or overstimulated. The leaders did not typically curtail these behaviours. Rather, they pointed them out to the boys, made suggestions about what may have triggered them, and offered directions about behaviours to help a withdrawn member rejoin the group or an overstimulated member to calm down. For example, one boy faced the one-way mirror during initial groups and subsequently began to dance, gyrate and focus only on his reflection in the mirror, to the exclusion of the group. The leaders suggested that perhaps this behaviour was related to his uncertainty about how to act in a new group. The boy was then able to talk about his nervousness and desire to fit into the group. The boy indicated that he wanted to stop the behaviour, at which time the leaders suggested that he sit turned away from the mirror. This strategy was effective, because the boy stopped the behaviour and participated in the group.

It was important that the leaders “match” the group members’ noise level in order to engage their attention, and to provide direction for the group members. For example, the leaders spoke very loudly if necessary, to be heard. When they did this, the boys were able to listen.

Leaders actively directed group members to listen to each other, and were vigilant and active in curtailing problematic behaviours, such as invading others’ physical space. This intervention entailed the leaders moving around the room and actively intervening. During their interventions, the leaders consistently referred to the rules the boys had compiled related to physical space. The leaders suggested that the group members had made these rules for themselves, because they recognized that they needed the leaders’ help with problematic behaviours.

The issue of stimulation is significant for this population. As young adolescents, they are experiencing puberty. In the group, a striking example of these boys’ difficulty modulating their level of arousal was their difficulty managing their sexual arousal. This difficulty may place them at risk for acting in socially inappropriate ways in the community.

During many group sessions, all the boys displayed behaviours that indicated they were overly stimulated. Due to their lack of social judgement or inhibition, these boys did not curb their arousal. For example, one boy began to dance in a sexualized way, another boy clearly appeared sexually aroused and another boy began to twirl kleenex tissues into the shape of a sword. The leaders responded in two ways. First, they identified the be-

haviours and suggested that the group member may have been reacting to something in the group, and second, they helped the group member find a way to deal with it, for example through taking some time away from the others or putting away the sword. Group members were encouraged to give each other feedback and to discuss what led to their actions. Over the course of the group, the leaders articulated their understanding of the group members' behaviours. As the group progressed, the group members increased their own ability to verbally express the feelings associated with certain behaviours.

Although verbal communication was terribly difficult for these group members, they were increasingly able to talk with one another and give each other feedback, to listen, and to acknowledge what group members and leaders said. For example, one boy who wanted to talk about being bullied reminded another group member that in an earlier group he had talked about being bullied. They showed some ability to reflect on their behaviour and on what may have occurred in the group to have triggered it. For example, a group member asked one boy why he twirled the kleenex, to which the boy responded that the twirling helped him to focus. Participants appeared to understand this boy's need to protect himself from the noise and distraction within the group. In subsequent sessions, the leaders reminded the group that this boy had a difficult time with noise, and the group tried to accommodate.

The group members discussed their interests, behaviours, and told each other about horrifying experiences with peers at school. With the leaders' encouragement, the group members gave each other feedback about the ways that their behaviours caused problems. We believe that the safety and acceptance these boys began to experience within the group allowed them to listen to the feedback. For example, because one boy drank most of the pop during break, another boy did not receive his portion. With the leaders' help, the latter boy told the group that he felt left out because he didn't get more pop. He asked the group to, in the future, "be kind enough to save some pop for me." During the wrap-up, the boy who drank most of the pop stated that he felt embarrassed and bad for leaving out others.

#### **SUMMARY OF SESSIONS REPRESENTING MIDDLE AND CLOSING PHASES OF THE GROUP**

The following are summaries of two sessions, one during the middle phase and one at the closing phase of the group.

### Summary of Group Session during Middle Phase

For the most part during this meeting, the boys sat quite quietly, talking and listening to each other. One boy, Nick, had what he called a “bladeblaster,” a long thin item he had made by rolling up kleenex and paper towels. This boy was quite focused on his “bladeblaster,” twirling it in circles and in up and down movements, in front of his face.

One of the group leaders said that at the end of the previous meeting, some of the group members said they wanted to talk about problems they had at school. One of the group members exclaimed “No!” A leader said that people didn’t have to talk if they didn’t want to. Another boy said “just not *that* topic.” One of the leaders commented that it was really hard to talk about problems. She added that the boys had included problems at school in their list of reasons they were coming to the group.

One boy said to Nick, the boy focused on his bladeblaster: “Didn’t you tell us you would try not to wave your bladeblaster?” Nick clearly heard this question as indicated by him looking up and sitting back. After a moment, one of the leaders gently asked Nick if he was going to answer. He responded by saying “yes” and putting down his “bladeblaster.” The leader encouraged Nick to answer with words. Another boy said it was the first time he had seen Nick without the bladeblaster and said he thought that it was better. The leaders asked why it was better, which various group members answered. For example, one boy said, “so he can pay attention,” and another said “so he can socialize more with us.” Nick was clearly listening. It was evident that he was trying hard to refrain from using his bladeblaster: for example, first he turned to his side, picked up the bladeblaster, held and waved it for a moment and then put it down; later, he rocked back and forth for a moment.

