

ASPERGER'S DISORDER

Compiled by: Melanie Hickman

Common Names

- Asperger's Syndrome (AS), advanced autism, high functioning autism
- Asperger's Disorder is a specific type of Pervasive Developmental Disorder that falls within the autistic spectrum

Causes/Etiology

- The cause of Asperger's Disorder is not yet known
- Current research suggests that a tendency toward the condition may run in families
- Children with Asperger's are also at risk for other psychiatric problems including depression, attention deficit disorder, schizophrenia, and obsessive-compulsive disorder, however it is not caused by these disorders

Incidence

- Asperger's is a life-long condition which effects about 2-36 of 10,000 people
- It occurs more often in boys than girls, boys being four times more likely to have Asperger's Disorder

Characteristics

- Inappropriate or minimal social interactions (they find making friends difficult, not understanding the subtle clues needed to do so)
- They often use language in a slightly odd way and take literal meanings from what is read or heard (Metaphors and similes have to be explained as children with Asperger's Disorder tend to make literal and concrete interpretations. Language acquisition in some cases can be delayed. They make use of phrases they have memorized, although they may not be used in the right context. They may not have the local accent, are too loud for a situation or overly formal or speak in a monotonous tone.)
- Conversations almost always revolve around self rather than others (Some talk incessantly often on a topic of interest only to themselves without knowing the boredom of the listener)
- "Scripted," "robotic," or repetitive speech
- They are happiest with routines and a structured environment, finding it difficult to decide what to do they fall back on to their preferred activities
- They often have narrow interests and preoccupations (often on themes of transport – trains, computers, dinosaurs, maps)
- They love praise, winning and being first, but find loosing, imperfection and criticism very difficult to take

- Lack of “common sense”
- Often have problems with reading, math, or writing skills
- They often have an obsession with complex topics such as patterns or music
- Average to above-average verbal cognitive abilities
- Average to below-average nonverbal cognitive abilities
- They may make awkward movements
- Lack of empathy
- Children with Asperger’s are often honest, reliable, dedicated, determined

IDEA category

- Asperger’s Disorder falls under the Autism category in IDEA

DSM-IV category

The DSM-4 category is Asperger’s Disorder, and the criterion includes:

- Qualitative impairment in social interaction involving some or all of the following: impaired use of nonverbal behaviors to regulate social interaction, failure to develop age-appropriate peer relationships, lack of spontaneous interest in sharing experiences with others, and lack of social or emotional reciprocity.
- Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities involving: preoccupation with one or more stereotyped and restricted pattern of interest, inflexible adherence to specific nonfunctional routines or rituals, stereotyped or repetitive motor mannerisms, or preoccupation with parts of objects.
- The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
- There is no clinically significant general delay in language
- There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior, and curiosity about the environment in childhood
- Criteria for another PDD or Schizophrenia is not met

Deficits

- Social interaction
- Social communication
- Imagination (e.g. trying to imagine what others are thinking)
- Sensory sensitivity (e.g. to bright light, noise, textures, tastes, touch, smell)
- Motor skills (learning to walk a few months later than one would expect, limited ability with ball games, difficulty in learning to tie shoelaces, and an odd gait when walking or running, poor handwriting and lack of aptitude in school sports)
- Organizational ability

Developmental Outcome

- Due to their high level of intellectual functioning, many people with Asperger's successfully finish high school and attend college
- Problems with social interactions and awareness persist, however adults with Asperger's are able to develop and maintain lasting relationships with family and friends

Assessment Approaches

A comprehensive assessment may include the following:

- History/Record review
- Communication assessment
- Psychiatric assessment
- Parental conferences/interviews
- Psychological assessment to assess:
 - Neurological functioning (motor and psychomotor skills, memory, executive functions, problem-solving, concept formation, visual-perceptual skills)
 - Adaptive functioning (degree of self-sufficiency in real-life situations)
 - Academic achievement (performance in school-like subjects)
 - Personality (common preoccupations, compensatory strategies of adaptation, mood representation)

Interventions and Treatments

- Parent education and training
- Social skills training
- Language therapy
- Sensory integration training for younger children, usually performed by an occupational therapist, in which a child is desensitized to stimuli to which they are overly sensitive
- Psychotherapy or behavioral/cognitive therapy for older children
- Medication

Some specific strategies to try with children may include:

- Keep all your speech simple, to a level they understand.
- Keep instructions simple; for complicated jobs use lists or pictures.
- Try to get confirmation that they understand what you are talking about/or asking, don't rely on a stock yes or no.
- Explain why they should look at you when you speak to them, encourage them, give lots of praise for any achievement, especially when they use a social skill without prompting.

- In some young children who appear not to listen, the act of 'singing' your words can have a beneficial effect.
- Limit any choices to two or three items.
- Limit their 'special interest' time to set amounts of time each day if you can.
- Use turn taking activities as much as possible, not only in games but at home too.
- Pre-warn them of any changes, and give warning prompts if you want them to finish a task.
- Try to build in some flexibility in their routine, if they learn early that things do change and often without warning, it can help.
- Don't always expect them to act their age, they are usually immature and you may want to make some allowances for this.
- Try to identify stress triggers, avoid them if possible, and be ready to distract with some alternative.
- Find a way of coping with behavior problems, trying to ignore it if it's not too bad or hugging sometimes can help.
- Try to keep any promises you make.
- Teach them some strategies for coping (e.g. telling people who are teasing perhaps to 'go away' or to breathe deeply and count to 20 if they feel the urge to cry in public).
- Begin early to teach the difference between private and public places and actions, so that they can develop ways of coping with more complex social rules later in life.

Contributions of the School Psychologist

- Educating parents, teachers, administrators about the characteristics and treatment of Asperger's Disorder
- Identification of children with Asperger's through the assessment process
- Awareness of signs and symptoms
- Being willing to learn about the difficulties that the school and the child will face
- Providing support for students with Asperger's through individual/group therapy and/or social skills groups/training
- Spreading awareness of Asperger's

Resources for more Information

www.asperger.org

www.kidshealth.org

<http://www.mayoclinic.com/health/aspergers-syndrome/DS00551>

http://www.ninds.nih.gov/disorders/asperger/detail_asperger.htm