

# Working with Students Who Have Asperger's Syndrome

## Counsellor Strategies

Dave McMillan

### Abstract

Misunderstandings on the part of teachers about the reasons for socially inappropriate behaviour have the potential to cause major problems for some young men with Asperger's Syndrome. This was evident in the cases of two students with whom I have worked as a guidance counsellor in a New Zealand high school. Narrative Therapy concepts of "thin" and "thick" descriptions are used to provide more sympathetic and supportive understandings of their behaviour. Those more helpful "thick" descriptions make use of current diagnostic criteria and research about Asperger's Syndrome. Methods of working therapeutically with adolescents and their families are presented from Motivational Interviewing, Solution-Focused Therapy, and contemporary, evidence-based perspectives. School guidance counsellors can have an influential role in challenging unhelpful "thin descriptions" about the problematic behaviours, in developing those more supportive "thick descriptions," and in promoting more socially appropriate behaviour in these young people through therapeutic interventions. Potential challenges in this work are also addressed.

As a school counsellor whose background includes working with young people who have Asperger's Syndrome, I have become concerned about the vulnerability of some such young people when some of the behaviours they exhibit may be misunderstood by other staff within the school. This article begins with a description of two such cases, in which the behaviours of these adolescent boys with Asperger's Syndrome were misinterpreted by some staff. The students' behaviour was perceived as maliciously intended. As a result, both students were at risk of serious school disciplinary consequences.

## Case scenarios

### Gary

*Gary was a 13-year-old boy with Asperger's Syndrome who was very isolated from his peers in his mainstream high school. Gary described himself as being the "guy that nobody knows." He had a very positive classroom relationship with his female teacher. Gary also had a consuming interest in spies and secret agents. He had a rich fantasy life in which he saw himself as a secret agent, and in his role as a secret agent he obtained personal details about where his teacher lived. He then followed her home and took photographs of her and her family. His teacher was distressed and disturbed by Gary's behaviour. Questions were raised about whether there were more sinister intentions underlying his behaviour, and whether he could remain a student at his high school.*

### Paul

*Paul was a 14-year-old boy in an academically high-achieving class. Gifted at maths and science, he found art difficult and saw it as being pointless. He also struggled with his fine motor skills, so that many of the activities in art class became an experience in frustration. Few of his usual classmates were in his art class. The class was very noisy and less structured than other classes, which his peers enjoyed but which Paul found quite distressing. In art class one day, for no apparent reason, Paul called out that he was going to stab his teacher. Shocked, the teacher requested extra assistance from her Deans. Paul was led away to meet with the Principal, and his family, to discuss the consequences of his action, the future safety of staff, and his place in the school.*

## Asperger's and concepts from Narrative Therapy

Concepts and terms from Narrative Therapy, particularly "thin descriptions" and "thick descriptions," are helpful here in arguing that any discourse which describes such unusual behaviours, within the context of Asperger's Syndrome, as being "dangerous" is both inaccurate and unhelpful. Narrative Therapy is based on the postmodern position that we design stories to explain ourselves and the world around us (Winslade & Monk, 2007). Paul's story of himself as a secret agent came into conflict with the dominant cultural story, that a young male following a female is "disturbing" and potentially "dangerous." I have not been trained in Narrative Therapy, but have found the concepts of "thin" and "thick" descriptions useful in my counselling work with young men who have Asperger's Syndrome. "Thin descriptions" of persons and their behaviour are often developed by others, miss the complexity of a situation, ignore individuals' self-understandings, and rule out other alternative meanings (Morgan,

2000). Such a labelling process could have a potentially devastating impact, entrenching a restrictive and negative self-concept for someone with Asperger's Syndrome and reducing the potential for making safer behavioural choices.

