The Aspergers Comprehensive Handbook

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Skills for Parents of Children with Aspergers and High-Functioning Autism
How to become your child's greatest advocate.

There is a series of stages a parent of an Aspergers syndrome child goes through when he or she learns the child has Aspergers syndrome. There is an expected confusion when the child doesn’t seem to conform to “normal” childhood standards. When the diagnosis is made, a sense of grief can occur with the loss of the anticipated “normal child”. Some parents remain in that stage and cannot see the positive aspects their child brings to the family and the world in general.

Those parents that choose to see what their child can bring to the world will begin to be an advocate for their child with those who understand less about the condition than they do. When the parent becomes his or her child’s greatest advocate, others can interact with the child in a more informed way and the child himself will experience life in a positive dimension.

The road to becoming an Aspergers child’s greatest advocate begins by being as informed as possible about the condition. There are dozens of books, some more scholarly than others, that a parent can read to help themselves understand that the Aspergers syndrome was not their fault and to learn patterns of behavior they have come to see in their child but didn’t know what they meant.

The second part about being an advocate for the Aspergers child is to pay careful attention to the child. Learn his or her idiosyncrasies and pay attention to the things that work with the child, along with the things that don’t work. If the child has certain obsessions or compulsions, understand what they are and find out ways to get around them, if possible.

The most important people to be your child’s advocate with are your family, including your extended family, daycare providers and teachers. They need to be as comfortable with dealing with your child as possible. Teachers and even daycare providers need to know how best to teach the child and how to handle tantrums or behaviors that can be hard to control. When these types of people understand the child, it often makes the difference between a good education and a poor one for a child that most likely has the potential to do just as well or even better, than his/her peers.

Working with your child's school to develop inclusive practice.

The historical tendency has been for students with learning difficulties like autism and Aspergers syndrome to be segregated from the general classroom and taught in settings like special education or even home schooling. Because Aspergers syndrome children have average to above average intelligence, many educators believe that, with certain adjustments, these children can be included as part of the regular educational process, especially when they reach middle school and beyond.

Such inclusive practices take the commitment of the school system, the teachers, the student and the family to make such a situation work effectively. Teachers need to be taught the value of structured learning with a minimum of abrupt changes and they may need to understand the best ways the Aspergers child learns. For example, if the child is a visual learner, he or she needs as much opportunity to learn that way as is possible.

The school may need to offer some special tutoring or mentoring to help the child keep up with what’s going on in the classes. Classmates may need a talk on Aspergers syndrome so as to avoid some of the confusion and teasing that can go on when kids don’t understand the nuances of dealing with a peer with Aspergers syndrome.
Sometimes the teacher needs to make adjustments, like setting stricter routines in their teaching practices, teaching in different ways and even making changes in things like the color of ink they use on the overhead projector.

There is much evidence to suggest that children with Aspergers syndrome do better in an inclusive program with the right blend of socializing and educational techniques that maximize the learning potential of the child. If your child is a candidate for inclusive practice in education, speak to your child’s principal to begin the process of making it happen.

**Using visual thinking skills to support understanding and learning.**

Children with Aspergers syndrome often think differently than other children. They often have what is known as ‘visual thinking’. While many of us think in words or abstractly, Aspergers suffers think in pictures and films playing in their head.
They have a difficult time seeing a generic representation of, say, a cat, and instead recall exact images of cats they have seen. Some researchers believe that the way Aspergers syndrome people think are a good way of compensating for losses in language thinking. This is what often makes these kids good at building things and seeing the end product of something before it is done.

Using this visual thinking to an advantage can help parents and teachers educate Aspergers syndrome individuals better. Teaching them through videos, pictures and other visual aids can help them learn while getting around the areas they have trouble with.

One adult with Aspergers syndrome said, “I think totally in pictures. It is like playing different tapes in a video cassette recorder in my imagination.” Some Aspergers patients can manipulate the pictures in their imagination which helps them learn different things. To access spoken information, they can be taught to replay a “video image” of the person talking to them. In some cases, this represents a slower way of thinking but it generally gets the job done.

Visual thinking often puts Aspergers syndrome individuals in jobs that involve architecture or design. Not only is their visual learning superior but their learning memory is more intact than other ways of remembering things. Aspergers individuals can create elaborate visual images of things as complex as computer programs and musical pieces and then can fill in the rest of their knowledge around that.

The thinking is often nonsequential so that pieces of knowledge are filled in like jigsaw puzzle pieces in no particular order.

When parents and teachers catch on to this method of thinking, it becomes easier to see the strengths the Aspergers individual has and it becomes easier to find ways of using the visual imagery to teach concepts.

**Temper Tantrums and Meltdowns**

Parents with children who have Aspergers syndrome will often tell you about times their child has had a “meltdown” or type of temper tantrum that can disrupt the lives of the whole family.

These types of behaviors can be as rare as once a month or can happen several times per day, leaving parents sometimes frustrated and exhausted. There are, however, things a parent can do to minimize the strength and length of these tantrums.

The first thing to pay attention to is your own response to the tantrum. Are you calm and
quiet? Have you taken steps to assure safety? Are you thinking clearly? Take slow, even breaths and reassure yourself that you’ve survived these meltdowns before and it doesn’t have to be the dreadful experience you anticipate it to be.

Speak with a soft, neutral and pleasant voice. This relaxes both you and your child. Stay away from unnecessary words and keep your movements slow and purposeful.

Many meltdowns happen as a result of rushing around or trying to get somewhere. It’s vital to take the time to slow down and rearrange your priorities. Forget that you have a timetable and concentrate on helping your child settle down first.

Keep safety a priority. Children in this stage can be impulsive and can forget every safety rule they were ever taught. If the child is having a meltdown while you’re driving, stop the car and take care of the issue. If your child tends to run away from you, resist the urge to chase them as it can make the situation worse.

Hold your child if necessary or talk with them in an attempt to redirect their behavior. In other situations, let the meltdown run itself down. Bear in mind that the child will often be exhausted after a meltdown so that you may need to give them the time to rest and get their breath back after such an event.

Remember that these types of behaviors represent ways you child is trying to communicate with you. Think about what the behavior represents and make attempts to avoid the behavior the next time.

Aspergers and diet/natural supplements.

Aspergers syndrome is a neurobiological syndrome that has no known cause or cure. For this reason, a number of alternative therapies have been tried to improve the symptoms of Aspergers syndrome and other autistic spectrum disorders.

Much has been made about the gluten free and casein free diet. This includes a diet virtually void of wheat, oat, rye and barley foods as well as any dairy foods that generally contain casein. Many parents have noted significant improvement in the behavioral symptoms of their child. Such a diet can be difficult to arrange but there are web sites that sell products free of casein and gluten and a few week trial of the diet may make a difference that no medication can do.

Other alternative therapies include chelation therapy that rids the body of heavy metals which may be contributing to the symptoms, cranio-sacral therapy, auditory integration therapy, sensory integration therapy and music therapy. Some of these alternative therapies have gone past being “alternative” and have reached mainstream medical
A natural supplement found to be helpful in Aspergers syndrome is called L-carnitine, a supplement that is a protein combination of alanine and histadine. In several studies, it has been shown to improve the auditory processing skills, socialization, speech production, fine motor skills and language skills of children with autism spectrum disorders.

Certain digestive enzymes have been developed for children with Aspergers syndrome and related disorders. It is felt that the enzymes reduce the amount of undigested food that unhealthy gut bacteria thrive on.

Some researchers believe that Aspergers syndrome children are deficient in glutathione. Some companies now manufacture what is called liposome-enclosed glutathione. Glutathione is an antioxidant that also helps rid the body of toxins, including heavy metals.

Electrolyte solutions containing minerals are used to prevent dehydration and add valuable minerals to the child’s diet. In addition, phosphatidyl serine is used because it is known to regenerate damaged nerve cells and improve memory, learning and concentration.

One easy and sugar free solution for Electrolyte is Lyte N Go

There is much less research on dietary supplements and dietary changes in those who suffer from Aspergers syndrome and related disorders. Any research done is often done on extremely small numbers of children so they can’t be widely recommended; however, none of these therapies are harmful to the body so they may be tried safely in families looking to optimize their child’s level of functioning.

Special Diets for Special Kids

Children with ASD are sometimes picky eaters. This may be in part because they have felt the effects of foods that don’t work with their body. It may be a sensory issue as well. Children with ASD may be hyposensitive to textures or hypersensitive. What tastes good to you and I may not be the same to a child with ASD.

Children with ASD have been known to benefit from a gluten-free and caseine-free diet. Vitamin supplements have also been known to be effective with ASD children in eliminating behavior problems and increasing focus. This can be frustrating for parents who don’t know where to start improving the diet for their child.
While the results for each child will vary, it is a common sense solution, and if effective is well worth the effort.

Building Social Relationships

The child with ASD often has difficulty building social relationships of any kind, particularly friendships with peers. This can be frustrating for the child in every environment.

Learning social skills for the ASD child is often frustrating. They have a strong desire to “fit in” but don't know how to go about it and struggle with reading social cues.

There are many approaches to this problem, and finding the right fit for any child may take a combination of approaches to be successful. For parents, this can be especially frustrating as the inability to develop social skills can be a combination of deficits that may be difficult to discern.

Sibling Issues

In most cases, Aspergers syndrome is a condition in families where both parents and siblings must learn to adapt and understand the condition at the level they are able. While parents are learning to cope themselves, it is often difficult to see that there are other children involved—children who may be suffering themselves from the confusion of understanding the nature of the illness in their family.

As a parent, it’s important to understand that children learn things at different rates and in different ways than adults. They have questions about how to understand the behavior of their sibling that need as much attention as the Aspergers child needs. As the family grows, more questions will arise and all of the children in the family need to learn the best ways to adapt to the behaviors of the child with Aspergers syndrome.

How Aspergers syndrome gets explained to siblings depends upon the age of the sibling and on the particular problems the Aspergers child is having. For some children, they just need to know that their brother or sister has a brain condition that leads them to resist change or to become fixated on certain things. Other children have the maturity to understand the nuances of how difficult it is for the Aspergers child to understand the
emotions of others and to communicate nonverbally with others.

Some siblings of Aspergers syndrome can act out angrily as the child who isn’t getting the family’s attention. Others find themselves being their “brother’s keeper”, fending off comments and teasing from other kids who see their brother or sister as a freak. A sort of unnecessary maturity is forced on the sibling to be the protector or go-between when it comes to other children and their sibling.

As a parent, it’s important to keep the lines of communication open in discussing the problems that may come up or the ways everyone can cope with the illness in the family. Family therapy helps in some cases and should be an option for all families dealing with sibling issues and Aspergers syndrome.

Sharing information about your AS child.

What do other people need to know? Entrusting your child to the care of someone else is difficult, especially when they have disabilities. It is often hard to know what information you should share and where to draw the line. Alternative caregivers have to have enough information to keep your child safe.

Most parents give an alternative caregiver plenty of information, but if that information is not organized, caregivers may have a difficult time finding what they need, especially if they need information quickly.

A caregiver will need to have information about your child’s daily routine, their preferences, positive ways to deal with inappropriate behavior, and medical concerns, just to name a few.

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Can people with Aspergers develop normal relationships?

It is possible, depending on the individual, for an Aspergers syndrome sufferer to develop a normal relationship with the right person. In some cases, that “right person” is another individual with the condition who understands and has the ability to cope with the idiosyncrasies of another Aspergers syndrome person.
Some of the barriers to normal relationships include a sort of “extended adolescence” or maturity issue in Aspergers syndrome individuals. This can mean that the individual marries later in life and lacks the ability to have solid relationships until they are older than the average person.

One individual with Aspergers syndrome feels that relationships with their partner is challenging, in part due to his overwhelming need to focus on his obsession of choice. He feels that he lacks a strong interpersonal connection and has to make the conscious choice to put his focus on his partner, to the exclusion of his desired focus of choice. He is accustomed to being solitary and he finds it difficult to concentrate with others around him, including his spouse.

The Aspergers individual described above, A. J. Majari, writes: “Relationships take a lot of work notwithstanding one partner having Aspergers. The sophisticated relational skills required, along with certain more developed social skills make relationships challenging for adults with Asperger's, particularly if diagnosed with it in adulthood.”

In fact, the divorce rate among Aspergers syndrome individuals is higher than in other groups of people. Interventions, such as marital counseling, can work if the therapist understands the unique features of Aspergers syndrome and relationships.

There are no good statistics around how many Asperger’s patients develop normal relationships and how many find themselves unable to relate to a partner in an interpersonal and intimate way. Those with good communication and improved social skills have a better chance to succeed in a relationship than others.

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**Puberty and Beyond for Aspergers**

Puberty brings with it challenges for all children, however, children with ASD face increased challenges through puberty. The behavior issues of impulsivity can increase in both frequency and intensity. Children who have experienced bullying and experience bullying in the middle school years may become increasingly aggressive. Adolescence can become a very difficult time for a child with Aspergers Syndrome as peers may no longer be willing to tolerate someone who seems different. Moodiness, depression and anxiety can also develop in adolescence due to hormonal imbalances, and the increased separation of the child with ASD and their peers.

This is a time of their life when social demands become more complex and it becomes increasingly important to be able to understand social cues. Children with ASD can be more vulnerable to manipulation by others and peer pressure. They are likely to experience more rejection among their peers. With individuals who have autism/Asperger's syndrome, interaction with peers usually creates more anxiety than
interaction with younger or older people.

Promoting Independence in the Teen Years

The teen years can be difficult whether or not your child has Aspergers syndrome. In situations where they do, however, there are special challenges that differ depending on the child.

Some parents find themselves dealing with a child who is a loner, who has few friends and focuses on one or more hobbies or preoccupations. This type of child is independent in some ways but lacks the maturity to truly be independent in life. A teen like this needs to be pushed in the direction of finding friends and developing relationships.

He or she may also need to learn some of the specific things necessary for “life independence”, like how to deal with money, cleaning up after oneself, doing the laundry and other life skills that will be needed once the teen is ready to leave home. Interpersonal skills, including how to talk to service people, shop assistants and other people they may meet along the way, should be taught and practiced as concretely as possible.

Other parents are dealing with the ongoing presence of rituals and obsessions that might interfere with the teen’s eventual independence. Psychotherapy might work in this kind of situation but there are also medications designed to control ritual behavior. Getting this under control as a teenager will go a long way in enhancing the teen’s adult experience as they grow older.