One of the leaders noted that they were talking about the thing that Nick focused on (his “bladeblaster”), and that what the group members had in common was that they all had different things they focused on or did that made them stand out with other kids at school. The boys all agreed.

During the wrap-up, one boy said that he didn’t have any friends and told the group how badly he was treated. He added that he wasn’t making it up, to which a leader said she knew he wasn’t making it up and that it was important to the boy to have the others believe him. The leaders said to the group that next week they should talk more about some of those problems.

### Summary of Group During Closing Phase of the Group

This session began with the boys talking and laughing and saying the word “feeling.” (In previous sessions, one of the issues that had emerged

and had been talked about was one boy's difficulty when others used the word "feeling.") During this session, the boy with the difficulty and another chanted the word—"feeling, feeling, feeling." One of the group leaders commented to them that they often focused on one thing and today they were focusing on the word "feeling."

Another group member said "Hey, don't we just have one more meeting?" to which another boy said, "that hurts my *feelings*." He placed emphasis on the word "feelings" to capture the humour. The boy who raised the topic of the group ending pulled out a toy character he had with him and pointed how the terminator was crushed, was terminated.

*It is important to point out that throughout the session, there was a tremendous amount of noise—boys laughing, speaking really loudly and constantly moving around, burping, spilling pop, continually interrupting one another, all which produced a sense of chaos in the group. Despite this, there was clearly a coherent discussion-taking place.*

For a few minutes, the boys discussed what they wanted to do during the last session. For example, one boy said that he would bring his Michael Jackson tapes, to which another boy responded that he didn't like Michael Jackson because of how he moved. While this discussion was taking place, one of the boys jumped around and touched another boy, who firmly reminded the first boy about the rule, saying "no touching, no touching." The other boy backed away and immediately apologized. He added that the other boy must have been feeling angry (emphasis on the word "feeling").

All of the group members began to chant "*feelings, feelings, feelings*," clearly enjoying themselves. One boy commented that the terminator was getting sad. Two other boys added that they didn't feel so good. One of the group leaders commented on the boys feeling sad because of the group ending.

*Although neither leader picked up on the boys' words, the fact that the character was named the "terminator" and was being "terminated" is noteworthy.*

One group leader reminded the group members that during the last session they had said that after the group ended they would not have anything to do on the evenings during which they went to group. As soon as the group leader made this comment, one of the boys began to cry in a mocking way: "wa wa wa wa," and another boy said "that hurts my *feelings*" in a joking way. A group leader commented that the boys smiled when they said that they felt hurt, but again reminded them of what they said the week before about the group ending. During the wrap-up one of the boys kept saying "wa wa wa wa."

### GROUP MEMBERS' AND PARENTS' IMPRESSIONS OF THEIR INVOLVEMENT IN GROUP

The boys and their parents were interviewed after the group and two years later, to obtain their views of the group. One family did not agree to be interviewed at post-group, and was therefore not contacted two years later.

#### Post-Group

Immediately after the group ended, the participants were interviewed to obtain their views of the experience. The interview used a semi-structured questionnaire. The group members were asked about their reactions to the group, their sense of safety, whether they felt they were helped or helped others, the things they didn't like in group, and whether they wanted to maintain contact with others in the group. All of the group members stated that they enjoyed the group. Specifically, they felt better about themselves as a result of the group and felt good about making friends with other group members. For example, one boy said that "I like the group because I can hang out here," and another boy stated that "at school people think I'm an idiot and this is a place where no one laughs at me." Five of the six group members reported having received helpful feedback about their behaviour from the other group members.

The group members all expressed feeling safe in the group and felt that they could trust the others. They explained that they felt safe due to several factors: the presence of adults, their peers listening to them, including them and not hurting them physically. Most of the boys felt they were able to voice their opinions in the group, something they felt they couldn't do outside the group. For example, one boy explained that "I could speak out if I didn't like something, like if someone called me a name, I could speak out. I don't do this at school."

An important finding was the change in the group members' responses to the group as time progressed. Several had been reluctant to participate in the group initially, but stated that they really enjoyed attending as the group progressed. The boys' parents also described a significant change in the boys' willingness and eagerness to attend group sessions. Some of the group members reported being bothered by the others' behaviours, for example making weird faces, speaking loudly and swearing. Most of the boys reported feeling disappointed, sad, or upset that the group was over. Many group members exchanged phone numbers.

The group members' parents reported being pleased with their children's involvement in the group. They noted that the boys enjoyed being

with peers who had similar interests, were more animated after the group, began to articulate their feelings, were somewhat more aware of others and more able to maintain eye contact.

### Two Years Post-Group

Four boys were interviewed two-years after the group ended. One had not consented to take part in the pre or post-test and the other boy's mother did not recommend including him in the post-group process, although she herself participated.