"Thick" descriptions do not support or sustain problems; rather, they focus on creating space for healthy change and a sense of agency in one's life (Morgan, 2000). "Thick" descriptions take into account a much wider variety of information so that strengths, social connectedness, values, hopes, interests, and more can be taken into account. A more useful "thick" description will contextualise the behaviour in terms of the diagnostic criteria for Asperger's Syndrome. Understanding the interpersonal, empathic, distress tolerance, and impulsivity management challenges that a young person with Asperger's Syndrome faces should ensure a focus on support and skill development. Such an approach would make it more likely that Gary, Paul, and the thousands of other youngsters with Asperger's Syndrome in New Zealand schools will have their differences and strengths recognised and their behaviour accurately explained, and will be offered appropriate support.

### **The diagnostic criteria for Asperger's Syndrome**

The causes of Asperger's Syndrome are not fully understood at present, although there appear to be genetic factors (Attwood, 2007) and distinctive neurological features at play that differentiate this group from their same-age peers (Baron-Cohen, 2003). From my experiences, students with Asperger's Syndrome have often shown significant strengths in areas such as science, maths, and computers, for logical systems can be easier to understand than people's emotions and behaviours. Many have also had an enviable ability to focus their energies for long periods on their personal areas of interest.

The most commonly used diagnostic tool is the DSM-IV. However, I have followed the example of the much-respected psychologist Attwood, who uses the broader diagnostic criteria of Gillberg (1991). A Swedish doctor, Gillberg developed diagnostic criteria for Asperger's Syndrome that extend beyond those of the DSM-IV. His criteria include *the inability to interact with peers, lack of desire to interact with peers, poor appreciation of social cues, socially and emotionally inappropriate responses, limited interests and preoccupations, and the misinterpretation of literal and implied meanings* (Gillberg, as cited in Bauer, 1996).

In my experience, because of their reduced social motivation and limited social interaction, some people with Asperger's Syndrome, like Gary and Paul, at times do not

receive the usual feedback from peers as to whether their behaviour is developmentally normal or not. This has the effect of prolonging an inappropriate behaviour. Berney (2004) has researched this area and lists a number of factors that can predispose an adolescent with Asperger's Syndrome to socially inappropriate or unusual behaviour: innate lack of concern for outcomes, inborn deficits in the awareness of outcomes, impulsivity that is linked to higher rates of Attention Deficit Hyperactivity Disorder and anxiety symptoms, social naivety such as mistaking positive social interactions for love and misinterpreting social rules, as well as overriding obsessive interests.

Gillberg's diagnostic criteria, when applied to Gary and Paul's case scenarios, can provide information upon which to build more understanding and supportive "thick" conclusions. Both Gary and Paul exhibited *difficulties interacting with peers*, meaning Gary never checked out whether his special interest in secret agents was considered "normal" by peers and adults. *Difficulties interpreting social cues* meant that Paul assumed that his noisy classmates were being so deliberately to annoy him. Both boys exhibited *socially and emotionally inappropriate behaviour* in the way they responded to a loud and unstructured class setting—in Paul's case, even responding with a threat. Gary's secret agent interest was so compelling that it occupied all his energy, to *the exclusion of other activities*, had repetitive *qualities*, and was more about *rote than meaning*. Attwood's (2007) own assessment tool also checks on sensory hypersensitivities, such as Paul's level of distress at class noise levels. As has been shown, this diagnosis of Asperger's Syndrome is a condition based on social rather than intellectual impairments. Such diagnostic information can therefore assist school guidance counsellors in more helpfully reframing the behaviour and motivation of students with Asperger's Syndrome.

A school guidance counsellor who is well informed about Asperger's Syndrome is in a strong position to assist high school aged adolescents who present with such behaviours to gain the self-knowledge, social awareness, and behavioural strategies to successfully modify their own behaviour. In 250 counselling hours with 25 adolescents with Asperger's Syndrome, I focused on a number of areas in order to support them in adapting their behaviour to fit better with socially accepted conventions. Aspects of this work have included encouraging the students to develop their own unique motivation to change; discussing and recording their own knowledge of helpful and unhelpful behaviours; building a self-concept based on attributes and strengths rather than deficits; acquiring skills to better regulate emotions, thoughts, and behaviours; embedding personal safety and sustainable change through the education of the people

around them; and building support networks with family, peers, school staff, and community members.