This is a time when depression can develop in teens, who know they don’t fit in and suffer from a poor self esteem. Be aware of the signs of depression and be proactive through the use of psychotherapy or medications to control some of these symptoms. This means, as a parent, you need to be aware of excessive isolation, “dark” language, outbursts of anger, or self mutilation. Help is available and can help the teen resolve some of the conflicts unique to adolescence and having Aspergers syndrome.
Positive behaviour management (using rewards and sanctions).

Children with Aspergers syndrome have no greater permission to run amok and misbehave than other children. The way the parents gain control over their child’s behavior will likely differ with an Aspergers syndrome child as opposed to other children, mostly because of differences in how they think and how they perceive rewards and sanctions.

Aspergers syndrome children, similar to other children, do not respond well to negative reinforcement like spanking or yelling. Aspergers syndrome children really don’t respond negatively to isolation, so the phrase, “Go to your room!” may be seen as a positive thing instead of a negative thing. This means that parents need to be more creative in defining which things will be seen as rewards and which things will be seen as sanctions by the child.

Positive rewards may include being able to play with a preferred toy, being allowed watch a preferred television program or listen to preferred music. Rewarding a child with computer game time may be enough to alter his or her behavior accordingly.

These particular rewards are often offered because Aspergers syndrome children respond more to the presence or absence of “things” and less to human contact or even human praise. The rewards can be offered along with human praise but the praise alone often falls flat and doesn’t affect self esteem in the same way it might another child.

Sanctions involve removing preferred items, including television, toys, computer games or movies—anything the child prefers. All sanctions and rewards must come with clear reasons explained to the child as to why the sanction or reward is being given. Only then can the child match the reward or sanction with the behavior they have done and only then can change be affected.

Yelling or smacking can’t actually be a valid last resort. The child could easily be traumatized by either behavioral option and often won’t be able to tie the “behavior” with the “punishment”, leaving you back at square one.

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Teaching Play Skills to Aspergers Kids

All children learn through the art of individual play and through play with their peers. Children with ASD, however, often obsess about certain topics or articles and may not participate in a variety of forms of play.
Due to a lack of social skills, they often struggle to learn how to play in groups, using the skills of taking turns, sharing, etc. Play allows children to learn and practice new skills in safe and supportive environments. Through play children develop their sensory motor skills, and they learn about objects in their immediate environment.

Children learn gross motor skills through physical play with other children. Children learn social skills through play with their caregivers and other children. Children also develop their sense of imagination through play. Children with ASD may need some assistance developing these skills that are so critical to their development.

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Coping with Obsessions and Rituals

One of the hallmarks of Asperger's syndrome is the development of obsessive thinking and the performing of ritual behaviors done to reduce stress and anxiety. This type of behavior can later meet the criteria in adulthood for obsessive-compulsive disorder. Asperger's syndrome children often have an obsessive interest in a particular subject and very little interest in much else. They may obsessively seek information about maps or clocks or some other topic. They may also be very inflexible in their habits and rigidly adhere to certain routines or rituals. These obsessions and compulsions are believed to be biological in origin. This means that it is very difficult to go to therapy or just talk the individual out of the rituals.

Even so, there is some evidence to suggest that cognitive-behavioral therapy may help control some of the behaviors and makes the child aware of ways to recognize when the behavior is occurring so as to stop it before it occurs. This kind of therapy, in general, can be helpful for children, teens and adults with Asperger's syndrome because it focuses on concrete behavioral and “thought” changes necessary to function on a day to day basis.

Parents may need to simply be supportive of the child who so rigidly hangs onto rituals he or she doesn’t understand. Unless the child has done a lot of therapy, it takes a great deal of effort to fight the rituals nor does it help to punish the child for them.

There are medications, often used in obsessive compulsive disorder that can take the edge off of the ritual behavior and obsessions, especially when used along with cognitive behavioral therapy. No medication is without side effects and the improvement may not be complete; however, it is worth the effort to try the medication as recommended by your child’s doctor.
Supporting your child to make friends.

When a child without Aspergers syndrome makes friends, parents are not often involved in the choice of the friend or the facilitation of the friendship. In Aspergers syndrome children, however, the parent or parents may need to be an active participant in helping the child make and keep solid friends.

Part of the process involves concretely teaching the child how a normal friend should act. Teaching them politeness, restraint, in some situations, and how to talk and establish good eye contact with others will help the child learn skills that aren’t innate to their development.

Finding a child to be your child’s friend in the school situation often takes careful planning and effort. It genuinely helps if you volunteer in the classroom and get to know the children well. If you can find a receptive, relatively quiet child who would make a good friend for your child, ask the child’s parents if the two could play together. Rowdy or noisy children may be a source of distress to the Aspergers syndrome child.

If your child is one of the many who have specific interests or musical ability, make the effort to link the child up through groups or clubs of children with similar interests. Often, having a similar interest as another child will help facilitate a relationship between the two. Even if your child doesn’t have a special interest, consider something structured such as the boy scouts or a church group from which friends can be found and maintained through regular contact.

It’s probably not a good idea to invite a bunch of kids over for a sleepover. Rather, one child playing with your child at a time has the best chance of success. If the other child seems to have some maturity, explaining the condition of Aspergers syndrome to the child may help avoid the frustration some children feel around Aspergers children.

Not in every case will your child be receptive to a friendship and he or she may prefer to play alone. In that case, wait until you see signs of receptiveness before attempting to facilitate a friendship.
Dealing with obsessions and compulsive behaviors.

Children with Aspergers syndrome often must deal with obsessions and compulsive behavior. They may become fixated on a narrow subject, such as the weather, compulsive neatness, baseball statistics or other narrow interest. In fact, this is often a hallmark sign of Aspergers syndrome.

While some of the core issues with Aspergers syndrome can’t be cured, there are ways a family can cope with such issues and learn to overcome some of them. For example, Aspergers syndrome can be explicitly taught better ways of communication with others which will lessen their focus on obsession. Certain types of cognitive behavioral therapy can help as well. Finally, medications that control obsessive behavior can be tried to see if some of the obsessiveness reduces.

Families must, to some extent, learn to cope with compulsive behaviors on the part of their Aspergers child. It helps to learn as much as you can about the syndrome and its nuances. Learn as much about your child as you can and learn which things trigger compulsive behavior so they can be avoided. Some compulsive behavior is completely benign and is easily tolerated by everyone involved. As parents, you need to decide which kinds of behaviors should be just tolerated and which need intervention.

Allow others, like therapists, teachers and doctors to help your child with some of his or her behaviors. As a parent, you can be expected to do only so much and others may have to be involved in helping you help your child.

In some cases, it helps to turn your child’s obsession into a passion that can be integrated into his or her own extracurricular or school activities. A consuming interest in a given subject can help connect your child to schoolwork or social activities, depending on the obsession and the behavior. The Aspergers child’s obsession doesn’t have to be something negative to be washed away. Only you and perhaps your child’s doctors and teachers can decide whether or not it’s appropriate to allow the child to fixate on a particular subject.
Developing active listening skills for effective interaction.

Children with Aspergers syndrome generally don't have the innate ability to exchange eye contact or use appropriate facial expressions when interacting with others. This can make them seem odd when interacting with both adults and other children. Some of the way they interact with others can cause teasing or other behaviors that cause a child to feel lonely or left out of the conversations of others.

Aspergers children often can tell that something is wrong with their interactions with others and their self esteem can suffer as a result.

Fortunately, Aspergers children are usually intelligent and can be taught things that otherwise wouldn't come naturally. In other words, therapy directed at specifically teaching a child with Aspergers syndrome to use proper eye contact and facial expressions is possible and often works very well in helping improve the child's self esteem.

This kind of training is generally very concrete and explicit. Some general psychotherapists can do this but those who deal with Aspergers syndrome or occupational therapists as part of school or a clinic can teach the Aspergers child the techniques needed for greater social acceptance and a secondary greater self esteem.

Because these things don't come naturally to a child with Aspergers syndrome, they learn things like when to smile, laugh or use facial expression in the same way they learn facts and figures in school. They learn through instruction and role play, and the skills may need to be reinforced as the child ages. These skills go a long way toward the advancement of an individual with Aspergers syndrome in their lives and in society. It can make the difference between being a disabled individual versus a productive member of society.

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Life and Love: Positive Strategies for Managing Aspergers Syndrome

A child with ASD, may make some positive changes in their ability to cope with lifes stresses through the assistance of others in their life. Even with positive change, some of these characteristics will follow them into adulthood, and may pose even larger challenges as they are encouraged to monitor their own behavior, develop their own relationships, and maintain those relationships in a positive manner.
Adulthood brings with it challenges for everyone, but the individual with ASD may not have adequate coping strategies to allow them to problem solve in different situations.

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**Language Concepts**

Communication for the child with ASD is often difficult to learn, and even harder to use when needed. Words may not mean the same thing to an ASD child as they do to you or I. Being unable to communicate effectively has a tremendous impact on a child, and to their family.

Many approaches to teaching communication to ASD children have been tried, some have been successful, some have not. Learning communication skills have to be considered on a case to case basis, based on the abilities and needs of the child.

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**It's Aspergers Syndrome! How do you share the news?**

Finding out that one’s child has been diagnosed with Aspergers syndrome can be traumatic. Parents naturally feel guilty even though there isn’t anything yet known that could have prevented the disease. Through all of this comes the need for telling others about the syndrome and how it affects the child.

If you are faced with having to tell those around you that your child has Aspergers syndrome, the first thing you want to do is understand and read about the condition so that you can answer questions appropriately and truly be an advocate for your child. You will also want to start with those closest to you, beginning with the siblings of the Aspergers syndrome individual. Telling younger children that their sibling has a brain problem that causes them to have problems talking with others, causes them to focus inordinately on certain subjects to the exclusion of others and results in them performing ritual behaviors may be enough. These kids have seen everything already and just need to know that there is a reason behind the behaviors. It can help siblings be less frustrated with their sibling and can also become advocates for the Aspergers syndrome child. Having a name for what the child is seeing can help a great deal. After the family becomes accustomed to the diagnosis, it’s time to speak with the
extended family. Encourage them to read what they can on the subject and help them connect the symptoms they see with a brain disorder that can’t be helped. If they know that much of the behavior is beyond the control of the child, family members can come to love the child at the level they’re at.

Certainly, teachers and educators need to understand the diagnosis and how it is affecting your child. Plans need to be made to alter the educational style the teacher or teachers use to help teach the child in an effective manner. A frank discussion of the diagnosis should be followed with problem-solving methods that will help the child thrive as best he or she can in the educational world.

Beyond family, educators and perhaps daycare individuals, parents of an Aspergers syndrome don’t necessarily need to tell the rest of the world, especially if others don’t see much of a problem in the child’s behavior. What you do eventually say can be as simple as “my child has a brain disorder” or as complex as explaining the disorder to its fullest to interested friends or acquaintances. Certainly, the conversation needs to take place every year as new teachers come into the picture but, in today’s times, Aspergers syndrome is more well known and more easily understandable than it once was.

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Home tuition/Schooling for your Aspergers child.

When faced with questions about how to educate your child, the challenges become all that much more difficult if you have a child with Aspergers syndrome. Home schooling is an option for many types of children and it could be the best educational choice for a child with Aspergers.

The first decision to make is whether or not the family has the resources of time necessary to home school a child with Aspergers syndrome. Special learning techniques may need to be learned and parents who home school need lots of patience and a level head.

It may be interesting to try your child out at a public or private schooling situation before deciding on home schooling. Some Aspergers children fit fairly well into the classroom, while others are quickly labeled “freaks” and are shunned by their classmates. Teachers of regular classrooms may not have the time or energy to deal with the intricacies of teaching an Aspergers syndrome child and, by observing what’s happening in the classroom, a parent may find that home schooling is one of the few viable options.

Some challenges of home schooling include dealing with a child that is a visual learner who might not learn by listening. Some Aspergers syndrome children become so obsessed about having everything perfect that they will throw away papers that have mistakes on them. Aspergers syndrome children often have very narrow focuses of
interest so that the parent/teacher needs to find ways to tie in other subjects or to teach other subjects in a way that is interesting to the child.

There are always critics who argue that home schooled children lack the necessary social skills that children who go to a regular school get on a daily basis. With Aspergers syndrome children, social skills must often be taught in a structured setting and parents have the opportunity to do this and to explore putting their child on a sports team or other social organization, like band or music programs, which will give them social skills without overwhelming them.

In general, a parent who teaches to the innate interests of their child will not only be successful but will have succeeded in giving their child a better education than they would get in a noisy chaotic classroom.

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Language Concepts

Aspergers syndrome and High Functioning Autism (similarities/differences)

Aspergers syndrome and high functional autism are considered separate diagnoses along the spectrum of autistic disorders. Even so, there are many similarities between the disorders so that some consider them to be different labels for the same condition.

Both those with Aspergers syndrome and those with high functioning autism have difficulties with sensory functioning and cannot tolerate certain noises or certain kinds of tactile stimuli. By definition, those with either disorder have an IQ which is at, near or above the normal intelligence range. Both conditions involve a child or adult who has learned to function in society or in their surroundings by relying on the skills they happen to be good at.

Children with high functioning autism and those with Aspergers syndrome think better in visual terms. They see pictures in their heads when recalling something and don't have a particularly good ability to think in words. Both diagnoses are associated with a relative inability to understand nonverbal cues and facial expressions.

The primary difference noted in the diagnostic criteria for each disorder is the finding of a greater speech delay in high functioning autistics when compared to those with Aspergers syndrome. Others feel this represents a continuum and that this shouldn't be enough to establish one diagnosis over another. Albert Einstein, for example, was felt to have characteristics of Aspergers syndrome, yet he couldn't speak until he was three years old.

Unfortunately, there are no specific blood tests or other diagnostic tests to differentiate
between the two diagnoses. Instead the diagnosis is based on clinical judgment and observation. Some children with tentative high functioning autism will catch up on verbal skills and will carry the same diagnostic appearance that Aspergers syndrome patients do. Their IQ may be at least as high as other children labeled with Aspergers syndrome.

Children with Aspergers syndrome and high functioning autism are both high functioning and, in general, they can all read, write, speak and understand. In the end, the final subtleties between the two diagnoses may just be a matter of semantics and may not represent a true difference in diagnoses.

