

What is Asperger Syndrome?

Asperger Syndrome is a developmental disorder falling within the autism spectrum. It affects social interaction, and verbal and non-verbal communication. Persons with Asperger Syndrome have difficulty with change and are likely to be inflexible in thought and routine. They often exhibit an all absorbing interest in one topic or activity. Individuals generally have good rote memory skills (facts, figures, dates, times, etc.) and many excel in math and science. Characteristics can vary widely, from the person who appears slightly odd or eccentric to someone who is totally focused on one narrow area of interest to the exclusion of social interaction and communication.

Individuals with Asperger Syndrome are characterized by social isolation and eccentric behavior in childhood. Speech may be peculiar, both in tone, articulation and use of words. Clumsiness is common. Individuals usually have a pre-occupation or even an obsession, with a narrow area of interest, which may not be age appropriate. The name "Asperger" comes from Hans Asperger, an Austrian physician who first described the syndrome in 1944.

How is Asperger Syndrome diagnosed?

Asperger Syndrome is a neurological disorder. It is not an emotional or behavioral condition, although because of the difficulties with social interaction and communication, individuals with Asperger Syndrome may have emotional and behavioral issues. In terms of the autism spectrum, Aspergers is considered to lie on the high functioning end of the spectrum. This is because persons with Aspergers usually have a normal or above normal IQ and many exhibit exceptional skill or talent in a particular area, often their area of special interest. (This may sometimes be referred to as "savant ability.")

There are no simple blood tests or chromosome studies to determine Asperger Syndrome. There are evaluations (scales) that can help in identifying behaviors and abilities indicative of Asperger Syndrome.

Common characteristics of Asperger Syndrome

- Inability to interact with peers
- Lack of awareness of social and emotional cues (such as facial expressions or personal space)
- Inappropriate social and emotional behaviors
- All absorbing narrow interests
- Insistence on routines and interests
- Speech and language problems
- Delayed development
- Peculiar voice characteristics
- Misinterpretations of literal/implied meanings
- Non-verbal communication problems
- Limited use of gestures
- Clumsy body language
- Limited facial expression
- Peculiar, stiff gaze

Helpful strategies for parents and teachers

- Keep directions and conversation simple, for complicated and multi-task activities, use written directions and lists
- Encourage children and give lots of praise and attention for any achievement, especially when they use appropriate social skills without prompting (i.e. when the child looks at you when you speak to him; when the teen interacts with peers in an appropriate way)
- Limit choices to two or three items
- Limit "special interest" activity to specific amounts of time each day

- Use turn-taking activities as much as possible, in games and daily activities
- Whenever possible do not change activities abruptly, give warnings and prompts beforehand to allow the child to adjust or finish the task
- Try to build flexibility into the routines so they learn early that things do change (this may be difficult as routines provide "comfort zones" for individuals with Aspergers)
- Identify stress triggers and avoid them if possible, or be ready to intervene or distract when you see the child beginning to melt-down
- Teach strategies for coping
- Do not expect a skill or behavior mastered in one environment to be generalized to all environments – the skill or behavior must be taught in all environments and situations
- Recognize anger and outbursts as "circuit overload" and provide the child with a safe, stress-free place to cool off and calm down
- Be aware that a child with Aspergers may be over stimulated by noise, lights, chaos, unstructured time (recess, lunch, PE), or strong tastes, textures, smells – and provide a quiet spot or guidance to help him cope
- Although the individual's vocabulary and use of language may be high, she may not know the meaning of what she is saying, nor will she understand sarcasm, teasing or some forms of humor because her perspectives are very literal
- Some individuals with Aspergers have difficulty remembering information or retrieving that information, so provide them with picture or written schedules, written assignments, and help getting materials into the backpack to go home
- Don't expect age-appropriate behavior or skills—children may have some skills years ahead of normal development for

their age (such as an understanding of complex mathematical principles) but not be able to remember to take their home-work home or be able to play with their classmates

- Don't assume that just because he isn't making eye contact, he is not listening—he may hear and understand better if not forced to look directly at you
- Some children with Aspergers learn best with visual aids, such as picture schedules, others may be better with verbal instruction or hand signs (especially to reinforce certain messages such as “wait your turn” or “speak more slowly or quietly”)
- It may take a person with Aspergers longer to respond to questions or requests – he needs time to stop what he is thinking, put that thought somewhere, formulate an answer and then respond
- One of the biggest challenges for children with Asperger Syndrome is making friends – identifying 1 or 2 students who can be their buddies will help, as will helping other children understand that one of the challenges that children with Aspergers face is difficulty reading social situations— just as others may need glasses to read print, these children need patience, understanding and help making and keeping friends

Members of the community or school staff may not recognize a child with Aspergers as having a disability because he or she may be quite high-functioning in some areas. Aspergers Syndrome is often diagnosed at a later age, after an initial diagnosis such as Attention Disorder, Obsessive/Compulsive Disorder or Learning Disability.

For more information about ASPERGER SYNDROME

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Disability Brochure #1



Characteristics and Coping Strategies

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