### **Defining the client population and the behaviour**

Research suggests that Asperger's Syndrome may occur at rates as high as 1:100 (Ministry of Health, 2007), which would mean that approximately 26 adolescents fitting the diagnostic criteria might be among the 2600 students at the high school where I work—effectively, enough students to fill an entire classroom. The kinds of behaviour that caused concern in the cases of the two young men described above would not necessarily be characteristic of all such students. One study revealed that only 12% of its sample population—people with Asperger's Syndrome—had exhibited “bizarre antisocial acts,” such as those shown by Gary and Paul (Wing, 1981).

However, to label such behaviour as “disturbing” or “dangerous,” and the boys as legally culpable, would involve unfairly comparing these young men with Asperger's Syndrome to their developmentally typical peers, as there was no intent in either situation to cause harm. Such a comparison is contrary to contemporary research findings, which suggest that people with Asperger's Syndrome lack the requisite *mens rea* or criminal intent, and the intent to cause harm (Katz & Zemishlany, 2006), for such behaviours to be legally considered as “criminal.” I would argue that labelling these behaviours as “criminal,” or even as “dangerous” in this client population is, in narrative terms, a “thin” description which, through ignoring contextually relevant alternative discourses, can have tragic implications. It is also important to note that there are much lower rates of offending among people with Asperger's Syndrome when compared to the general population (Attwood, 2007).

“Thin” descriptions have negative effects on how others may perceive us, and how we perceive ourselves. They do a young person with Asperger's Syndrome a disservice through focusing on perceived deficits. Such a deficit model can become a self-fulfilling prophecy, as evidence is gathered by self and others that supports the problematic discourse.

When I think about the adolescents that I work with who have Asperger's Syndrome, like Gary and Paul, I hold in mind the life story of a private client, John, with whom I have worked in the past. John is a man in his thirties with Asperger's Syndrome, who presents as intelligent and personable. The lack of understanding of John's functioning as a person with Asperger's Syndrome meant that his behaviour was interpreted on the basis of “thin conclusions” as “troublesome” and “verbally

aggressive,” and resulted in a life of unfulfilled potential, inadequate support, and nights in police cells. This cautionary tale illustrates the necessity for more accurate and sympathetic contextual understandings of the behaviour of people with Asperger’s Syndrome. John could instead have been framed as a man with sensitivities to noise and crowds, so that living alone rather than in community group placements would have reduced his stress. Had his verbal abruptness been understood as a common characteristic of people with Asperger’s Syndrome, he could have been referred for social skills support to organisations such as Autism NZ or Rainbow House in Auckland. Such interventions would represent examples of more understanding and supportive “thick” descriptions in action, instead of the judgemental attitudes and punitive treatment he so often received.

### **Asperger’s Syndrome in the high school environment**

Diagnostic material, such as is included in this article, can be used by school guidance counsellors to contextualise behaviour in the process of “thickening” descriptions about adolescents with Asperger’s Syndrome. As the adolescent psychiatrist Werry (1988) has noted, diagnosis in the area of the autistic spectrum should guide us in determining the best treatment for a young person generally, including within the contexts of family and school. “Thick” descriptions are built out of alternative stories and meanings that can reduce the impact of problems, as well as creating opportunities for behavioural change and more positive readings of a person and their behaviour (Morgan, 2000). Developmental and school-specific contextual information can also support school guidance counsellors in working with students with Asperger’s Syndrome to build “thick conclusions” about themselves. This information can also be used to deconstruct the “thin” problem-based conclusions that others may have about them.