Three of the boys recalled the group as having been helpful. One boy explained that the group was the first time that he met other kids with similar interests, for example in Public Transit, which he stated "amazed" and made him feel good. This boy stated that he had been nervous about how the other group members would treat him and said that they treated him nicely and that nobody hit him or swore at him. He contrasted this to his daily life, in which he described being "sworn at every day." He added that he reduced his swearing due to the group. This same boy found that the group helped him to calm down and that it "helped me to get back together if I was upset." Another boy stated that the group "showed me how to be involved" with others. He felt that the group helped him to feel happier and special. He added that the group helped him to stop bugging his mom or dad about things, although he couldn't specify how the group helped. He thought that he was helpful to others in the group, which made feel him good. He also thought the other boys helped him. For example, with the other boys' encouragement, he went to the grocery store by himself. Another boy was aware that he had been able to help another group member. He recalled helping one boy build his "Blade Blaster" (a contraption made of tissue) which helped the other boy to feel focused and calm. Two boys continue to maintain regular contact, one of whom did not participate in the post-group interviews.

One boy did not find the group helpful. However, his mother believes the group was in fact beneficial. She believed that as a result of the group, her son began to offer his opinion about others, something she saw as positive and which he didn't do before attending the group. One of the mothers felt that she could not isolate the effects of the group from other interventions for her son. A third mother felt that the group was one of a number of positive interventions that have helped her son to become more sociable.

Four of the mothers recalled the group as being helpful. They highlighted the element of their sons fitting in and feeling comfortable and accepted by the other group members, stating that this is something they

do not typically experience with peers. These mothers strongly believed that the safety their sons felt in the group allowed them to *begin* to feel okay to be themselves, which enabled them to be more willing to interact with others in a variety of situations. One mother noted that her son has become more aware of how he feels and is even beginning to understand others' feelings. She attributed the start of this process to her son's participation in the group. These mothers conveyed an overall belief that the effects of the group have continued.

Three of the mothers stated that the fact that their sons went to group willingly was significant and in contrast to these boys' reactions to most activities and events. One of the mothers noted that this helped her son to try other unfamiliar activities.

The mother of one of the boys who have maintained a friendship, stated that although the boys have different interests, they speak with, listen to and try to comfort each other.

One mother noted that her son's participation in the group assisted him to take the risk of attending camp the following summer. In a subsequent summer, her son went to a camp that had been recommended by a boy who had been in the group. Even though the boys had not maintained contact, the other boy's opinion was valued and trusted.

## DISCUSSION

The homogeneous composition of a group for boys who presented with features of Asperger Syndrome and who had concurrent learning disabilities allowed the group members to join with one another and to share common issues. This was a unique experience for the group members. In the community and in heterogeneously composed groups, their idiosyncratic behaviours led to them being bullied and rejected by peers. In this group, these same idiosyncratic behaviours and interests provided the group members with a way to connect, and with a route to feeling a sense of belonging to a peer group. In turn, this sense of belonging seemed to decrease the boys' fears and anxieties, which allowed them to engage with each other and with the leaders.

The group members talked about being bullied and isolated and about sharing similar interests. None of the group members were teased or scapegoated, in contrast to their experiences outside of the group. The boys accepted one another, laughed with each other, shared painful experiences and emotions, and gave each other feedback. The social interaction and acceptance allowed these boys to feel safe, which in turn gave them the opportunity to connect with peers.

The factors identified by the boys and their parents as having been important and helpful in the group are congruent with a qualitative study (Mishna, 1996 a, b) in which the beneficial factors of group for adolescents with learning disabilities were identified. In that study the main therapeutic categories articulated were safety and trust, sense of connection among the group members, and process that occurred within the group among the members. Social interaction with peers is especially important. It is emphasized in the literature that children and adolescents with Asperger Syndrome are in fact motivated to have social contact and make friends, contrary to what their isolated behaviours and interests may suggest (Bauer, 1996; Klin, 1996; Marriage et al., 1995; Wing, 1981). Thus, the fact that two boys who met in the group have maintained an ongoing friendship is understood as significant and unusual for these boys.

The group members articulated differences between their experiences in and out of the group. For example, one member stated: "I'm laughed at when I'm at school. I'm not laughed at in this group." Another stated that "at school, people think I'm an idiot. Others in this group don't make me feel this way," and a third said that "at school, people bug me and beat me up. The guys in the group didn't. It was safer here." They recognized that they all suffered similarly at school. One group member spoke for the whole group when he explained that "we've all been either laughed at, beaten up, or tied up with a skipping rope in school."

In this paper, we described a pilot project utilizing group therapy with modifications, for boys who meet the criteria of Asperger Syndrome and who have concurrent learning disabilities. Our descriptive observations, which suggest possible benefits of group therapy for these boys, provide a framework for further exploration, through both qualitative and quantitative research designs. Further research should address issues relating to this population's social/emotional characteristics and the use of group therapy, including examination of whether gains made by members in the group generalize to the community.

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