

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 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 sensory systems, visual and auditory processing, and behavior. 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, 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 other students, 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.
- 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.
- Enjoy and make use of your student's verbal and intellectual skills. Fixations can be used by making their 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, etc.
- 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 want to explain the changes — for example, a substitute teacher — privately as well as with the class.
- Learn the usual triggers and the warning signs of a rage attack or "melt-down" and intervene early, 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.

For additional suggestions on classroom strategies and modifications see "A Teacher's Guide to Children's Mental Health" available from MACMH.

RESOURCES

Autism Society of America
7910 Woodmont Avenue, Suite 300
Bethesda, MD,
20814-3067
1-800-3AUTISM
www.autism-society.org

Autism Society of Minnesota
2380 Wycliff
St. Paul, MN 55114
651-647-1083
www.ausm.org
Provides introductory classes, parent support, information and referral, and a specialized summer camp program

Center for the Study of Autism
P.O. Box 4538
Salem, OR 97302
www.autism.org
Provides an overview of autism and related disorders and valuable links

Video:
Visual Supports in the Classroom for Students with Autism and Related Pervasive Developmental Disorders.