Adolescence is a particularly challenging developmental stage for a young person with Asperger’s Syndrome. Subtle social nuances, which the adolescent with Asperger’s may not understand, become more important as adolescents individuate from their parents and build identity-forming peer relationships (Watkins, 2000). A self-identity built on “thin conclusions” around deficits is more likely for adolescents with Asperger’s Syndrome, as they become more aware of their differences from their same-age peers. Those differences may elicit teasing. Teasing and bullying may hone in viciously on their differences, such as motor clumsiness, flat verbal intonation, obsessive special interests, and strict adherence to rules and routines (Haskins & Silva, 2006).

A profound sense of isolation, difficulties in initiating social interactions, and unfulfilled desires for greater intimacy were common features when Muller, Schuler and Yates (2008) interviewed eighteen adults with Asperger's Syndrome; and indeed, both Gary and Paul were isolated socially and very lonely. In addition, school staff members, peers, family members, and the adolescent with Asperger's Syndrome may all struggle with the huge variances in the ability of the person with Asperger's. For example, Paul was able to work on university-level mathematics at age fifteen, but could not tolerate being in the company of classmates for more than an hour.

Factors such as social isolation and the likelihood of being the victim of bullying certainly must contribute to the very high rates of mental health problems in people with Asperger's Syndrome, with as many as 80% having serious anxiety issues (Dasari, 2005). In turn, mood issues such as anxiety make it even more difficult to manage challenging emotions and to self-regulate impulsive behaviour when stressed, as in the case of Paul, or obsessive behaviour in the case of Gary.

### **Therapeutic strategies for working with adolescents who have Asperger's Syndrome**

In my work as a school guidance counsellor with students who have Asperger's Syndrome, I focus on two areas: the work in the counselling room with the young person, and the work outside of the room in gaining valuable information from families, linking with Child and Adolescent Mental Health Services (CAMHS), providing Asperger's Syndrome-specific psycho-educational teaching and learning information for staff, and building support and resilience through expanding and deepening interpersonal community connections. A school guidance counsellor is in a unique position to perform these tasks, although there are many challenges, as will be explored later in this article.

#### *Motivational Interviewing*

In my initial work in the counselling room with a student who has Asperger's Syndrome, the focus is on making use of Motivational Interviewing techniques to build therapeutic rapport. Motivational Interviewing makes use of client-centred techniques, such as empathic reflection and open questions (Arkowitz & Miller, 2008), so that a young person feels heard and develops trust in the counsellor. Such factors are just as necessary for successful counselling with clients with Asperger's Syndrome (Meyer, 2001) as they are with any other client. Dissonance between students' current behaviour

and their personal values is discussed, in order to encourage the contemplation of change (Arkowitz & Miller, 2008). With Paul and Gary, their behaviour was dissonant with their goals of fitting in with their peers. Because of this dissonance, they were both willing to contemplate making behaviour changes in order to avoid standing out, and to be better accepted by their peers.

Motivational Interviewing guides the counsellor toward appropriate questions and strategies that encourage the adolescent to contemplate his or her own reasons to change. This approach acknowledges that clients are often ambivalent about changing; in this instance, Gary was very motivated to continue the behaviour due to his obsession with secret agents but also desired to fit in with his peers. By clarifying personal reasons for and against making changes, Arkowitz and Miller (2008) have shown that young people are less likely to resist change and often spontaneously begin developing plans for change.

### *Solution-Focused Therapy*

Another counselling modality that I use is Solution-Focused Therapy. Philosophically, like Motivational Interviewing, it also makes use of the position that young people with Asperger's Syndrome have a lot of knowledge and understanding about their own lives that can be incorporated into supportive counselling and affirmed as a strength (Birdsall & Miller, 2002).

I have used Solution-Focused questioning with people who have Asperger's Syndrome and found it to be an effective approach. Clients are seen as the experts on their own lives, and may have strategies for keeping themselves safe while living in accordance with their own values about what is important for them (Birdsall & Miller, 2002).