06:17AM (-07:00)

How to help your Aspergers child deal with stress.

Children with Aspergers syndrome often suffer from different types of stress than other children. They can suffer from stresses as diverse as school issues and the texture of their clothing! These children often suffer from so many obsessive thoughts that they are stressed out by things such as noise, smell, certain textures, things out of place, and disorder.

These children are perceived to be quite intolerant of others as well as the environment. They become very anxious in unstructured settings and in situations where people are moving at random. They may not be able to tolerate people close to them and noise, whether it is sudden or it comes from general background activity, can cause acute stress, fear and even panic and, at the very least, the individual may be distracted and unable to concentrate.

Each child will have his or her issues that stress them out. When they are younger, this kind of stress can lead to temper tantrums. Older kids can have anger outbursts or other evidence of distress when things aren’t going their way. They may swear or act out in inappropriate ways to cope with their environment.

Sometimes a parent or family just needs to give in to the idiosyncrasies of the Aspergers child. They may need to keep the noise down or keep things in a specific order. Parents may have to respect their child’s need for certain clothing textures or bed clothing textures.

Lack of sleep can lead to stress in an Aspergers syndrome. Sleep disorders are common in those with Aspergers syndrome and sometimes medication or taking naps during the day may help ease the stress of sleep deprivation.

Some stress reduction techniques can be taught and are somewhat different from other stress reducing techniques. The child may need to remove themselves physically from
the situation causing the anxiety. A quiet environment, free from distractions and where rules are followed rigidly can do much to help them concentrate.

Carrying a favored object can also give them a sense of security. The nature of this object can seem quite bizarre to others (e.g. a cat's eye marble from the road) but without it they are unable to settle or concentrate. Others derive comfort from repeating a set ritual of some kind that can be long and complex. It goes without saying that the ritual, however time-consuming, may have to be carried out in classroom situation and the comfort object must be allowed to be present if the child is to be able to cope with the stressor.

06:18AM (-07:00)

Helping your child's teacher to understand your child.

By the time your child reaches the age where he or she is going to school, you'll have several years of experience figuring out what works and what doesn't work in managing your Aspergers syndrome child.

While your child's teacher understands the fundamentals of teaching, he or she will be lacking in crucial information about your child and what works best in certain circumstances. This means that you have information to share with the teacher, and the time to do that is before or very near the time the child enters the classroom.

You'll want to share information on your child's diagnosis and his or her normal level of functioning. If your child has a normal or above normal IQ, tell the teacher that your child has the cognitive ability to succeed under the right circumstances. Talk about visual learning and the fact that children with Asperger's syndrome learn through pictures and are less likely to learn through auditory awareness or through letters and words.

You'll also want to talk to the teacher about those things that set your child off, including any obsessions or compulsive behavior your child exhibits. If your child still has temper tantrums, talk about how to manage them and how to avoid them, if possible.

Tell your child's teacher that you can be available as a resource for the teacher. Try to have a phone number at which you can be reached for any impromptu issues that arise during the course of the day. Make a deal with the teacher that allows you to attend class on the first few days of the school year or when things get difficult. Not only will that help your child adjust to school, it will aid the teacher in the process of getting to know your child.

Maintain that teacher-parent alliance throughout the school year in order to have the best chance of your child learning and thriving within the structure of the classroom.
The gift of Aspergers Syndrome.

Children with ASD and their families spend a great deal of time focused on the needs or limitations of the affected child, and even more energy dealing with problems that arise. However, children with ASD also have abilities that many children do not. It is important that families talk about the strengths and abilities that many children with ASD do have.

Children with ASD are often very creative. Some people consider individuals with ASD to have a sort of natural genius. They often have above average intelligence. Adults with ASD can see the world very differently to the average person. That can mean different priorities or different sensory experiences which can be exciting, but can also be exhausting, isolating and confusing.

It is important to celebrate the child for what and who they are, recognizing their individual strengths and abilities. This alone may help to build their self-esteem and help them focus on their abilities rather than their disabilities.

Gender Differences

Aspergers syndrome is a neuro-developmental brain disorder affecting the behavior and communication skills of the sufferers.

Interestingly, different research studies list the ratio of males to females with this disorder as being 8-10 to 1.

As there is no known specific cause to Aspergers syndrome as yet, doctors don’t know why there seems to be such a diagnostic difference between boys and girls.

A couple of things could account for this difference.

First, there could be a hereditary or structural difference in boys that account for such a difference. There are other disorders associated mostly with boys, such as haemophilia that have been found to be related to the genetic basis of the disease.

There could also be a difference in the way society and doctors diagnose Aspergers
syndrome in boys and girls.

The behavioral expectations between boys and girls are such that boys are less likely than girls to be “diagnosed” with shyness and could instead be diagnosed with Aspergers syndrome.

Because the symptoms of Aspergers syndrome aren't as readily diagnosable as some diseases, mistakes in diagnosis are possible.

Interestingly, there have been several recent studies linking Aspergers syndrome in adults with gender identity disorder.

This is a disorder where an individual feels like they are actually a member of the opposite gender they appear to be.

No one knows what this kind of relationship can mean.

Much more research is currently underway to look for the causes of Aspergers syndrome and possible solutions to managing the condition.

06:21AM (-07:00)

What are the long term outcomes for people with Aspergers?

The long term outcomes for those with Aspergers syndrome depends on the severity of their symptoms, their baseline IQ, their ability to communicate and what kinds of interventions and support they receive. Those who come from supportive families, retain a reasonable sense of self-esteem, and become relatively well-educated, stand a good chance of getting into solid relationships, finding good jobs and having a normal life.

In other cases, the Aspergers symptoms are severe enough to affect speech and interpersonal relationship or the individual’s IQ is low enough to impair their ability to find a good job, leaving them with a low paying job or on disability.

Because some Aspergers syndrome individuals suffer from depression and OCD as adults, these secondary characteristics can negatively impact how an Aspergers syndrome individual develops and grows into adulthood. Some have landed in prison for violent behavior against others.

Several research studies have looked at outcome in Aspergers syndrome. In one study, outcome was looked at in a cross section of sufferers. After a five year followup using specific outcome criteria, the outcome in Aspergers syndrome was found to be good in 27% of cases. However, in 26% of cases, the individual maintained a very restricted life, with no occupation/activity to occupy their time and no friends.

46 Another study looked at outcome in those who had Aspergers syndrome to see which
factors were more related to a poor or good outcome over time. It was found that language and communication skills were the greatest predictor of good outcome, with social interaction skills being a secondary predictor. The actual Aspergers symptoms like ritual behaviors and obsessions were less likely predictors of outcome. The study indicated that early intervention directed at improving communication was a good idea.

Finally, researchers studied an 8 year follow-up of a specialized job program for those with Aspergers syndrome to see if such a program helped improve job outcome. For those with Aspergers syndrome (IQ 60+) over an 8 year period, approximately 68 percent of clients found employment. Of the 192 jobs found, most of the jobs were permanent contract work and most involved administrative, technical or computing work. The study indicated that programs like these can be helpful in improving career outcome in Aspergers syndrome individuals.

06:26AM (-07:00)

**Famous people with Aspergers and their achievements.**

Having the diagnosis of Aspergers syndrome can be devastating for the parents of children who wonder what will happen to their child as he or she grows. In fact, there have been many known or speculated individuals with Aspergers syndrome that have made positive achievements in several areas of society.

Vernon L. Smith was a professor and researcher in Economics who had Aspergers syndrome. He eventually went on to collect the Nobel Prize in economics in 2002. He authored or co-authored several books related to economic theory.

Tajiri Satoshi is a Japanese game designer with Aspergers syndrome. He developed a passion for video games as a young person and eventually became the creator of the Pokemon characters and game despite his disability.

Several authors in the world have known Aspergers syndrome. Sometimes writing becomes an outlet for those with Aspergers syndrome because verbal communication is more difficult for them. They tend to be more solitary and then learn to express themselves in the written word.

Music is another way some Aspergers syndrome individuals express themselves. Craig Nichols is a musician and front man for the garage band “The Vines”. Other Aspergers sufferers go on to become accomplished concert musicians or pianists.

It has been speculated that Sir Isaac Newton, Hans Christian Anderson and Thomas Jefferson all suffered from the syndrome. Each took their disability and found ways to shine through and express themselves in social and other situations that led to their
success in several fields.

Having Aspergers syndrome doesn’t mean that a child is doomed to be “disabled”. Often, a bit of encouragement and playing to their strengths on the part of parents and teachers can give Aspergers children the self esteem it takes to succeed in whatever area intrigues them.

06:26AM (-07:00)

Developing Social Communication Skills

Children with ASD lack effectiveness in social interactions and lack the ability to make social connections. Social situations are easily misread by children with ASD and their interactions and responses are often interpreted by others as being odd. Their social differences often lead to additional concerns, such as low self-esteem, and even depression.

They have a desire to fit in but lack the skills to do so. Children with ASD don’t have a clear understanding of the give and take in social relationships. They lack the ability to read social cues and do not have a clear understanding of social rules. This inhibits their ability to make friends. Their lack of social communication skills has perhaps the greatest impact on their life because of this.

06:29AM (-07:00)

Developing Daily Living Skills

The child with ASD may need numerous prompts and assistance to complete daily living skills, such as personal hygiene, dressing and household chores. These difficulties may occur because the child is preoccupied with other things, lacks the ability to focus, and simply doesn’t have the ability to finish these tasks to completion.

Having to provide continual prompts and direction may inadvertently resulting power struggles between parent and child and lead to more behavior problems. Children with ASD need repetition and visual cues to learn these skills and to complete them on a daily basis.

There are many ways to provide visual cues. Providing the necessary repetition for children takes a great deal of time and effort on the parents part, and finding the time to do so may be difficult. In addition, teaching these skills to children with ASD often
includes an assessment of where there skills are currently at, and what is needed to build these skills.

06:30AM (-07:00)

**Autism Spectrum Disorders (Pervasive Developmental Disorders)**

Not until the middle of the twentieth century was there a name for a disorder that now appears to affect an estimated 3.4 every 1,000 children ages 3-10, a disorder that causes disruption in families and unfulfilled lives for many children. In 1943 Dr. Leo Kanner of the Johns Hopkins Hospital studied a group of 11 children and introduced the label early infantile autism into the English language. At the same time a German scientist, Dr. Hans Asperger, described a milder form of the disorder that became known as Asperger syndrome. Thus these two disorders were described and are today listed in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR (fourth edition, text revision) as two of the five pervasive developmental disorders (PDD), more often referred to today as autism spectrum disorders (ASD). All these disorders are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior.

The autism spectrum disorders can often be reliably detected by the age of 3 years, and in some cases as early as 18 months. Studies suggest that many children eventually may be accurately identified by the age of 1 year or even younger. The appearance of any of the warning signs of ASD is reason to have a child evaluated by a professional specializing in these disorders.

Parents are usually the first to notice unusual behaviors in their child. In some cases, the baby seemed "different" from birth, unresponsive to people or focusing intently on one item for long periods of time. The first signs of an ASD can also appear in children who seem to have been developing normally. When an engaging, babbling toddler suddenly becomes silent, withdrawn, self-abusive, or indifferent to social overtures, something is wrong. Research has shown that parents are usually correct about noticing developmental problems, although they may not realize the specific nature or degree of the problem.

The pervasive developmental disorders, or autism spectrum disorders, range from a severe form, called autistic disorder, to a milder form, Asperger syndrome. If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called pervasive developmental disorder not otherwise specified (PDD- NOS). Other rare, very severe disorders that are included in the autism spectrum disorders are Rett syndrome and childhood disintegrative disorder.

Rare Autism Spectrum Disorders--
Rett Syndrome

Rett syndrome is relatively rare, affecting almost exclusively females, one out of 10,000 to 15,000. After a period of normal development, sometime between 6 and 18 months, autism-like symptoms begin to appear. The little girl’s mental and social development regresses—she no longer responds to her parents and pulls away from any social contact. If she has been talking, she stops; she cannot control her feet; she wrings her hands. Some of the problems associated with Rett syndrome can be treated. Physical, occupational, and speech therapy can help with problems of coordination, movement, and speech.

Scientists sponsored by the National Institute of Child Health and Human Development have discovered that a mutation in the sequence of a single gene can cause Rett syndrome. This discovery may help doctors slow or stop the progress of the syndrome. It may also lead to methods of screening for Rett syndrome, thus enabling doctors to start treating these children much sooner, and improving the quality of life these children experience.*

Childhood Disintegrative Disorder

Very few children who have an autism spectrum disorder (ASD) diagnosis meet the criteria for childhood disintegrative disorder (CDD). An estimate based on four surveys of ASD found fewer than two children per 100,000 with ASD could be classified as having CDD. This suggests that CDD is a very rare form of ASD. It has a strong male preponderance.** Symptoms may appear by age 2, but the average age of onset is between 3 and 4 years. Until this time, the child has age-appropriate skills in communication and social relationships. The long period of normal development before regression helps differentiate CDD from Rett syndrome.

The loss of such skills as vocabulary are more dramatic in CDD than they are in classical autism. The diagnosis requires extensive and pronounced losses involving motor, language, and social skills.*** CDD is also accompanied by loss of bowel and bladder control and oftentimes seizures and a very low IQ.

What Are the Autism Spectrum Disorders?

The autism spectrum disorders are more common in the pediatric population than are some better known disorders such as diabetes, spinal bifida, or Down syndrome.2 Prevalence studies have been done in several states and also in the United Kingdom, Europe, and Asia. A recent study of a U.S. metropolitan area estimated that 3.4 of every 1,000 children 3-10 years old had autism.3 This wide range of prevalence points to a need for earlier and more accurate screening for the symptoms of ASD. The earlier the disorder is diagnosed, the sooner the child can be helped through treatment interventions. Pediatricians, family physicians, daycare providers, teachers, and parents may initially dismiss signs of ASD, optimistically thinking the child is just a little slow and will "catch up." Although early intervention has a dramatic impact on reducing symptoms
and increasing a child's ability to grow and learn new skills, it is estimated that only 50 percent of children are diagnosed before kindergarten.

All children with ASD demonstrate deficits in 1) social interaction, 2) verbal and nonverbal communication, and 3) repetitive behaviors or interests. In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms runs the gamut from mild to severe. They will present in each individual child differently. For instance, a child may have little trouble learning to read but exhibit extremely poor social interaction. Each child will display communication, social, and behavioral patterns that are individual but fit into the overall diagnosis of ASD.

