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Asperger's Disorder

Handout for Teachers and Parents

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Background

Asperger's Disorder (AD) is a pervasive developmental disorder characterized by deficits in social interaction, adherence to rules, routines and rituals, and lack of emotional reciprocity. It is generally equated with high functioning autism; the primary distinction is that people with autism exhibit a significant delay in language skills while those with AD have only mild impairments or peculiar ways of using language. Both autism and AD include problems with social interaction skills and interests which are limited in scope and structure. Children with AD often display clumsiness with fine and gross motor activities, although this characteristic is not necessary for a diagnosis. They typically have intellectual abilities ranging from the average to the superior range of functioning.

AD is more likely to occur in males and research studies have estimated that between 20 and 40 per 10,000 people meet the diagnostic criteria for AD. People with AD often have such coexisting problems as tic disorders, attentional disorders or mood disorders.

Key Characteristics

- **Social interaction:** socially aloof, inappropriate eye contact, typically desire interaction with peers but are unskilled in approaching or sustaining positive interaction; specifically have difficulty taking the perspective of another person and appear to lack empathy
- **Rules/Routines/Rituals:** use objects in atypical fashion (e.g., continually lining up toy cars but not "driving" them), insisting that others do things according to a strict structure developed by their own rules, strong desire

for orderliness

- ***Language development:*** may have delays in early childhood followed by a "language explosion" with rapid skill acquisition; may demonstrate hyperlexia (an extraordinarily broad vocabulary) but not understand language usage or pragmatics; may engage in perseverative or repetitive speech; impairments in social uses of language and deriving meaning from spoken or written word
- ***Poor problem solving and organization skills:*** difficulties in situations requiring "common sense," organization and abstract reasoning; deficits in mental planning, impulse control, self-monitoring and transitioning from one situation to another
- ***Limited interests and preoccupations:*** may talk at length about some topic of interest only to him/herself
- ***Motor clumsiness:*** seen primarily at the preschool level, may have visual-motor deficits similar to those of people with learning disabilities

Diagnosis

Many students with AD will be undiagnosed or misdiagnosed. Common early diagnoses include autism, a specific learning disability or obsessive-compulsive disorder. Teachers should report symptoms to the child's parents; parents should seek referral to a mental health professional competent in assessment of psychiatric disorders (i.e., school psychologist, psychiatrist, mental health counselor, clinical psychologist). The assessment should systematically rule out other disorders and determine the possibility of medical intervention, special education programming and therapy. Assessment should include a measure of cognitive ability, academic achievement, speech/language functioning and social/emotional functioning. A comprehensive developmental and family history should be included, as well.

How Can Parents and Teachers Help?

Although children with AD have similar characteristics, their educational needs may differ. An individual plan, either under IDEA (Special Education) or Section 504 (accommodations for individuals with disabilities), is recommended. Communication between school and home will also be an important factor in the student's success.

Academic Interventions

- Consistency is essential: Provide a safe and predictable environment where transitions can be minimized; provide a consistent daily routine; prepare AD student for changes in routine and new activities.
- Provide assistance for the student with AD as soon as difficulties are noted. These children are quickly overwhelmed and react much more severely to failure than most other children.
- Emphasize these individuals' exceptional memory; they are typically quite able to retain factual information.
- Do not assume that children with AD understand something just because they can repeat what they have heard. Use brief, concise instructions. Offer added explanation and try to simplify or make new concepts more concrete than abstract.
- The student with AD needs great motivation to not follow his or her own impulses. Learning must be made a rewarding experience and not one that induces anxiety in the student with AD.
- Children with AD generally have excellent reading recognition skills but difficulties with comprehension. Do not assume they have understood what they easily decoded.
- If the student demonstrates visual-motor difficulties, modify expectations and demands for written assignments (e.g., shorten the assignment or provide more time for completion, allow the student to respond orally or into a tape recorder).
- Students with AD require a learning environment in which they see themselves as competent. Without support, mainstream classes may present situations where they cannot grasp concepts or complete assignments, serving only to diminish their self-image, increase their withdrawal, and increase the likelihood of depression. Not all students with AD, however, need placement in a special education classroom. With appropriate levels of support and modifications, many are successful in regular education settings.

Social/Emotional Support at Home and at School

- Teach the child appropriate steps to use when feeling stressed (e.g., deep breathing, counting to five, talking with an adult). Write the steps on a card which the child can carry at all times.

- Maintain a consistent schedule as much as possible. Prepare the child for changes in routine using picture cues, verbal cues and/or a posted daily agenda. Children with AD frequently become fearful, angry and upset when faced with unexpected changes.
- Teachers and parents should minimize affect in their voices. Be calm, predictable and matter-of-fact when dealing with the child with AD.
- Realize that the child with AD may not recognize that he/she feels sad or depressed. Just as children with AD do not perceive the feelings of others, they are often unaware of their own feelings.

Resources

The Institute for the Study of Developmental Disabilities is a nationally recognized resource of information relating to people with autism and other pervasive developmental disorder. Contact:

The Office of Information and Public Relations
Institute for the Study of Developmental Disabilities at Indiana University

2853 East Tenth Street
Bloomington, Indiana 47408-2601
(800) 437-7924

Books

Frith, U. (1991). *Autism and asperger syndrome*. New York, N.Y.: Cambridge University Press.

Klein, A. & Volkman, F.R. (1996). *Asperger syndrome: Treatment and intervention*. Learning Disabilities Association of America.

Siegel, B. (1996). *The World of the Autistic Child*. New York: Oxford University Press.

Internet

There are many informational sites pertaining to Asperger's Disorder on the Internet. One of the best websites is O.A.S.I.S., "Online Asperger Syndrome Information and Support." This provides immediate access to information as well as links to many other relevant websites.

<<http://www.udel.bkirby/asperger/>>

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