Questions are used to gather information about what has worked well and not so well in the past. I like to record information under headings such as *friendships*, *school*, *family*, and the *community*. This work provides the person, his family, and the school staff with a written resource that makes the most of the client's strengths in visual learning (Attwood, 2007). The resource can be used as a tool to focus on what can be done to manage or prevent challenging situations.

I like to suggest strategies that they may not have tried, drawn from information previously developed by other adolescents with Asperger's Syndrome. Such an approach has assisted a number of my clients in co-creating more positive "thick descriptions" about themselves. Confidence has developed as they focus on times when they have had

a sense of agency in their lives, where they have been successful in managing their problem behaviours, and where past mistakes were reframed as learning experiences. The next stage of the counselling work focuses on learning new skills.

### *Current evidence-based strategies*

An important aspect of individual counselling with young people who have Asperger's Syndrome focuses on skill development. Deficits in awareness and skills around recognising and regulating emotions and problem behaviours need to be identified and worked on directly. Attwood (2007) recommends adapting CBT strategies, using a method called Social Stories, and doing Attribute work in order to overcome these deficits and to support adolescents with Asperger's Syndrome in modifying their behaviour. His three-step CBT approach involves establishing a baseline for challenging moods and behaviour on visual analogues; providing psycho-education around how thoughts affect behaviour and can be self-defeating; and building a "toolbox" of strategies for cognitive restructuring, stress management, and self-reflection that have been well-practised.

Social Stories is a tool whereby socially appropriate behaviour is clearly described and recorded for use in potentially challenging social situations. Social Stories was developed by Carol Gray (2000) and involves the counsellor's writing a template for how a person can behave in socially appropriate ways in order to cope with a specific challenging situation. A social story gives people with Asperger's Syndrome a template that they can, in effect, learn by rote and then follow to meet their own emotional and social needs in safe ways. I have written such stories down for another boy with Asperger's, who wanted to find a girlfriend but did not recognise the behaviours that revealed whether a girl was or was not romantically interested in him. Because he did not know the appropriate behavioural steps, he would make unwanted advances. The social story helped him to avoid making such social errors in the future.

Attribute work was developed by Attwood (2007), and I have found it a useful tool in building a broader sense of self that incorporates the many positive aspects of Asperger's Syndrome. The activity involves going through a long list of generic human attributes and recording them as either *Qualities* or *Difficulties*. This is a structured way to identify the attributes of the people with Asperger's Syndrome in order to build their own personal profile and identify the way they are affected by the syndrome. Students have often moved from the "thin description" of a deficit-based self-concept to a "thick description" that celebrates their abilities as being diverse and different, rather than defective.

### *Building networks outside the counselling room*

As well as providing individual counselling, school guidance counsellors can support students with Asperger's Syndrome beyond the counselling room by advocating for them and educating others in the school community about Asperger's. The role of the school counsellor can be pivotal in building networks to keep adolescents with Asperger's Syndrome safe from disproportionate consequences in response to behaviours such as those displayed by Gary and Paul. Extra-therapeutic factors such as social networks have been identified as accounting for up to 40% of the successful outcomes after clients enter counselling (Mallinckrodt, 1996). School guidance counsellors can liaise with families to gain valuable information in order to build a profile of an adolescent with Asperger's Syndrome. Such a profile would include support systems, successful activities, and historically useful strategies for managing challenging emotions and eliminating problematic behaviours.

School guidance counsellors can build relationships with the local CAMHS teams in order to gain support in managing any mood or medication issues, and for assistance with the education of school staff and families about Asperger's Syndrome. A successful strategy I have used in schools is to work with students to build a list of teaching and learning strategies that have worked well for them in the past. This can provide a practical, useful resource for teachers to work from, in order to make minor modifications to their lessons. Such adaptations can have a positive effect on the learning of a student with Asperger's Syndrome.