Children with ASD do not follow the typical patterns of child development. In some children, hints of future problems may be apparent from birth. In most cases, the problems in communication and social skills become more noticeable as the child lags further behind other children the same age. Some other children start off well enough. Oftentimes between 12 and 36 months old, the differences in the way they react to people and other unusual behaviors become apparent. Some parents report the change as being sudden, and that their children start to reject people, act strangely, and lose language and social skills they had previously acquired. In other cases, there is a plateau, or leveling, of progress so that the difference between the child with autism and other children the same age becomes more noticeable.

ASD is defined by a certain set of behaviors that can range from the very mild to the severe. The following possible indicators of ASD were identified on the Public Health Training Network Webcast, Autism Among Us.

Possible Indicators of Autism Spectrum Disorders

* Does not babble, point, or make meaningful gestures by 1 year of age
* Does not speak one word by 16 months
* Does not combine two words by 2 years
* Does not respond to name
* Loses language or social skills

Some Other Indicators

* Poor eye contact
* Doesn't seem to know how to play with toys
* Excessively lines up toys or other objects
* Is attached to one particular toy or object
* Doesn't smile
* At times seems to be hearing impaired

Social Symptoms

From the start, typically developing infants are social beings. Early in life, they gaze at people, turn toward voices, grasp a finger, and even smile.
In contrast, most children with ASD seem to have tremendous difficulty learning to engage in the give-and-take of everyday human interaction. Even in the first few months of life, many do not interact and they avoid eye contact. They seem indifferent to other people, and often seem to prefer being alone. They may resist attention or passively accept hugs and cuddling. Later, they seldom seek comfort or respond to parents’ displays of anger or affection in a typical way. Research has suggested that although children with ASD are attached to their parents, their expression of this attachment is unusual and difficult to “read.” To parents, it may seem as if their child is not attached at all. Parents who looked forward to the joys of cuddling, teaching, and playing with their child may feel crushed by this lack of the expected and typical attachment behavior.

Children with ASD also are slower in learning to interpret what others are thinking and feeling. Subtle social cues—whether a smile, a wink, or a grimace—may have little meaning. To a child who misses these cues, "Come here" always means the same thing, whether the speaker is smiling and extending her arms for a hug or frowning and planting her fists on her hips. Without the ability to interpret gestures and facial expressions, the social world may seem bewildering. To compound the problem, people with ASD have difficulty seeing things from another person’s perspective. Most 5-year-olds understand that other people have different information, feelings, and goals than they have. A person with ASD may lack such understanding. This inability leaves them unable to predict or understand other people's actions.

Although not universal, it is common for people with ASD also to have difficulty regulating their emotions. This can take the form of "immature" behavior such as crying in class or verbal outbursts that seem inappropriate to those around them. The individual with ASD might also be disruptive and physically aggressive at times, making social relationships still more difficult. They have a tendency to "lose control," particularly when they're in a strange or overwhelming environment, or when angry and frustrated. They may at times break things, attack others, or hurt themselves. In their frustration, some bang their heads, pull their hair, or bite their arms.

Communication Difficulties

By age 3, most children have passed predictable milestones on the path to learning language; one of the earliest is babbling. By the first birthday, a typical toddler says words, turns when he hears his name, points when he wants a toy, and when offered something distasteful, makes it clear that the answer is "no."

Some children diagnosed with ASD remain mute throughout their lives. Some infants who later show signs of ASD coo and babble during the first few months of life, but they soon stop. Others may be delayed, developing language as late as age 5 to 9. Some children may learn to use communication systems such as pictures or sign language.

Those who do speak often use language in unusual ways. They seem unable to combine words into meaningful sentences. Some speak only single words, while others repeat the same phrase over and over. Some ASD children parrot what they hear, a condition called echolalia. Although many children with no ASD go through a stage where they repeat what they hear, it normally passes by the time they are 3.
Some children only mildly affected may exhibit slight delays in language, or even seem to have precocious language and unusually large vocabularies, but have great difficulty in sustaining a conversation. The "give and take" of normal conversation is hard for them, although they often carry on a monologue on a favorite subject, giving no one else an opportunity to comment. Another difficulty is often the inability to understand body language, tone of voice, or "phrases of speech." They might interpret a sarcastic expression such as "Oh, that's just great" as meaning it really IS great.

While it can be hard to understand what ASD children are saying, their body language is also difficult to understand. Facial expressions, movements, and gestures rarely match what they are saying. Also, their tone of voice fails to reflect their feelings. A high-pitched, sing-song, or flat, robot-like voice is common. Some children with relatively good language skills speak like little adults, failing to pick up on the "kid-speak" that is common in their peers.

Without meaningful gestures or the language to ask for things, people with ASD are at a loss to let others know what they need. As a result, they may simply scream or grab what they want. Until they are taught better ways to express their needs, ASD children do whatever they can to get through to others. As people with ASD grow up, they can become increasingly aware of their difficulties in understanding others and in being understood. As a result they may become anxious or depressed.

Repetitive Behaviors

Although children with ASD usually appear physically normal and have good muscle control, odd repetitive motions may set them off from other children. These behaviors might be extreme and highly apparent or more subtle. Some children and older individuals spend a lot of time repeatedly flapping their arms or walking on their toes. Some suddenly freeze in position.

As children, they might spend hours lining up their cars and trains in a certain way, rather than using them for pretend play. If someone accidentally moves one of the toys, the child may be tremendously upset. ASD children need, and demand, absolute consistency in their environment. A slight change in any routine—in mealtimes, dressing, taking a bath, going to school at a certain time and by the same route—can be extremely disturbing. Perhaps order and sameness lend some stability in a world of confusion.

Repetitive behavior sometimes takes the form of a persistent, intense preoccupation. For example, the child might be obsessed with learning all about vacuum cleaners, train schedules, or lighthouses. Often there is great interest in numbers, symbols, or science topics.

Problems That May Accompany ASD

Sensory problems. When children's perceptions are accurate, they can learn from what they see, feel, or hear. On the other hand, if sensory information is faulty, the child's experiences of the world can be confusing. Many ASD children are highly attuned or
even painfully sensitive to certain sounds, textures, tastes, and smells. Some children find the feel of clothes touching their skin almost unbearable. Some sounds—a vacuum cleaner, a ringing telephone, a sudden storm, even the sound of waves lapping the shoreline—will cause these children to cover their ears and scream.

In ASD, the brain seems unable to balance the senses appropriately. Some ASD children are oblivious to extreme cold or pain. An ASD child may fall and break an arm, yet never cry. Another may bash his head against a wall and not wince, but a light touch may make the child scream with alarm.

Mental retardation. Many children with ASD have some degree of mental impairment. When tested, some areas of ability may be normal, while others may be especially weak. For example, a child with ASD may do well on the parts of the test that measure visual skills but earn low scores on the language subtests.

Seizures. One in four children with ASD develops seizures, often starting either in early childhood or adolescence. Seizures, caused by abnormal electrical activity in the brain, can produce a temporary loss of consciousness (a "blackout"), a body convulsion, unusual movements, or staring spells. Sometimes a contributing factor is a lack of sleep or a high fever. An EEG (electroencephalogram—recording of the electric currents developed in the brain by means of electrodes applied to the scalp) can help confirm the seizure's presence.

In most cases, seizures can be controlled by a number of medicines called "anticonvulsants." The dosage of the medication is adjusted carefully so that the least possible amount of medication will be used to be effective.

Fragile X syndrome. This disorder is the most common inherited form of mental retardation. It was so named because one part of the X chromosome has a defective piece that appears pinched and fragile when under a microscope. Fragile X syndrome affects about two to five percent of people with ASD. It is important to have a child with ASD checked for Fragile X, especially if the parents are considering having another child. For an unknown reason, if a child with ASD also has Fragile X, there is a one-in-two chance that boys born to the same parents will have the syndrome. Other members of the family who may be contemplating having a child may also wish to be checked for the syndrome.

Tuberous Sclerosis. Tuberous sclerosis is a rare genetic disorder that causes benign tumors to grow in the brain as well as in other vital organs. It has a consistently strong association with ASD. One to 4 percent of people with ASD also have tuberous sclerosis.

The Diagnosis of Autism Spectrum Disorders

Although there are many concerns about labeling a young child with an ASD, the earlier the diagnosis of ASD is made, the earlier needed interventions can begin. Evidence over the last 15 years indicates that intensive early intervention in optimal educational settings for at least 2 years during the preschool years results in improved outcomes in most
young children with ASD.

In evaluating a child, clinicians rely on behavioral characteristics to make a diagnosis. Some of the characteristic behaviors of ASD may be apparent in the first few months of a child's life, or they may appear at any time during the early years. For the diagnosis, problems in at least one of the areas of communication, socialization, or restricted behavior must be present before the age of 3. The diagnosis requires a two-stage process. The first stage involves developmental screening during "well child" check-ups; the second stage entails a comprehensive evaluation by a multidisciplinary team.

Screening

A "well child" check-up should include a developmental screening test. If your child's pediatrician does not routinely check your child with such a test, ask that it be done. Your own observations and concerns about your child's development will be essential in helping to screen your child.8 Reviewing family videotapes, photos, and baby albums can help parents remember when each behavior was first noticed and when the child reached certain developmental milestones.

Several screening instruments have been developed to quickly gather information about a child's social and communicative development within medical settings. Among them are the Checklist of Autism in Toddlers (CHAT),9 the modified Checklist for Autism in Toddlers (M-CHAT),10 the Screening Tool for Autism in Two-Year-Olds (STAT),11 and the Social Communication Questionnaire (SCQ)12 (for children 4 years of age and older).

Some screening instruments rely solely on parent responses to a questionnaire, and some rely on a combination of parent report and observation. Key items on these instruments that appear to differentiate children with autism from other groups before the age of 2 include pointing and pretend play. Screening instruments do not provide individual diagnosis but serve to assess the need for referral for possible diagnosis of ASD. These screening methods may not identify children with mild ASD, such as those with high-functioning autism or Asperger syndrome.

During the last few years, screening instruments have been devised to screen for Asperger syndrome and higher functioning autism. The Autism Spectrum Screening Questionnaire (ASSQ),13 the Australian Scale for Asperger's Syndrome,14 and the most recent, the Childhood Asperger Syndrome Test (CAST),15 are some of the instruments that are reliable for identification of school-age children with Asperger syndrome or higher functioning autism. These tools concentrate on social and behavioral impairments in children without significant language delay.

If, following the screening process or during a routine "well child" check-up, your child's doctor sees any of the possible indicators of ASD, further evaluation is indicated.

Comprehensive Diagnostic Evaluation

The second stage of diagnosis must be comprehensive in order to accurately rule in or rule out an ASD or other developmental problem. This evaluation may be done by a
multidisciplinary team that includes a psychologist, a neurologist, a psychiatrist, a speech therapist, or other professionals who diagnose children with ASD.

Because ASDs are complex disorders and may involve other neurological or genetic problems, a comprehensive evaluation should entail neurologic and genetic assessment, along with in-depth cognitive and language testing. In addition, measures developed specifically for diagnosing autism are often used. These include the Autism Diagnosis Interview-Revised (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS-G). The ADI-R is a structured interview that contains over 100 items and is conducted with a caregiver. It consists of four main factors—the child's communication, social interaction, repetitive behaviors, and age-of-onset symptoms. The ADOS-G is an observational measure used to "press" for socio-communicative behaviors that are often delayed, abnormal, or absent in children with ASD.

Still another instrument often used by professionals is the Childhood Autism Rating Scale (CARS). It aids in evaluating the child's body movements, adaptation to change, listening response, verbal communication, and relationship to people. It is suitable for use with children over 2 years of age. The examiner observes the child and also obtains relevant information from the parents. The child's behavior is rated on a scale based on deviation from the typical behavior of children of the same age.

Two other tests that should be used to assess any child with a developmental delay are a formal audiologic hearing evaluation and a lead screening. Although some hearing loss can co-occur with ASD, some children with ASD may be incorrectly thought to have such a loss. In addition, if the child has suffered from an ear infection, transient hearing loss can occur. Lead screening is essential for children who remain for a long period of time in the oral-motor stage in which they put any and everything into their mouths. Children with an autistic disorder usually have elevated blood lead levels.

Customarily, an expert diagnostic team has the responsibility of thoroughly evaluating the child, assessing the child's unique strengths and weaknesses, and determining a formal diagnosis. The team will then meet with the parents to explain the results of the evaluation.

Although parents may have been aware that something was not "quite right" with their child, when the diagnosis is given, it is a devastating blow. At such a time, it is hard to stay focused on asking questions. But while members of the evaluation team are together is the best opportunity the parents will have to ask questions and get recommendations on what further steps they should take for their child. Learning as much as possible at this meeting is very important, but it is helpful to leave this meeting with the name or names of professionals who can be contacted if the parents have further questions.

Available Aids

When your child has been evaluated and diagnosed with an autism spectrum disorder, you may feel inadequate to help your child develop to the fullest extent of his or her ability. As you begin to look at treatment options and at the types of aid available for a child with a disability, you will find out that there is help for you. It is going to be difficult to
learn and remember everything you need to know about the resources that will be most helpful. Write down everything. If you keep a notebook, you will have a foolproof method of recalling information. Keep a record of the doctors’ reports and the evaluation your child has been given so that his or her eligibility for special programs will be documented. Learn everything you can about special programs for your child; the more you know, the more effectively you can advocate.

For every child eligible for special programs, each state guarantees special education and related services. The Individuals with Disabilities Education Act (IDEA) is a Federally mandated program that assures a free and appropriate public education for children with diagnosed learning deficits. Usually children are placed in public schools and the school district pays for all necessary services. These will include, as needed, services by a speech therapist, occupational therapist, school psychologist, social worker, school nurse, or aide.

By law, the public schools must prepare and carry out a set of instruction goals, or specific skills, for every child in a special education program. The list of skills is known as the child's Individualized Education Program (IEP). The IEP is an agreement between the school and the family on the child's goals. When your child's IEP is developed, you will be asked to attend the meeting. There will be several people at this meeting, including a special education teacher, a representative of the public schools who is knowledgeable about the program, other individuals invited by the school or by you (you may want to bring a relative, a child care provider, or a supportive close friend who knows your child well). Parents play an important part in creating the program, as they know their child and his or her needs best. Once your child's IEP is developed, a meeting is scheduled once a year to review your child's progress and to make any alterations to reflect his or her changing needs.

