

# ASPERGER'S SYNDROME

## SYMPTOMS OR BEHAVIORS

- Adult-like pattern of intellectual functioning and interests, combined with social and communication deficits
- Isolated from their peers
- Other students consider them odd
- Rote memory is usually quite good; they may excel at math and science
- Clumsy or awkward gait
- Difficulty with physical activities and sports
- Repetitive pattern of behavior
- Preoccupations with one or two subjects or activities
- Under or over sensitive to stimuli such as noise, light, or unexpected touch
- Victims of teasing and bullying
- Inappropriate or minimal social interactions
- Limited interests
- Peculiar preoccupations
- Often misses subtle social nuances
- Conversations almost always revolve around self rather than others
- Lack of "common sense"
- Few facial expressions
- Average to above-average verbal cognitive abilities
- Average to below-average non-verbal cognitive abilities
- Odd behaviors or mannerisms
- Obsession with complex topics such as patterns or music

## ABOUT THE DISORDER

Asperger's Syndrome, a subset of the autism spectrum disorders, was first identified in the 1940s. Before knowledge of the diagnosis was expanded, the term "high functioning autism" was usually used. An increasing number of children are now being identified with this disorder. The cause of Asperger's Syndrome is not known, however, current research suggests that a tendency toward the condition may run in families. Students with Asperger's are also at risk for other psychiatric problems, including depression, attention deficit disorder, schizophrenia, and obsessive-compulsive disorder.

Asperger's is a neurobiological disorder that can impact behavior, sensory systems, and visual and auditory processing. Students with Asperger's Syndrome are usually highly verbal and test with average to above-average IQs.

A diagnosis of Asperger's Syndrome requires an atypical pattern of behaviors, interests, and activities. This neurological disorder impacts cognition, language, socialization, sensory issues, visual processing, and behavior. There is often a preoccupation with a single subject or activity (for example, a child may spend hours each day preoccupied with counting signs on the street or watching only the weather channel on television). Students may also show excessive rigidity (resistance to change), nonfunctional routines or rituals, repetitive motor movements, or persistent preoccupation with a part of an object rather than functional use of the whole object. The most outstanding characteristic of a student with Asperger's is impairment of social interactions, which may include failure to use or comprehend nonverbal gestures in others, failure to develop age-appropriate peer relationships, and a lack of empathy. The student may have difficulty using the right tone and volume of speech. They may stand too close or make poor eye contact, have trouble understanding age-appropriate humor and slang expressions, and may become fixated on a particular topic and bore others with frequent or repetitive talk. They may also exhibit an unusual sensitivity to sensory stimuli, (for example, they may be bothered by a light, or they may cover their ears to block out sounds in the environment that no one else notices).

Many parents and professionals have identified successful adults who may have undiagnosed Asperger's Syndrome because they have learned to compensate for their differences and use their fixations to their advantage when working toward achieving difficult goals. For others, ongoing needs may lead to a request for help from social services. Students may qualify as having a "related condition," especially if a functional skills test like the Vineland shows severe delays in social, self-care, and personal safety areas.

## EDUCATIONAL IMPLICATIONS

Many children with Asperger's have difficulty understanding social interactions, including nonverbal gestures. They may fail to develop age-appropriate peer relationships or be unable to share interests or show empathy. When confronted by changes in school routine, they may show visible anxiety, withdraw into silence, or burst into a fit of rage. Students may show no delays in language development; they usually have good grammatical skills, and an advanced vocabulary at an early age. Although students with Asperger's may appear to have a large vocabulary, (sometimes sounding like "little professors"), they can be very literal and have great difficulty using language in a social context. They may like school, but wish the other children weren't there. Students with Asperger's may also have problems with attention span and organization, and they may have visual-perceptual difficulties. In general, these students usually have average and sometimes above average intelligence.

## INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Create a structured, predictable, and calming environment. Consult an occupational therapist for suggestions on handling your student's sensory needs.
- Foster a climate of tolerance and understanding in the classroom. Consider assigning a peer helper to assist the student in joining group activities and socializing. Make it clear to the class that teasing and harassment of any student is not allowed.
- Enjoy and make use of your student's verbal and intellectual skills. Fixations can be used by making the chosen subject the center of teaching and using the student's expertise to raise peer interest and respect (i.e., have him give a report or make a model of his favorite subject to share with the class).
- Use direct teaching to increase socially acceptable behaviors, expected greetings and responses, and group interaction skills. Demonstrate the impact of words and actions on other people during real-life interactions and increase awareness of emotions, body language, and other social cues.
- Create a standard way of presenting change in advance of the event. A key phrase like "today will be different" may be helpful if used consistently. You may also want to mention changes—for example, "tomorrow we'll have a substitute teacher"—both privately to the student and to the class as a whole.
- Learn the usual triggers and the warning signs of a rage attack or "melt-down" and intervene before control is lost. Help your student to learn self-calming and self-management skills. Remain calm and non-judgmental to reduce stress—remind yourself that your student "can't" rather than "won't" react as others do.
- Provide whatever support and information you can to the parents. Children with Asperger's Syndrome often have sleep disorders, and the family may be sleep-deprived. Other parents show frustration due to the long search for a diagnosis and services. They may also face disbelieving professionals or family members who erroneously blame poor parenting for the behaviors they see.

*For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.*

## RESOURCES

### Autism Society of America

4340 East-West Highway  
Suite350  
Bethesda, MD, 20814  
301-657-0881 • 1-800-328-8467  
[www.autism-society.org](http://www.autism-society.org)  
*Advocacy, educational information, referrals*

### The Gray Center for Social Learning and Understanding

100 Pine St. Suite 121  
Zealand, MI 49464  
616-748-6030  
[www.thegraycenter.org](http://www.thegraycenter.org)  
*Resources and information, including information on social stories*

### Online Asperger Syndrome Information & Support (OASIS@MAAP)

[www.aspergersyndrome.org](http://www.aspergersyndrome.org)  
*Information, support, links*

### Publications

*Asperger's Syndrome: A Guide for Parents and Professionals*, by Tony Atwood, Taylor & Francis Group, 1997.

*The OASIS Guide to Asperger Syndrome*, by Patricia Romanowski Bashe and Barbara L. Kirby, Crown Publishing, 2001.

### Video

*Visual Supports in the Classroom for Students with Autism and Related Pervasive Developmental Disorders*, by Jennifer Savner, Autism Asperger Publishing Co. (AAPC), 1999. Available from [www.asperger.net/bookstore](http://www.asperger.net/bookstore)