The school guidance counsellor is often a key person for locating and liaising with community services. Autism NZ is generally a good place to start for locating services in each region of the country. Community groups that provide Asperger's-specific services, such as social skills training, and general groups that can build on the special interests of adolescents with Asperger's Syndrome, can nurture important skills, self-esteem, and social networks. Such an approach wraps supports around people with Asperger's Syndrome in a way that will serve them well and will continue to keep them safe when they have moved beyond the secondary school environment. The school guidance counsellor, in my experience, can be a key person in the location and coordination of services and interventions for the benefit of students with Asperger's Syndrome.

### **Challenges that may arise in counselling adolescents with Asperger's Syndrome**

There are potential challenges for school counsellors in undertaking the complex and labour-intensive tasks that have been outlined here as a possible template for

supporting adolescent students with Asperger's Syndrome. The first challenge in need of consideration is the adverse counsellor-to-student ratios in New Zealand high schools—for example, 1:750 in my school. Finding the necessary time to work in the way that is recommended here may be impossible when having to make time allocation judgements based on current caseloads and levels of risk. Such a preventative model may not always be realistic.

Developing trusting relationships with adolescents who have Asperger's Syndrome also presents a challenge to school guidance counsellors. Trust is built slowly, as they may have a lifetime of negative experiences with helping professionals (Meyer, 2001). With students I have counselled, these negative experiences have included late or incorrect diagnoses, being prescribed medications with unwanted side effects, broken promises, and not being included in the development of their own care plans. As part of this trust-building process, I let the student choose the length of the session; ten minutes was all that was manageable initially with one boy, who now works with me for an hour. Letting the student set the agenda builds trust and is a reparative experience. With another student, we might talk for 50 minutes about his special interest topic of aeroplanes, and the ten minutes of therapeutic counselling is gently interwoven with that more motivating material.

Another challenge I have faced in my work with students who have Asperger's Syndrome can be working with a family system that is under pressure or overwhelmed due to years of conflict, isolation from friends and family, self-blame, and worries about the future (Hornby, 1992). A sympathetic and helpful school guidance counsellor can be seen as a “rescuing hero.” This can potentially lead to the counsellor becoming overly responsible for positive outcomes in challenging circumstances. Keeping a focus on wrapping a number of support people and services around adolescents with Asperger's Syndrome and their families may enable some of the tasks associated with keeping the students safe to be shared more widely. This may prevent the counsellor becoming enmeshed or feeling overly responsible for outcomes.

### **Final words**

The young people whose experiences I have discussed in this article serve to illustrate how unusual behaviours by students with Asperger's Syndrome can be framed as being “dangerous” and how such a label can have adverse consequences. Such a “thin” description does not take into account the broader contextual information about Asperger's Syndrome that can explain the behaviour in ways that will not have such

negative impacts on the lives of these adolescents. School guidance counsellors can play a key role in supporting this client group in learning the skills they need to enable them to modify their behaviour appropriately. An eclectic, integrated approach is recommended for school guidance counsellors in order to support adolescents with Asperger's Syndrome in staying safe. Strategies from Motivational Interviewing, Solution-Focused Therapy, and evidence-based methods, as well as extra-therapeutic factors, such as family support and linking with community groups, can be usefully incorporated. My experience suggests that such an approach is effective and worthwhile, despite the challenges this very labour-intensive approach presents for "time-poor" school guidance counsellors in New Zealand secondary schools.