If your child is under 3 years of age and has special needs, he or she should be eligible for an early intervention program; this program is available in every state. Each state decides which agency will be the lead agency in the early intervention program. The early intervention services are provided by workers qualified to care for toddlers with disabilities and are usually in the child's home or a place familiar to the child. The services provided are written into an Individualized Family Service Plan (IFSP) that is reviewed at least once every 6 months. The plan will describe services that will be provided to the child, but will also describe services for parents to help them in daily activities with their child and for siblings to help them adjust to having a brother or sister with ASD.

There is a list of resources at the back of the brochure that will be helpful to you as you look for programs for your child.

Treatment Options

There is no single best treatment package for all children with ASD. One point that most professionals agree on is that early intervention is important; another is that most individuals with ASD respond well to highly structured, specialized programs.
Before you make decisions on your child's treatment, you will want to gather information about the various options available. Learn as much as you can, look at all the options, and make your decision on your child's treatment based on your child's needs. You may want to visit public schools in your area to see the type of program they offer to special needs children.

Guidelines used by the Autism Society of America include the following questions parents can ask about potential treatments:

* Will the treatment result in harm to my child?
* How will failure of the treatment affect my child and family?
* Has the treatment been validated scientifically?
* Are there assessment procedures specified?
  * How will the treatment be integrated into my child's current program? Do not become so infatuated with a given treatment that functional curriculum, vocational life, and social skills are ignored.

The National Institute of Mental Health suggests a list of questions parents can ask when planning for their child:

* How successful has the program been for other children?
* How many children have gone on to placement in a regular school and how have they performed?
* Do staff members have training and experience in working with children and adolescents with autism?
* How are activities planned and organized?
* Are there predictable daily schedules and routines?
* How much individual attention will my child receive?
* How is progress measured? Will my child's behavior be closely observed and recorded?
* Will my child be given tasks and rewards that are personally motivating?
* Is the environment designed to minimize distractions?
* Will the program prepare me to continue the therapy at home?
* What is the cost, time commitment, and location of the program?

Among the many methods available for treatment and education of people with autism, applied behavior analysis (ABA) has become widely accepted as an effective treatment. Mental Health: A Report of the Surgeon General states, “Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.” 19 The basic research done by Ivar Lovaas and his colleagues at the University of California, Los Angeles, calling for an intensive, one-on-one child-teacher interaction for 40 hours a week, laid a foundation for other educators and researchers in the search for further effective early interventions to help those with ASD attain their potential. The goal of behavioral management is to reinforce desirable behaviors and reduce undesirable ones.

An effective treatment program will build on the child’s interests, offer a predictable schedule, teach tasks as a series of simple steps, actively engage the child’s attention in
highly structured activities, and provide regular reinforcement of behavior. Parental involvement has emerged as a major factor in treatment success. Parents work with teachers and therapists to identify the behaviors to be changed and the skills to be taught. Recognizing that parents are the child's earliest teachers, more programs are beginning to train parents to continue the therapy at home.

As soon as a child's disability has been identified, instruction should begin. Effective programs will teach early communication and social interaction skills. In children younger than 3 years, appropriate interventions usually take place in the home or a child care center. These interventions target specific deficits in learning, language, imitation, attention, motivation, compliance, and initiative of interaction. Included are behavioral methods, communication, occupational and physical therapy along with social play interventions. Often the day will begin with a physical activity to help develop coordination and body awareness; children string beads, piece puzzles together, paint, and participate in other motor skills activities. At snack time the teacher encourages social interaction and models how to use language to ask for more juice. The children learn by doing. Working with the children are students, behavioral therapists, and parents who have received extensive training. In teaching the children, positive reinforcement is used.

Children older than 3 years usually have school-based, individualized, special education. The child may be in a segregated class with other autistic children or in an integrated class with children without disabilities for at least part of the day. Different localities may use differing methods but all should provide a structure that will help the children learn social skills and functional communication. In these programs, teachers often involve the parents, giving useful advice in how to help their child use the skills or behaviors learned at school when they are at home.

In elementary school, the child should receive help in any skill area that is delayed and, at the same time, be encouraged to grow in his or her areas of strength. Ideally, the curriculum should be adapted to the individual child's needs. Many schools today have an inclusion program in which the child is in a regular classroom for most of the day, with special instruction for a part of the day. This instruction should include such skills as learning how to act in social situations and in making friends. Although higher-functioning children may be able to handle academic work, they too need help to organize tasks and avoid distractions.

During middle and high school years, instruction will begin to address such practical matters as work, community living, and recreational activities. This should include work experience, using public transportation, and learning skills that will be important in community living.

All through your child's school years, you will want to be an active participant in his or her education program. Collaboration between parents and educators is essential in evaluating your child's progress.

The Adolescent Years--

Adolescence is a time of stress and confusion; and it is no less so for teenagers with
autism. Like all children, they need help in dealing with their budding sexuality. While some behaviors improve during the teenage years, some get worse. Increased autistic or aggressive behavior may be one way some teens express their newfound tension and confusion.

The teenage years are also a time when children become more socially sensitive. At the age that most teenagers are concerned with acne, popularity, grades, and dates, teens with autism may become painfully aware that they are different from their peers. They may notice that they lack friends. And unlike their schoolmates, they aren't dating or planning for a career. For some, the sadness that comes with such realization motivates them to learn new behaviors and acquire better social skills.

Dietary and Other Interventions

In an effort to do everything possible to help their children, many parents continually seek new treatments. Some treatments are developed by reputable therapists or by parents of a child with ASD. Although an unproven treatment may help one child, it may not prove beneficial to another. To be accepted as a proven treatment, the treatment should undergo clinical trials, preferably randomized, double-blind trials, that would allow for a comparison between treatment and no treatment. Following are some of the interventions that have been reported to have been helpful to some children but whose efficacy or safety has not been proven.

Dietary interventions are based on the idea that 1) food allergies cause symptoms of autism, and 2) an insufficiency of a specific vitamin or mineral may cause some autistic symptoms. If parents decide to try for a given period of time a special diet, they should be sure that the child's nutritional status is measured carefully.

A diet that some parents have found was helpful to their autistic child is a gluten-free, casein-free diet. Gluten is a casein-like substance that is found in the seeds of various cereal plants—wheat, oat, rye, and barley. Casein is the principal protein in milk. Since gluten and milk are found in many of the foods we eat, following a gluten-free, casein-free diet is difficult.

A supplement that some parents feel is beneficial for an autistic child is Vitamin B6, taken with magnesium (which makes the vitamin effective). The result of research studies is mixed; some children respond positively, some negatively, some not at all or very little.5

In the search for treatment for autism, there has been discussion in the last few years about the use of secretin, a substance approved by the Food and Drug Administration (FDA) for a single dose normally given to aid in diagnosis of a gastrointestinal problem. Anecdotal reports have shown improvement in autism symptoms, including sleep patterns, eye contact, language skills, and alertness. Several clinical trials conducted in the last few years have found no significant improvements in symptoms between patients who received secretin and those who received a placebo.

Medications Used in Treatment
Medications are often used to treat behavioral problems, such as aggression, self-injurious behavior, and severe tantrums, that keep the person with ASD from functioning more effectively at home or school. The medications used are those that have been developed to treat similar symptoms in other disorders. Many of these medications are prescribed "off-label." This means they have not been officially approved by the FDA for use in children, but the doctor prescribes the medications if he or she feels they are appropriate for your child. Further research needs to be done to ensure not only the efficacy but the safety of psychotropic agents used in the treatment of children and adolescents.

A child with ASD may not respond in the same way to medications as typically developing children. It is important that parents work with a doctor who has experience with children with autism. A child should be monitored closely while taking a medication. The doctor will prescribe the lowest dose possible to be effective. Ask the doctor about any side effects the medication may have and keep a record of how your child responds to the medication. It will be helpful to read the "patient insert" that comes with your child's medication. Some people keep the patient inserts in a small notebook to be used as a reference. This is most useful when several medications are prescribed.

Anxiety and depression. The selective serotonin reuptake inhibitors (SSRI's) are the medications most often prescribed for symptoms of anxiety, depression, and/or obsessive-compulsive disorder (OCD). Only one of the SSRI's, fluoxetine, (Prozac®) has been approved by the FDA for both OCD and depression in children age 7 and older. Three that have been approved for OCD are fluvoxamine (Luvox®), age 8 and older; sertraline (Zoloft®), age 6 and older; and clomipramine (Anafranil®), age 10 and older.4 Treatment with these medications can be associated with decreased frequency of repetitive, ritualistic behavior and improvements in eye contact and social contacts. The FDA is studying and analyzing data to better understand how to use the SSRI's safely, effectively, and at the lowest dose possible.

Behavioral problems. Antipsychotic medications have been used to treat severe behavioral problems. These medications work by reducing the activity in the brain of the neurotransmitter dopamine. Among the older, typical antipsychotics, such as haloperidol (Haldol®), thioridazine, fluphenazine, and chlorpromazine, haloperidol was found in more than one study to be more effective than a placebo in treating serious behavioral problems.26 However, haloperidol, while helpful for reducing symptoms of aggression, can also have adverse side effects, such as sedation, muscle stiffness, and abnormal movements.

Placebo-controlled studies of the newer "atypical" antipsychotics are being conducted on children with autism. The first such study, conducted by the NIMH-supported Research Units on Pediatric Psychopharmacology (RUPP) Autism Network, was on risperidone (Risperdal®). Results of the 8-week study were reported in 2002 and showed that risperidone was effective and well tolerated for the treatment of severe behavioral problems in children with autism. The most common side effects were increased appetite, weight gain and sedation. Further long-term studies are needed to determine any long-term side effects. Other atypical antipsychotics that have been studied recently with encouraging results are olanzapine (Zyprexa®) and ziprasidone (Geodon®). Ziprasidone
has not been associated with significant weight gain.

Seizures. Seizures are found in one in four persons with ASD, most often in those who have low IQ or are mute. They are treated with one or more of the anticonvulsants. These include such medications as carbamazepine (Tegretol®), lamotrigine (Lamictal®), topiramate (Topamax®), and valproic acid (Depakote®). The level of the medication in the blood should be monitored carefully and adjusted so that the least amount possible is used to be effective. Although medication usually reduces the number of seizures, it cannot always eliminate them.

Inattention and hyperactivity. Stimulant medications such as methylphenidate (Ritalin®), used safely and effectively in persons with attention deficit hyperactivity disorder, have also been prescribed for children with autism. These medications may decrease impulsivity and hyperactivity in some children, especially those higher functioning children.

Several other medications have been used to treat ASD symptoms; among them are other antidepressants, naltrexone, lithium, and some of the benzodiazepines such as diazepam (Valium®) and lorazepam (Ativan®). The safety and efficacy of these medications in children with autism has not been proven. Since people may respond differently to different medications, your child's unique history and behavior will help your doctor decide which medication might be most beneficial.

Adults with an Autism Spectrum Disorder

Some adults with ASD, especially those with high-functioning autism or with Asperger syndrome, are able to work successfully in mainstream jobs. Nevertheless, communication and social problems often cause difficulties in many areas of life. They will continue to need encouragement and moral support in their struggle for an independent life.

Many others with ASD are capable of employment in sheltered workshops under the supervision of managers trained in working with persons with disabilities. A nurturing environment at home, at school, and later in job training and at work, helps persons with ASD continue to learn and to develop throughout their lives.

The public schools' responsibility for providing services ends when the person with ASD reaches the age of 22. The family is then faced with the challenge of finding living arrangements and employment to match the particular needs of their adult child, as well as the programs and facilities that can provide support services to achieve these goals. Long before your child finishes school, you will want to search for the best programs and facilities for your young adult. If you know other parents of ASD adults, ask them about the services available in your community. If your community has little to offer, serve as an advocate for your child and work toward the goal of improved employment services. Research the resources listed in the back of this brochure to learn as much as possible about the help your child is eligible to receive as an adult.

Living Arrangements for the Adult with an Autism Spectrum Disorder
Independent living. Some adults with ASD are able to live entirely on their own. Others can live semi-independently in their own home or apartment if they have assistance with solving major problems, such as personal finances or dealing with the government agencies that provide services to persons with disabilities. This assistance can be provided by family, a professional agency, or another type of provider.

Living at home. Government funds are available for families that choose to have their adult child with ASD live at home. These programs include Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid waivers, and others. Information about these programs is available from the Social Security Administration (SSA). An appointment with a local SSA office is a good first step to take in understanding the programs for which the young adult is eligible.

Foster homes and skill-development homes. Some families open their homes to provide long-term care to unrelated adults with disabilities. If the home teaches self-care and housekeeping skills and arranges leisure activities, it is called a "skill-development" home.

Supervised group living. Persons with disabilities frequently live in group homes or apartments staffed by professionals who help the individuals with basic needs. These often include meal preparation, housekeeping, and personal care needs. Higher functioning persons may be able to live in a home or apartment where staff only visit a few times a week. These persons generally prepare their own meals, go to work, and conduct other daily activities on their own.

Institutions. Although the trend in recent decades has been to avoid placing persons with disabilities into long-term-care institutions, this alternative is still available for persons with ASD who need intensive, constant supervision. Unlike many of the institutions years ago, today's facilities view residents as individuals with human needs and offer opportunities for recreation and simple but meaningful work.

Research into Causes and Treatment of Autism Spectrum Disorders

Research into the causes, the diagnosis, and the treatment of autism spectrum disorders has advanced in tandem. With new well-researched standardized diagnostic tools, ASD can be diagnosed at an early age. And with early diagnosis, the treatments found to be beneficial in recent years can be used to help the child with ASD develop to his or her greatest potential.

In the past few years, there has been public interest in a theory that suggested a link between the use of thimerosal, a mercury-based preservative used in the measles-mumps-rubella (MMR) vaccine, and autism. Although mercury is no longer found in childhood vaccines in the United States, some parents still have concerns about vaccinations. Many well-done, large-scale studies have now been done that have failed to show a link between thimerosal and autism. A panel from the Institute of Medicine is now examining these studies, including a large Danish study that concluded that there was no causal relationship between childhood vaccination using thimerosal-containing
vaccines and the development of an autism spectrum disorder,28 and a U.S. study looking at exposure to mercury, lead, and other heavy metals.

