

# Asperger Syndrome

## INTRODUCTION

Asperger Syndrome (AS) is a complex disorder that is one of several conditions known as Autism Spectrum Disorders (ASDs). AS is characterized by restricted interests or activities, resistance to change, challenges in social communication and interaction skills, and failure to develop age appropriate friendship skills. Individuals with AS often want to have friends and interact with others but do not know how. The child or adolescent with AS will often approach others in an eccentric and one-sided manner. Common AS impairments can include sensory sensitivities, problems with planning and problem solving, clumsiness and motor difficulties; however, each child with AS is unique, and not all children with AS will show these challenges in the same way or to the same degree. Children and adolescents with AS frequently have exceptional strengths, including high intelligence, excellent memory for facts and detail, academic ability and achievement, honesty, loyalty, and a quirky sense of humor.

## CHARACTERISTICS

### A. Communication Traits

Although a child with AS usually has normal, or even precocious, early language development (i.e., single words by age two years, phrases by age four years), they often have unusual speech and language characteristics, e.g.

- Inability to understand some else's perspective—or to understand that other people have their own perspective—Theory of Mind (ToM).
- Concrete and literal understanding of language; may not understand double meanings, some humor, may “take everything literally.”
- Formal, adult-like speech pattern—may have exceptional vocabulary.
- Pragmatic language deficits (social use of language)
  - Problems with conversational turn taking and other conversational rules
  - Problems adapting or changing language according to the needs of the listener or the situation
    - Inappropriate topic choice and introduction (may just start talking in detail about his or her subject of interest, with no introduction or transition, and without regard for the situation, listener's age or interest level)
    - Talking the same to the school principal in her office and to the kids on the playground
    - Not giving enough background information to a listener who is unfamiliar with the topic
    - failure to recognize when a listener does not understand what they are saying and inability to restate their comments to make them understandable

**Do not assume that because the child can repeat what was said that he or she understands what it means.** A child or adolescent with AS, who is told, “go see if someone is at the door,” may literally do just that, return to his or her previous activity without comment, and leave a bewildered visitor at the doorstep. **Explain metaphors, figures of speech, and double meanings.**

## DIAGNOSIS

Individuals develop AS early in life. Due to their normal or above intelligence, and typically good verbal skills, people with AS are frequently not diagnosed until they are in school. Identification is further complicated by the fact that AS is diagnosed based on behavioral observations. Asperger Syndrome is not an emotional disorder nor is it caused by poor parenting. For parents and teachers who have struggled to understand the child's conduct, and when discipline fails to change difficult behaviors, an Asperger diagnosis can bring a new perspective. Then the child's behavior becomes a demonstration of a social disability and the focus can shift from stopping problem behaviors to identifying and teaching needed skills.

Diagnosis results from a professional comprehensive evaluation that includes interviews with parents and the child, observations in different settings, and formal assessments. The evaluation should include assessment of language, communication, social skills, behavior, adaptive functioning, and cognitive skills. A diagnosis of AS or another ASD does not automatically qualify a student for special education services.

**People with AS do not learn social behavior through observation.** The child with AS may be the child who stands on the sidelines and never enters a game or who attempts to enter a game by taking the ball, refusing to share materials, or by insisting that everyone must follow his or her rigid rules. These behaviors should be seen as skill deficits and learning needs. **Teach observation skills, pragmatic language skills and social interaction skills directly.**

### B. Restricted Range of Interests

While many children have special interests, the child with AS may focus on his or her interest to the exclusion of nearly everything else. When engaged in something else, he or she may obsess about the preferred topic, and that specific interest may dominate the life of the child and family.

Frequently, the student with AS will refuse to do any assignments that are not related to his or her topic of interest

*Limits are often placed on when and how the child may engage in a favored topic. With these limits, if the student can build school assignments around specific aspects of their preferred topic, then the topic could become a powerful motivator. With encouragement and support, a child's favorite interest may form the basis for an adult career.*

### C. Resistance to Change

For someone with AS, unexpected change of any kind or degree can result in reactions ranging from confusion to explosive behavior. This can be particularly evident, and problematic, during transitions from one activity to another.

The child with AS may expect that if something was done one way, one time, that it will, and must be done the same way forever. This may include anything from the route to school to the most casual classroom activity.

**Daily schedules, preparation for any change, and teaching flexibility skills directly, can be helpful in avoiding meltdowns.**



## D. Sensory Sensitivity

Sensory sensitivities commonly encountered among people with AS can include smell, sound, touch, and visual sensitivities. The child may shut down or tantrum but not be able to determine why he or she has reacted. One study found that over 75% of the children with AS demonstrated behavioral problems when sensory conditions were violated.

