

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 1 or 2 subjects or activities
- Under or over sensitivity to stimuli such as noise, light, or unexpected touch
- Victims of teasing and bullying

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.

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. 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 (i.e., spinning the wheels of a toy car rather than "driving" it around). The most outstanding characteristic of a child 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.

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.

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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. Although students with Asperger's may often 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.

Instructional Strategies and Classroom Accommodations

- Create a structured, predictable, and calming environment. Consult an occupational therapist for suggestions on handling sensory needs for your students.
- 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 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.

Resources

Autism Society of America

7910 Woodmont Avenue, Suite 300

Bethesda, MD, 20814

301-657-0881 • 1-800-3AUTISM

www.autism-society.org

Advocacy, educational information, referrals

The Gray Center for Social Learning and Understanding

4123 Embassy Drive SE

Kentwood, MI 49546

616-954-9747

www.thegraycenter.org

Resources and information, including information on social stories

Online Asperger Syndrome Information & Support (OASIS)

www.udel.edu/bkirby/asperger

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 at www.asperger.net/bookstore

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.