Research on the Biologic Basis of ASD

Because of its relative inaccessibility, scientists have only recently been able to study the brain systematically. But with the emergence of new brain imaging tools—computerized tomography (CT), positron emission tomography (PET), single photon emission computed tomography (SPECT), and magnetic resonance imaging (MRI), study of the structure and the functioning of the brain can be done. With the aid of modern technology and the new availability of both normal and autism tissue samples to do postmortem studies, researchers will be able to learn much through comparative studies.

Postmortem and MRI studies have shown that many major brain structures are implicated in autism. This includes the cerebellum, cerebral cortex, limbic system, corpus callosum, basal ganglia, and brain stem.29 Other research is focusing on the role of neurotransmitters such as serotonin, dopamine, and epinephrine.

Research into the causes of autism spectrum disorders is being fueled by other recent developments. Evidence points to genetic factors playing a prominent role in the causes for ASD. Twin and family studies have suggested an underlying genetic vulnerability to ASD.30 To further research in this field, the Autism Genetic Resource Exchange, a project initiated by the Cure Autism Now Foundation, and aided by an NIMH grant, is recruiting genetic samples from several hundred families. Each family with more than one member diagnosed with ASD is given a 2-hour, in-home screening. With a large number of DNA samples, it is hoped that the most important genes will be found. This will enable scientists to learn what the culprit genes do and how they can go wrong.

Another exciting development is the Autism Tissue Program (http://www.brainbank.org), supported by the Autism Society of America Foundation, the Medical Investigation of Neurodevelopmental Disorders (M.I.N.D.) Institute at the University of California, Davis, and the National Alliance for Autism Research. The program is aided by a grant to the Harvard Brain and Tissue Resource Center (http://www.brainbank.mclean.org), funded by the National Institute of Mental Health (NIMH) and the National Institute of Neurological Disorders and Stroke (NINDS). Studies of the postmortem brain with imaging methods will help us learn why some brains are large, how the limbic system develops, and how the brain changes as it ages. Tissue samples can be stained and will show which neurotransmitters are being made in the cells and how they are transported and released to other cells. By focusing on specific brain regions and neurotransmitters, it will become easier to identify susceptibility genes.

Recent neuroimaging studies have shown that a contributing cause for autism may be abnormal brain development beginning in the infant’s first months. This “growth dysregulation hypothesis” holds that the anatomical abnormalities seen in autism are caused by genetic defects in brain growth factors. It is possible that sudden, rapid head growth in an infant may be an early warning signal that will lead to early diagnosis and effective biological intervention or possible prevention of autism.
Prevalence

In 2007 - the most recent government survey on the rate of autism - the Centers for Disease Control (CDC) found that the rate is higher than the rates found from studies conducted in the United States during the 1980s and early 1990s (survey based on data from 2000 and 2002). The CDC survey assigned a diagnosis of autism spectrum disorder based on health and school records of 8 year olds in 14 communities throughout the U.S. Debate continues about whether this represents a true increase in the prevalence of autism. Changes in the criteria used to diagnose autism, along with increased recognition of the disorder by professionals and the public may all be contributing factors. Nonetheless, the CDC report confirms other recent epidemiologic studies documenting that more children are being diagnosed with an ASD than ever before.

Data from an earlier report of the CDC's Atlanta-based program found the rate of autism spectrum disorder was 3.4 per 1,000 for children 3 to 10 years of age. Summarizing this and several other major studies on autism prevalence, CDC estimates that 2–6 per 1,000 (from 1 in 500 to 1 in 150) children have an ASD. The risk is 3-4 times higher in males than females. Compared to the prevalence of other childhood conditions, this rate is lower than the rate of mental retardation (9.7 per 1,000 children), but higher than the rates for cerebral palsy (2.8 per 1,000 children), hearing loss (1.1 per 1,000 children), and vision impairment (0.9 per 1,000 children). The CDC notes that these studies do not provide a national estimate.

Fragile X

"For an unknown reason, if a child with ASD also has Fragile X, there is a one-in-two chance that boys born to the same parents will have the syndrome. Other members of the family who may be contemplating having a child may also wish to be checked for the syndrome."

A distinction can be made between a father’s and mother’s ability to pass along to a daughter or son the altered gene on the X chromosome that is linked to fragile X syndrome. Because both males (XY) and females (XX) have at least one X chromosome, both can pass on the mutated gene to their children.

A father with the altered gene for Fragile X on his X chromosome will only pass that gene on to his daughters. He passes a Y chromosome on to his sons, which doesn’t transmit the condition. Therefore, if the father has the altered gene on his X chromosome, but the mother’s X chromosomes are normal, all of the couple’s daughters would have the altered gene for Fragile X, while none of their sons would have the mutated gene.

Because mothers pass on only X chromosomes to their children, if the mother has the altered gene for Fragile X, she can pass that gene to either her sons or her daughters. If the mother has the mutated gene on one X chromosome and has one normal X chromosome, and the father has no genetic mutations, all the children have a 50-50 chance of inheriting the mutated gene.

The odds noted here apply to each child the parents have.
In terms of prevalence, the latest statistics are consistent in showing that 5% of people with autism are affected by fragile X and 10% to 15% of those with fragile X show autistic traits.

Medications

On October 6, 2006 the U.S. Food and Drug Administration (FDA) approved risperidone (generic name) or Risperdal (brand name) for the symptomatic treatment of irritability in autistic children and adolescents ages 5 to 16. The approval is the first for the use of a drug to treat behaviors associated with autism in children. These behaviors are included under the general heading of irritability, and include aggression, deliberate self-injury and temper tantrums.

Olanzapine (ZYPREXA) and other antipsychotic medications are used “off-label” for the treatment of aggression and other serious behavioral disturbances in children, including children with autism. Off-label means a doctor will prescribe a medication to treat a disorder or in an age group that is not included among those approved by the FDA.

Other medications are used to address symptoms or other disorders in children with autism. Fluoxetine (Prozac) and sertraline (Zoloft) are approved by the FDA for children age 7 and older with obsessive-compulsive disorder. Fluoxetine is also approved for children age 8 and older for the treatment of depression.

Fluoxetine and sertraline are antidepressants known as selective serotonin reuptake inhibitors (SSRIs). Despite the relative safety and popularity of SSRIs and other antidepressants, some studies have suggested that they may have unintentional effects on some people, especially adolescents and young adults. In 2004, after a thorough review of data, the Food and Drug Administration (FDA) adopted a “black box” warning label on all antidepressant medications to alert the public about the potential increased risk of suicidal thinking or attempts in children and adolescents taking antidepressants. In 2007, the agency extended the warning to include young adults up to age 25. A “black box” warning is the most serious type of warning on prescription drug labeling. The warning emphasizes that children, adolescents and young adults taking antidepressants should be closely monitored, especially during the initial weeks of treatment, for any worsening depression, suicidal thinking or behavior, or any unusual changes in behavior such as sleeplessness, agitation, or withdrawal from normal social situations.

Disorders/Vaccinations

The Institute of Medicine (IOM) conducted a thorough review on the issue of a link between thimerosal (a mercury based preservative that is no longer used in vaccinations) and autism. The final report from IOM, Immunization Safety Review: Vaccines and Autism, released in May 2004, stated that the committee did not find a link.

Until 1999, vaccines given to infants to protect them against diphtheria, tetanus, pertussis, Haemophilus influenzae type b (Hib), and Hepatitis B contained thimerosal as a preservative. Today, with the exception of some flu vaccines, none of the vaccines used in the U.S. to protect preschool aged children against 12 infectious diseases contain
thimerosal as a preservative. The MMR vaccine does not and never did contain thimerosal. Varicella (chickenpox), inactivated polio (IPV), and pneumococcal conjugate vaccines have also never contained thimerosal.

A U.S. study looking at environmental factors including exposure to mercury, lead and other heavy metals is ongoing.

Dealing with sensory problems.

Parents of children with Aspergers syndrome often recognize early that there are some sensory problems with their child. They may have a hyperactive startled response to various kinds of noises and some of them walk around acting deaf because they have had to tune out the excessive noise around them. Aspergers adults report auditory problems and find themselves unable to carry on conversations in noisy or busy places.

Aspergers children also have difficulty with tactile stimulation. They may startle when touched or feel uncomfortable when held. They may be overwhelmed when dealing with the wearing of new clothing that their body hasn't become accustomed to. The child may prefer certain textures of clothing, such as soft, loose cotton.

There can be difficulty tolerating certain textures or tastes of food. Parents need to be aware of this when trying new foods or when the child enters a new eating environment, such as school lunches or eating at the homes of others.

Coping with some of these sensory difficulties often means having an understanding of the common problems and trial and error regarding the specific problems your child has. For example, new clothing may need to be washed a few times until they are softer and easier to wear. Some female children cannot tolerate the rubbing of their legs together and so need to wear pants and not dresses.

The proper middle ground between sensory deprivation and a noisy, chaotic environment needs to be found and maintained whenever possible. Exposing the child to dozens of screaming children at daycare may not always be the best option for the child with Aspergers syndrome.

Parents also need to find the most effective way to give affection to their child without creating more anxiety. Cuddling with your child may be less of an option than just verbally showing approval. Parents can show their affection in ways that are less stressful to the child yet still give the same comfortable message.

As your child ages, he or she may have greater insight into what kinds of things they can tolerate and which things they cannot. Until then, parents need patience and creativity in
finding the right middle ground that leaves the child as comfortable as possible.

06:49AM (-07:00)

Aspergers and Comorbid Conditions

Aspergers syndrome is a neurologic brain disorder of unknown origin. Its sufferers often experience oddities of behavior, poor communication skills, difficulties with sensations and a relative lack of social skills. This makes them generally more isolated than other children and they often grow up with few friends and very narrowed foci of interest.

Researchers have found that certain psychiatric disorders are more common in those who have Aspergers syndrome. One of these is obsessive-compulsive disorder or OCD. In fact, some researchers feel that Aspergers syndrome is a subset of OCD. This is especially true when the Aspergers child grows to adulthood. They may have problems with intrusive, obsessive thoughts and might perform certain ritualistic behaviors to control these obsessive thoughts. In some cases, the disorder can be very debilitating.

Medications for OCD have been used in those with OCD and Aspergers syndrome with some success. The medications stop some of the intrusive thinking and reduce the numbers and severity of compulsive behaviors while the core features of Aspergers syndrome do not change much.

Because those with Aspergers syndrome suffer from social deprivation and feelings of inadequacy, they seem to have a higher incidence of depression as well. The depression becomes a secondary complication of having Aspergers syndrome and comes as a result of unmet needs and lack of meaningful communication—things that most people have little difficulty in getting for themselves. Antidepressant medication may be helpful in this type of depression as can psychotherapy directed at the unique problems of the Aspergers patient.

There has been much written about concerning the comorbidity of Aspergers syndrome patients and criminal activity. Depending on whether or not and when the Aspergers syndrome was recognized and treated, the Aspergers individual may have learned some behaviors that predispose them to violent behavior as adults. While the incidence is not high, the issue comes up in research around whether or not an Aspergers syndrome patient is responsible for their violent action. In some cases, it has been found that the Aspergers patient lacked the insight it would take to know that what they were doing was wrong.

Insomnia is another comorbidity of Aspergers syndrome. This can happen in children or adults and is likely related to the brain disorder itself.

Not every Aspergers patient has a comorbidity but it is a good idea to look for the
possibility of other psychiatric syndromes as the Aspergers patient grows and develops.

06:50 AM (-07:00)

Can Aspergers be inherited?

Aspergers syndrome is a neurobiological disorder in which known areas of the brain are affected in ways scientists do not yet understand. Aspergers syndrome is considered to be inherited in a complex fashion—more complicated than disorders like color-blindness or Huntington’s disease. The recurrence rate for the disease in brothers and sisters of affected children is approximately 2% to 8%, much higher than the rate in the general population but much lower than in single-gene diseases.

Other autism spectrum disorders are closer to finding a genetic basis behind them. Rett’s syndrome is an autistic disorder for which the exact genetic cause is believed to have been found. In Aspergers syndrome, studies suggest problems in several chromosomal (genetic) regions, including areas on the chromosomes 2q, 7q and 15q. While the 7q region is considered the most promising area of study, research studies involving this chromosome in Aspergers syndrome have failed to observe its linkage to this region.

For reasons doctors do not know, there are far more boys diagnosed than girls. Scientists have evaluated whether or not Aspergers syndrome represents an X-linked genetic disorder—one passed down generally from a mother to a son. Unfortunately, there have been cases of father to son transmission of the condition, which means that the disease cannot be X-linked.

In at least one case, two parents with Aspergers syndrome had a child that also had Aspergers syndrome but did not have a severe case of the disorder, nor did the child have autism. In another case, identical twins both had Aspergers syndrome but this is not always the case.

While some scientists support the idea that at least a portion of Aspergers syndrome isn’t genetic at all, there have been no specific findings associating the syndrome with any environmental condition, including a lack of association of the disease with pregnancy characteristics and pregnancy complications.

06:51 AM (-07:00)
How to deal with bullying.

Children with Aspergers syndrome often exhibit behaviors that are peculiar enough to hold the attention of children who do not have the best interests of the child in mind. Besides simple teasing, bullying of the Aspergers child can happen in situations in which the Aspergers child has little ability to protect him or herself.

Fortunately, if such bullying happens in school, it can be managed more easily, provided your child divulges that it is going on. Most schools are cracking down on bullying and are treating such behavior as assault and punishable by legal means. Parents have every right to speak with the principal, teacher or counselor in order to ask their help in controlling the bullies. Some schools have behavioral support staff whose job it is to get to the bottom of behavior issues and crack down on bullies.

Teach your child to walk away from bullies, preferably before they get started. Help the child learn to recognize those situations that may lead to bullying, such as after school, on the playground or in lunch and teach the child to be more vigilant and stay near adults in such circumstances.

Sometimes, just having another friend around may reduce the incidence of bullying. If your child has problems making friends on his or her own, facilitate friendships with mature, understanding children who can both be a friend to your child and can help out if bullies try to tease or hurt the Aspergers child. Facilitating friendships may mean inviting a child over for a meal or for some games or television. It may mean taking the two children to a movie or on a shopping trip.