## References

- Arkowitz, H., & Miller, W. R. (2008). Learning, applying, and extending motivational interviewing. In H. Arkowitz, H. A. Westra, W. R. Miller, & S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems* (pp. 1–26). New York: Guilford.
- Attwood, A. (2007). *The complete guide to Asperger's Syndrome*. London: Jessica Kingsley.
- Baron-Cohen, S. (2003). *The essential difference: Men, women, and the extreme male brain*. London: Allen Lane.
- Bauer, S. (1996). *Asperger Syndrome*. Retrieved April 18, 2007, from [www.udel.edu/bkirby/asperger/as\\_thru\\_years.html](http://www.udel.edu/bkirby/asperger/as_thru_years.html)
- Berney, T. (2004). Asperger syndrome from childhood into adulthood. *Advances in Psychiatric Treatment, 10*, 341–351.
- Birdsall, B. A., & Miller, L. D. (2002, October). Brief counselling in the schools: A solution-focused approach for school counsellors. *Counseling and Human Development*. Retrieved April 18, 2007, from [http://findarticles.com/p/articles/mi\\_qa3934/is\\_200210/ai\\_n9111337/](http://findarticles.com/p/articles/mi_qa3934/is_200210/ai_n9111337/)
- Dasari, M. (2005). *Asperger's syndrome and anxiety*. Retrieved April 18, 2007, from [www.aboutourkids.org/aboutour/articles/aspergers\\_syndrome\\_and\\_anxiety.html](http://www.aboutourkids.org/aboutour/articles/aspergers_syndrome_and_anxiety.html)
- Gillberg, C. (1991). Clinical and neurobiological aspects of Asperger Syndrome in six family studies. In U. Frith (Ed.), *Autism and Asperger Syndrome* (pp. 122–146). Cambridge: Cambridge University Press.
- Gray, C. (2000). *The new social story book: Illustrated edition*. Arlington, TX: Future Horizons.
- Haskins, B. G., & Silva, J. A. (2006). Asperger's Disorder and criminal behaviour: Forensic-psychiatric considerations. *Journal of the American Academy of Psychiatry and the Law, 34*, 374–384.
- Hornby, G. (1992). Counselling family members of people with disabilities. In S. E. Robertson & R. I. Brown (Eds.), *Rehabilitation counselling: Approaches in the field of disability* (pp. 176–201). Bury St Edmunds: Chapman and Hall.

- Katz, N., & Zemishlany, Z. (2006). Criminal responsibility in Asperger's Syndrome. *Israel Journal of Psychiatry and Related Sciences*, 43(3), 166–173.
- Mallinckrodt, B. (1996). Change in working alliance, social support and psychological symptoms in brief therapy. *Journal of Counseling Psychology*, 43(4), 448–455.
- Meyer, R. N. (2001). *Establishing the working relationship: Observations on counsellor sensitivity to the dynamics of counselling with Asperger Syndrome adults*. Retrieved September 4, 2007, from [http://www.rogermeyer.com/counseling\\_articles\\_establing\\_the\\_working\\_relationship.html](http://www.rogermeyer.com/counseling_articles_establing_the_working_relationship.html)
- Ministry of Health. (2007). *Draft evidence-based guidelines for autism spectrum disorder*. Retrieved September 24, 2007, from [http://www.moh.govt.nz/moh.nsf/pagesmh/5597/\\$File/draft-asd-guideline-jan007.doc](http://www.moh.govt.nz/moh.nsf/pagesmh/5597/$File/draft-asd-guideline-jan007.doc)
- Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Adelaide: Dulwich.
- Muller, E., Schuler, A., & Yates, G. B. (2008). Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. *Autism: The International Journal of Research & Practice*, 12(2), 173–190.
- Watkins, C. E. (2000). *Asperger's disorder*. Retrieved April 18, 2007, from <http://www.baltimorepsych.com/aspergers.htm>
- Werry, J. S. (1988). Diagnostic classification for the clinician. In E. Shopler & G. B. Mesibov (Eds.), *Diagnosis and assessment in autism* (pp. 49–58). New York: Plenum Press.
- Wing, L. (1981). Asperger syndrome: A clinical account. *Psychological Medicine*, 11(1), 115–129.
- Winslade, J. M., & Monk, G. D. (2007). *Narrative counselling in schools: Powerful and brief*. Thousand Oaks, CA: Corwin Press.