Sudden mixed or complex noises (i.e., lunchroom sounds, class-change bells) are common sensitivities.

Sensory cues that are not evident to others can be bothersome to individuals with AS. The child who refuses to work and throws markers may be reacting to, for him, an intolerable smell.

*If sensory sensitivities contribute to conduct problems, punishments or rewards will not be helpful in changing the specific behavior. Careful observation of the circumstances before the behavior can be helpful in recognizing the cause.* Such observation can help parents teach a child with AS to recognize potential problems and use appropriate coping strategies.

## E. Behavioral and Emotional Traits

Children and adolescents with AS often exhibit **emotional vulnerability in addition to problematic behaviors** associated with their social communication deficits, restricted interests, literal interpretation of language, inability to predict outcomes, lack of common sense, and sensory issues.

Any of these emotional and behavioral aspects can result in withdrawal, defensive panic attacks, tantrums, or aggressive behavior.

**NOTE:** "...the social maladaptive behaviors should be looked at in the context of a thoughtful and comprehensive intervention needed to address their social disability – as a curriculum need – and not as punishable, willful behaviors deserving of suspensions or other disciplinary measures that in fact mean very little to them, punish them for their disability, and only exacerbate their already poor self-esteem. (Klin, A., & Volkmar, F. (2000))

*Adults should be aware that changes in behavior might indicate that the child is having difficulties. Students with AS are at extremely high risk for bullying because of their social naiveté, their lack of friendship skills, and their often odd behavior. Take action to assure the student's safety in school.*

*Children and adolescents with AS are emotionally vulnerable and are at risk for anxiety and depression. However, such symptoms may not be easily recognized and the child may not be able to communicate his or her distress.*

## F. Academic Characteristics

- IQs in the normal range or above
- Strengths in word recognition, rote memory, knowledge
- Good comprehension of factual material
- Limited ability to make inferences and comprehend abstract material, may focus on the details and miss the main idea
- Stronger verbal skills than written skills

### **Helpful options for writing:**

- ★ use software programs that help students "map" their written assignments
- ★ Poor organizational skills, assignments may seem overwhelming

### **Helpful options for tasks and organization**

- ★ break down tasks into small steps
- ★ Use graphic organizers or visual schedules

## G. Adaptive Functioning & Life Skills Deficits

In contrast to their average or above average IQ scores, children and adolescents with AS typically exhibit significant deficits in age-appropriate to problem solve, sometimes described as "lacking common sense," particularly when under stress.

When presented with a problem, the student with AS may be unable to generate a workable solution. For example, when stuck in an airport, someone with AS may believe that threatening the gate agent might make the line move faster.

People with AS often lack an age appropriate ability to recognize their own need for help and may not know how to ask for assistance.

**Teach problem solving and request skills directly.** This teaching can help children with AS handle everyday problems and difficulties appropriately.

## RESOURCES

**Online Asperger Syndrome Information & Support (OASIS)**  
<http://www.udel.edu/bkirby/asperger/>

**Tony Attwood website**  
<http://www.tonyattwood.com.au>

**NICHCY**  
<http://www.nichcy.org/resources/asperger.asp>

**Yale Developmental Disabilities Clinic**  
<http://info.med.yale.edu/chldstdy/autism/aspergers.html>

## PLUK RESOURCES

**PLUK is Montana's parent center.**

For information and assistance phone 800-222-7585 or [plukinfo@pluk.org](mailto:plukinfo@pluk.org).

PLUK's Family Support Staff are available statewide to assist with issues regarding your child.

Books and videos on this topic and others are available for checkout statewide from the TRIC/PLUK Library. Suggestions for further reading:

- *Asperger Syndrome* by Brenda Smith Myles.
- *The Everything Parent's Guide to Children with Asperger's Syndrome* by William Stillman
- *Freaks, Geeks & Asperger Syndrome - A User Guide To Adolescence* by Luke Jackson and Tony Atwood
- *Autism Aspergers: Solving The Relationship Puzzle* by Steven E Gutstein, Ph.D.
- *Nonverbal Learning Disabilities at School - Educating Students with NLD, Asperger Syndrome, and Related Conditions* by Pamela B. Tanguay
- *Parenting Your Asperger Child, Individualized Solutions For Teaching Your Child Practical Skills* by Alan Sohn Ed.D. and Cathy Grayson M.A.
- *Mind Apart: Understanding Children with Autism and Asperger Syndrome* by Peter Szatmari

## REFERENCE

Klin, A. and Volkmar F. R. (2000). *Treatment and Intervention for individuals with Asperger Syndrome*. In A. Klin, F. R. Volkmar, & S. S. Sparrow (eds.), *Asperger Syndrome*, New York: The Guilford Press.