Bullies are a fact of life for some children with Aspergers syndrome. The more a parent can do to intervene with the help of other adults or children and teach the Aspergers child mechanisms for self preservation that don’t include fighting back, the better able the Aspergers child can be in dealing with this difficult situation.

06:53AM (-07:00)

Suitable careers/jobs for adults with Aspergers.

Because Aspergers syndrome sufferers have normal to high intelligence, they often go into careers or jobs when they get older. In some cases, the field they enter is related to one or more of those things the child was fixated on when a child. For example, if an Aspergers syndrome child has a fixation on the weather, he or she can think about a career in meteorology.

Other careers include working in the music industry. Aspergers syndrome individuals
often develop striking musical abilities and can then work in this field as a later career. Careers involving mathematics or science are also common in Aspergers syndrome. This can include becoming an accountant, working in economics, working in scientific research, working as a university professor or other mathematical or scientific area. Often, the interest in math and science are natural gifts for these children and the transition from avocation to vocation is usually a seamless one.

Careers in writing are not uncommon for Aspergers syndrome individuals. Writing is a solitary task and often, the Aspergers individual can learn to use words on a page to create books, articles and other material that overcomes their natural need to think in pictures.

Think about the future career of an individual with Aspergers syndrome needs to be proactive and often the process of exploring careers needs to be done sooner than with other individuals. Talking with guidance and career counselors is a good idea in order to explore possible options. Tours of different careers or shadowing a scientist or mathematician may help the teen get an idea of which type of career would be the best for them.

Do plenty of reading about careers and jobs for those with Aspergers syndrome. Two books, Aspergers Syndrome Employment Workbook: An Employment Workbook for Adults with Aspergers Syndrome (Paperback) and Employment for Individuals with Aspergers Syndrome or Non-Verbal Learning Disability by Yvona Fast are available in some bookstores or at www.amazon.com. There are plenty of ideas as to how to begin searching for an appropriate career.

There’s nothing to limit an Aspergers syndrome to just these areas and many Aspergers syndrome individuals have found success in other areas of employment. Pay attention to the child’s strengths and weaknesses, as well as the interests they exhibit.

06:54AM (-07:00)

Books to share with your AS child.

Children with ASD struggle when trying to learn social skills, and the lack of social skills may have a bigger impact on their life than any other aspect. Peers can bully them for their differences and it is important that these children learn these skills as early as possible to minimize the effects of bullying and rejection from peers. Knowing these skills will help them be stronger people and make them less vulnerable to the actions of others.

Children learn from stories that share the same experiences that they may be having. Reading to your ASD child also provides the opportunity to provide the repetition that they need to absorb learning of new skills. It also provides the opportunity to role play skills that they don't seem to comprehend simply from the story. Further, the reading of
these stories lets ASD children that they are not alone in the challenges that they face.

Diane Murrell, the author of two stories is the parent of children with ASD and has a first-hand understanding of the challenges they face. Tobin Learns to Make Friends teaches some of the skills necessary to make friends.

Children with ASD want to make and keep friends but often lack the skills to do so. Murrel highlights some of the skills necessary using incidents of shouting, crowding, sharing, borrowing, interrupting, taking turns, being kind, having good manners, and following rules.

Also by the same author Oliver Onion - The Onion Who Learns to Accept and Be Himself builds on the friendship building skills that were learned in "Tobin Learns to Make Friends," This book is aimed at children aged 4-10 and helps children with ASD accept who they are.

06:55AM (-07:00)

Aspergers and Stress

Being a member of a family in which one or more members have Aspergers syndrome can be extremely stressful at times. Sometimes it seems as if the entire family focus is on the Aspergers child and on the various tantrums and behaviors that come with it. Family members, and especially parents, can feel a low level of anxiety in anticipation of what could happen next.

It's vital to take steps as a parent or family member to take time for yourself away from the situation when things feel overwhelming. Take turns with the other parent so you each have peaceful times away from the situation. If possible, spend one on one time with other children in the home. This will reduce their stress level as well.

Get plenty of sleep. If your Aspergers syndrome child has difficulty sleeping, speak with his or her doctor to find ways to help your child sleep better so you can get your sleep, too. Don't be afraid to take naps so you have enough rest to cope with whatever comes.

Don't skip meals and eat as healthy as you can. If your child is on a special diet, make sure that the rest of the family and you get the type of nourishment that suits you best and revives your energy levels.

Consider exercising with or without your child. Take walks or bicycle rides to calm your nerves and increase your body’s endorphin levels. Stress levels automatically decrease with exercising just a few times per week.

Some herbal supplements like kava kava, valerian root and St. John’s Wort have
relaxation and calming properties. In serious situations, these herbs can come in handy when you just can seem to stem the anxiety on your own. For questions about herbal supplements, speak to your doctor. There is a great website that sells these product at 20-70% discount called EVitamins which you can visit to search for more information on them.

If the family appears to be in crisis over the stress and anxiety of some of its members, family therapy can be very helpful. Individual therapy is also an option for those family members needing extra help. Often the therapist can coach you in the coping skills necessary to stay healthy and to raise your Aspergers syndrome child as best as is possible.

06:56AM (-07:00)

Aspergers and Medication

Because there is no identifiable biochemical problem in Aspergers syndrome and because many researchers believe the syndrome is a result of fundamental changes in the brain structure, medications will probably never cure Aspergers syndrome. On the other hand, there are several medications that have been found to control some of the symptoms of Aspergers syndrome or the comorbidities found with the condition.

A medication called atomoxetine has been found to improve some of the aspects of Aspergers syndrome that mimic those of attention deficit disorder. Several studies have used the drug to reduce symptoms of irritability, social withdrawal and repetitive speech seen in this disorder.

Medications normally directed toward treating obsessive compulsive disorder have been tried in children with Aspergers syndrome who have shown obsessive and compulsive tendencies. While the medication doesn’t treat some of the core symptoms of Aspergers syndrome, it has been shown to improve OCD symptoms.

Antidepressants can be attempted in those Aspergers patients who suffer from secondary depression. The depression isn’t generally a part of the Aspergers syndrome itself but is found as a result of some of the distressing life circumstances often found in Aspergers syndrome. Many of these patients know that they do not fit in with others and while some prefer social isolation, others lament their lack of ability to get comfortable dealing with others. This and other issues of self esteem, etc., can lead to depression which is often manageable with antidepressant medication.

Finally, Aspergers syndrome patients often suffer from debilitating insomnia. While it’s best to use non-drug ways of controlling the symptoms, some Aspergers disease patients can make use of sleeping medication that doesn’t have to be addicting. Sometimes a short course of sleeping medication can get a patient back into a regular sleeping pattern.
Medications directed at anxiety may be necessary when the Aspergers patient suffers from nervousness or irritability surrounding their life situations. Aspergers patients can become quite distressed by things not being the same or as expected, and anti-anxiety medication can help with this.

In truth, there is no single medication or class of medications that works to treat many of the core symptoms of Aspergers syndrome. Some of the secondary or related symptoms can be effectively managed, however, with certain psychotropic medications.

06:57AM (-07:00)

**Aspergers and Comorbid Conditions**

Children with Aspergers syndrome are known to have several comorbid conditions. Comorbid conditions are those conditions or diseases that go along with having Aspergers syndrome. One of these conditions is known as ADHD or attention deficit hyperactivity disorder. Sometimes, these children can be misdiagnosed as only having the more common ADHD, with the Aspergers syndrome being missed.

Obsessive compulsive disorder can be a comorbidity with Aspergers syndrome. In some cases, this doesn’t show up until the Aspergers syndrome individual is an adult. What both conditions have in common is the need for order, and the presence of compulsive, sometimes irrational, repetitive behaviors. Some scientists believe that there is a neurological relationship between the two conditions.

Because those with Aspergers syndrome know they are different and have difficulty relating to others, they often suffer from acute or chronic depression. Others can have anger or violent symptoms out of frustration for being “out of place”. There have been reports of suicide and suicide attempts among those with Aspergers syndrome. The symptoms of depression can respond to antidepressant therapy and also to psychological therapy, aimed at helping the Aspergers syndrome patient feel more accepted and acceptable to others.

Seizures are a common comorbidity of Aspergers syndrome with some researchers believing that up to 30 percent of Aspergers syndrome children also have a seizure disorder. Medication can work in some cases, while other sufferers require specialized brain surgery to be free of seizures. While the Aspergers syndrome itself has no known cure or medications specifically designed for it, many of the comorbidities can be treated effectively. Not only can seizures and depression be treated, but the ADHD and obsessive compulsive symptoms have known medical therapies directed at helping them. Using these medications can often make the Aspergers syndrome symptoms more tolerable and increases the functioning of the individual who is experiencing it.
Dealing with anger management (older kids).

Children with Aspergers syndrome easily can have as much of a problem controlling their anger as other children. Because children and teens with Aspergers syndrome have difficulty understanding emotions and their impact on others, however, they often have more difficulty than other children reigning in their anger.

In addition, teens with Aspergers syndrome aren’t living in a void in which they don’t understand that they’re different from other kids. Often teased by their peers, they can have incipient anger they don’t understand and can’t easily control.

Helping older children and teens with Aspergers syndrome who also have anger issues requires direct communication about the affect of their anger on others as well as methods of improving the self esteem and sense of self worth often at the root of the child’s anger.

Anger that’s acted out badly needs to be treated like any other unwanted behavior. Some form of reasonable punishment directed at getting the point across that the behavior is wrong needs to be combined with a pragmatic discussion of the meaning behind the anger and other ways to control the anger. Remember that what punishes the Aspergers child can be much different from what punishes other children.

If the anger seems to be a part of the child’s frustration over how he or she is treated by others or from depressive feelings, finding better avenues to discuss what is really going on with the child can help them deal with the issues without using anger as an outlet. Most Aspergers children are of greater than average intelligence and have the resources to understand the relationship between their anger and the underlying social issues their dealing with.

In situations where the anger seems to be an overwhelming issue, families should not hesitate to speak with a family or other psychotherapist for help.
How can people with Aspergers cope with anger and depression?

Anger and depression are both issues more common in Aspergers syndrome than in the general population. Part of the problem stems from a conflict between longings for social contact and an inability to be social in ways that attract friendships and relationships. Even young children seem to know that they are not the same as other kids and this gets emphasized in the social era of adolescence. Many cases of depression, in fact, begin in adolescence. Anger, too, stems from feeling out of place and being angry at one’s circumstances in life.

Ideally, the focus should be on prevention and on helping younger children with Aspergers syndrome develop communication skills and develop a healthy self esteem. These things can create the ability to develop relationships and friendships, lessening the chances of having issues with anger or depression.

Anger can also come in Aspergers syndrome sufferers when rituals can’t get accomplished or when their need for order or symmetry can’t be met. Frustration over what doesn’t usually bother others can lead to anger and sometimes, violent outbursts. This kind of anger is best handled through cognitive-behavioral therapy that focuses on maintaining control in spite of the frustration of not having their needs met.

While it is better to teach communication skills and self esteem to the younger children, communication skills and friendship skills can be taught to teens or even adults that can eliminate some of the social isolation they feel. This can avert or reverse depression and anger symptoms.

The truth is that some Aspergers syndrome patients become so depressed that they commit suicide. Other Aspergers syndrome patients become angry enough that they get violent and hurt or kill others as a result. The challenge becomes recognizing these individuals before they do harm and getting them into therapy or starting medications for depressions or for obsessive compulsive symptoms so that tragedy can be avoided.

To discover Natural Approaches to dealing with anger and depression please go to: www.NativeRemedies.com

Adult Diagnosis

As more and more doctors and society in general understands more about Aspergers syndrome, the condition is being diagnosed in adults as well as children.

Sometimes the diagnosis doesn’t come out in adults until their own child is diagnosed with an Autism Spectrum Disorder.

Typical symptoms associated with Aspergers syndrome in adults include having an average or above average intelligence, having difficulty thinking abstractly, showing difficulty empathizing with others, having poor conversational ability, and having difficulty controlling their feelings.

They also tend to adhere strongly to routines and schedules, show some inappropriate social behaviors and tend to specialize in specific fields or hobbies.

Adults with Aspergers syndrome often cannot clearly understand the emotions of others. They may miss the subtleties of
facial expression, eye contact and body language.

Like children with Aspergers syndrome, these adults are often seen as odd.

In addition, more males than females are affected with adult Aspergers syndrome.

In years past, such people muddled along in society, sometimes on the fringes and others were diagnosed with different types of mental illnesses.

Now that Aspergers syndrome has been brought into the public light by cases of people who either have succeeded despite Aspergers syndrome or committed crimes as a result of having previously undiagnosed Aspergers syndrome, more adults are being picked up and treated for the condition.

Often these aren’t adults specifically asking for help for suspected Aspergers syndrome but rather have depression, issues around self esteem or other mood issues that bring them to doctors or therapists that are now making the correct underlying diagnosis.

By finding the correct underlying diagnosis, more help can become available even to
those who’ve likely had the diagnosis their entire lives but were unnoticed or labeled something else.

07:00AM (-07:00)

Changes in Adolescence

Aspergers syndrome children eventually go through the adolescence on their way toward becoming strong, focused adults.

While adolescence is difficult for all teens, it can easily be much worse for those suffering from Aspergers syndrome.

With the right education and support, many Aspergers children go on to graduate from high school.

Because they tend to be loners and have odd mannerisms, they can be shunned from popular groups of kids and can be the focus of teasing.

Even so, these children and teens develop feelings for others they become attracted to, even though they can’t always express their feelings correctly.

This can lead to frustration and anger in the teen with Aspergers who develops his or her first tentative relationships.

They are more likely to face rejection from their peers and be left with a low self esteem as a result.

Often, a child with Aspergers syndrome fares best with one or two close friends with whom they can practice adolescent social skills and growing up behaviors.

Even one relatively close relationship can make the difference between a depressed, awkward teen and one who is beginning to learn valuable social skills with a select few others.

Parents and family may need to help facilitate relationships between their Aspergers syndrome child and other teens their own age.

Offering to have other children overnight or taking their child to an activity with one or two other acquaintances can help facilitate closer connections between their child and others their own age.

Having a teen love experience is often much more difficult for Aspergers syndrome teens.
Their tendency to want to be alone comes into conflict with their desire to be close to another person.

Psychotherapy and family support can go a long way toward helping a teen with Aspergers syndrome get through the difficult adolescent time.

07:02AM (-07:00)

The Six Characteristics of Asperger's Syndrome

1. Difficulty with Reciprocal Social Interactions

Those with Asperger's syndrome display varying difficulties when interacting with others. Some children and adolescents have no desire to interact, while others simply do not know how. More specifically, they do not comprehend the give-and-take nature of social interactions. They may want to lecture you about the Titanic or they may leave the room in the midst of playing with another child. They do not comprehend the verbal and nonverbal cues used to further our understanding in typical social interactions. These include eye contact, facial expressions, body language, conversational turn-taking, perspective taking, and matching conversational and nonverbal responses to the interaction.

2. Impairments in Language Skills

Those with Asperger's syndrome have very specific problems with language, especially with pragmatic use of language, which is the social aspect. That is, they see language as a way to share facts and information (especially about special interests), not as a way to share thoughts, feelings, and emotions. The child will display difficulty in many areas of a conversation processing verbal information, initiation, maintenance, ending, topic appropriateness, sustaining attention, and turn taking. The child's prosody (pitch, stress, rhythm, or melody of speech) can also be impaired. Conversations may often appear scripted or ritualistic. That is, it may be dialogue from a TV show or a movie. They may also have difficulty problem solving, analyzing or synthesizing information, and understanding language beyond the literal level.

3. Narrow Range of Interests and Insistence on Set Routines

Due to the an Asperger child's anxiety, his interactions will be ruled by rigidity, obsessions, and perseverations (repetitious behaviors or language) transitions and changes can cause. Generally, he will have few interests, but those interests will often dominate. The need for structure and routine will be most important. He may develop his own rules to live by that barely coincide with the rest of society.

4. Motor Clumsiness
Many individuals with Asperger's syndrome have difficulty with both gross and fine motor skills. The difficulty is often not just the task itself, but the motor planning involved in completing the task. Typical difficulties include handwriting, riding a bike, and ball skills.

5. Cognitive Issues

Mindblindness, or the inability to make inferences about what another person is thinking, is a core disability for those with Asperger's syndrome. Because of this, they have difficulty empathizing with others, and will often say what they think without considering another's feelings. The child will often assume that everyone is thinking the same thing he is. For him, the world exists not in shades of gray, but only in black and white. This rigidity in thought (lack of cognitive flexibility) interferes with problem solving, mental planning, impulse control, flexibility in thoughts and actions, and the ability to stay focused on a task until completion. The rigidity also makes it difficult for an Asperger child to engage in imaginative play. His interest in play materials, themes, and choices will be narrow, and he will attempt to control the play situation.

6. Sensory Sensitivities

Many Asperger children have sensory issues. These can occur in one or all of the senses (sight, sound, smell, touch, or taste). The degree of difficulty varies from one individual to another. Most frequently, the child will perceive ordinary sensations as quite intense or may even be underreactive to a sensation. Often, the challenge in this area will be to determine if the child's response to a sensation is actually a sensory reaction or if it is a learned behavior, driven mainly by rigidity and anxiety.

Aspergers syndrome and High Functioning Autism

Aspergers syndrome and high functional autism are considered separate diagnoses along the spectrum of autistic disorders. Even so, there are many similarities between the disorders so that some consider them to be different labels for the same condition.

Both those with Aspergers syndrome and those with high functioning autism have difficulties with sensory functioning and cannot tolerate certain noises or certain kinds of tactile stimuli. By definition, those with either disorder have an IQ which is at, near or above the normal intelligence range. Both conditions involve a child or adult who has learned to function in society or in their surroundings by relying on the skills they happen to be good at.
visual terms. They see pictures in their heads when recalling something and don’t have a particularly good ability to think in words. Both diagnoses are associated with a relative inability to understand nonverbal cues and facial expressions.

The primary difference noted in the diagnostic criteria for each disorder is the finding of a greater speech delay in high functioning autistics when compared to those with Aspergers syndrome. Others feel this represents a continuum and that this shouldn’t be enough to establish one diagnosis over another. Albert Einstein, for example, was felt to have characteristics of Aspergers syndrome, yet he couldn’t speak until he was three years old.

Unfortunately, there are no specific blood tests or other diagnostic tests to differentiate between the two diagnoses. Instead the diagnosis is based on clinical judgment and observation. Some children with tentative high functioning autism will catch up on verbal skills and will carry the same diagnostic appearance that Aspergers syndrome patients do. Their IQ may be at least as high as other children labeled with Aspergers syndrome.

Children with Aspergers syndrome and high functioning autism are both high functioning and, in general, they can all read, write, speak and understand. In the end, the final subtleties between the two diagnoses may just be a matter of semantics and may not represent a true difference in diagnoses.

01:22PM (-07:00)

Temper Tantrums and Meltdowns

Parents with children who have Aspergers syndrome will often tell you about times their child has had a “meltdown” or type of temper tantrum that can disrupt the lives of the whole family.

These types of behaviors can be as rare as once a month or can happen several times per day, leaving parents sometimes frustrated and exhausted. There are, however, things a parent can do to minimize the strength and length of these tantrums.

The first thing to pay attention to is your own response to the tantrum. Are you calm and quiet? Have you taken steps to assure safety? Are you thinking clearly? Take slow, even breaths and reassure yourself that you’ve survived these meltdowns before and it doesn’t have to be the dreadful experience you anticipate it to be.

Speak with a soft, neutral and pleasant voice. This relaxes both you and your child. Stay away from unnecessary words and keep your movements slow and purposeful.

Many meltdowns happen as a result of rushing around or trying to get somewhere. It’s vital to take the time to slow down and rearrange your priorities. Forget that you have a
timetable and concentrate on helping your child settle down first.

Keep safety a priority. Children in this stage can be impulsive and can forget every safety rule they were ever taught. If the child is having a meltdown while you’re driving, stop the car and take care of the issue. If your child tends to run away from you, resist the urge to chase them as it can make the situation worse.

Hold your child if necessary or talk with them in an attempt to redirect their behavior. In other situations, let the meltdown run itself down. Bear in mind that the child will often be exhausted after a meltdown so that you may need to give them the time to rest and get their breath back after such an event.

Remember that these types of behaviors represent ways you child is trying to communicate with you. Think about what the behavior represents and make attempts to avoid the behavior the next time.

Working with your child's school to develop inclusive practice.

The historical tendency has been for students with learning difficulties like autism and Aspergers syndrome to be segregated from the general classroom and taught in settings like special education or even home schooling. Because Aspergers syndrome children have average to above average intelligence, many educators believe that, with certain adjustments, these children can be included as part of the regular educational process, especially when they reach middle school and beyond.

Such inclusive practices take the commitment of the school system, the teachers, the student and the family to make such a situation work effectively. Teachers need to be taught the value of structured learning with a minimum of abrupt changes and they may need to understand the best ways the Aspergers child learns. For example, if the child is a visual learner, he or she needs as much opportunity to learn that way as is possible.
The school may need to offer some special tutoring or mentoring to help the child keep up with what’s going on in the classes. Classmates may need a talk on Aspergers syndrome so as to avoid some of the confusion and teasing that can go on when kids don’t understand the nuances of dealing with a peer with Aspergers syndrome.

Sometimes the teacher needs to make adjustments, like setting stricter routines in their teaching practices, teaching in different ways and even making changes in things like the color of ink they use on the overhead projector.

There is much evidence to suggest that children with Aspergers syndrome do better in an inclusive program with the right blend of socializing and educational techniques that maximize the learning potential of the child. If your child is a candidate for inclusive practice in education, speak to your child’s principal to begin the process of making it happen.
Aspergers and Employment Prospects

I stumbled across another blog about Aspergers recently which said that unemployment for people with Aspergers was as high as 85%...which seems way too high in my opinion.

Gavin, the owner of the blog then carried out his own "quick and dirty" survey which found the figure in his group to be around 11%...but my guess is that's probably a bit low.

My estimate would be around 20% - although to be honest as we all know there are "lies, damn lies and statistics!"

News flash - Having had a little surf further around the net the statistics are actually quite staggering certainly in the UK...

A number of sites quote the unemployment rate for people with Aspergers as 88% - and this statistic seems to originate from the highly-respected and knowledgable National Autism Society.

Scary stuff indeed...

But what can you as parents do to stop this becoming a reality for your child?

Well pretty much what you are doing already...judging by many of the excellent emails that I get in from so many of you.

In conjunction with school it is so essential to get your child's social skills, interactional skills etc. as up to speed as is humanly possible.

When the time gets closer for your child to be thinking of work, then as parents you need to be really proactive in bringing this topic to your child and helping them to look for opportunities.

Plan out what your child would like to do and what looks achievable for your child - bearing in mind their own particular issues with regard to sensory stimulation, crowding, understanding social situations.

Each child is different and so there is no catch-all solution.

But involve your child in decisions all along the way - don't do it for them.

Then it may well mean contacting local businesses and working closely with the school
and careers service in identifying a suitable employer who will have a sensitivity to your child’s needs.

An honest and straightforward explanation of Aspergers and what it means can help a great deal of employers who are happy to give people a chance - but are maybe wary or scared of the label Aspergers, simply because they don’t understand it.

Then it’s up to your child (often with support at first) to be able to convince the employer that they can do the job.

One tactic may be to ask for a 2/4 week unpaid trial in which your child can be given support to learn the ropes and then impress the boss sufficiently to get a permanent job.

There is a web page at NAS that would be helpful for you to mention to a potential employer (or even print off the details and actually take to show them): http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=444

If you wish to read more of Gavin’s Aspergers blog go to: http://life-with-aspergers.blogspot.com/2008/03/how-does-aspergers-affect-employment.html

05:45AM (-07:00)

Asperger's Syndrome—

This condition was originally described by Hans Asperger in Vienna in 1944. Although Asperger was not aware of Leo Kanner’s work on autism, he did use the word autism (“autistic psychopathy”) to describe the social deficits he observed in a group of boys. His original description, in German, received little attention in the English-language literature until recent years. In people with Asperger's Syndrome, deficits in social interaction and unusual responses to the environment, similar to those in autism, are observed. Unlike in autism, however, cognitive and communicative development are within the normal or near-normal range in the first years of life, and verbal skills are usually an area of relative strength. Idiosyncratic interests are common and may take the form of an unusual and/or highly circumscribed interest (e.g., in train schedules, snakes, the weather, deep-fry cookers, or telegraph pole insulators). There is some suggestion of an increased incidence of this condition in family members. The validity of this condition, as opposed to high-functioning autism, remains a topic of debate (Szatmari, 1992). Inconsistencies in the way the term has been used and the lack, until quite recently, of recognized official definitions has made it difficult to interpret the research available on this condition. Even now, some clinicians will use the term to refer to persons with autism who have IQs in the normal range, or to adults with autism, or to PDD-NOS; recent official definitions
emphasize differences from autism, e.g. in terms of better communication (particularly verbal) skills. It also seems likely that that the condition overlaps, at least in part, with some forms of learning disability, e.g., the syndrome of Nonverbal Learning Disability (Rourke, 1989).

The transcript from the April 6, 1999 New York Times online chat is still available at the New York Times site.

Introduction

Asperger Syndrome (AS) is a severe developmental disorder characterized by major difficulties in social interaction, and restricted and unusual patterns of interest and behavior. There are many similarities with autism without mental retardation (or "Higher Functioning Autism"), and the issue of whether Asperger syndrome and Higher Functioning Autism are different conditions is not resolved. To some extent, the answer to this question depends on the way clinicians and researcher make use of this diagnostic concept, since until recently there was no "official" definition of Asperger syndrome. The lack of a consensual definition led to a great deal of confusion as researchers could not interpret other researchers’ findings, clinicians felt free to use the label based on their own interpretations or misinterpretations of what Asperger syndrome "really" meant, and parents were often faced with a diagnosis that nobody appeared to understand very well, and worse still, nobody appeared to know what to do about it. School districts are not aware of the condition, insurance carriers could not reimburse services provided on the basis of this "unofficial" diagnosis, and there was no published information providing parents and clinicians alike with guidelines on the meaning and implications of Asperger syndrome, including what should the diagnostic evaluation consist of and what forms of treatment and interventions were warranted.

This situation has changed somewhat since Asperger syndrome was made "official" in DSM-IV (APA, 1994), following a large international field trial involving over a thousand children and adolescents with autism and related disorders (Volkmar et al., 1994). The field trials revealed some evidence justifying the inclusion of Asperger syndrome as a diagnostic category different from autism, under the overarching class of Pervasive Developmental Disorders. More importantly, it established a consensual definition for the disorder which should serve as the frame of reference for all those using the diagnosis. However, the problems are far from over. Despite some new research leads, knowledge on Asperger syndrome is still very limited. For example, we don't really know how common it is, or the male/female ratio, or to what extent there may be genetic links increasing the likelihood of finding similar conditions in family members.

Clearly, the work on Asperger syndrome, in regard to scientific research as well as in regard to service provision, is only beginning. Parents are urged to use a great deal of caution and to adopt a critical approach toward information given to them. Ultimately, the diagnostic label - any label, does not summarize a person, and there is a need to consider the individual's strengths and weaknesses, and to provide individualized intervention that will meet those (adequately assessed and monitored) needs. That notwithstanding, we are left with the question of what is the nature of this puzzling social learning disability, how many people does it affect, and what can we do to help those
affected by it. The following guidelines summarize some of the information currently available on those questions.

Background

Autism is the most widely recognized pervasive developmental disorder (PDD). Other diagnostic concepts with features somewhat similar to autism have been less intensively studied, and their validity, apart from autism, is more controversial. One of these conditions, termed Asperger syndrome (AS) was originally described by Hans Asperger (1944, see Frith’s translation, 1991), who provided an account of a number of cases whose clinical features resembled Kanner's (1943) description of autism (e.g., problems with social interaction and communication, and circumscribed and idiosyncratic patterns of interest). However, Asperger’s description differed from Kanner’s in that speech was less commonly delayed, motor deficits were more common, the onset appeared to be somewhat later, and all the initial cases occurred only in boys. Asperger also suggested that similar problems could be observed in family members, particularly fathers.

This syndrome was essentially unknown in the English literature for many years. An influential review and series of case reports by Lorna Wing (1981) increased interest in the condition, and since then both the usage of the term in clinical practice and number of case reports and research studies have been steadily increasing. The commonly described clinical features of the syndrome include:

1. paucity of empathy;
2. naive, inappropriate, one-sided social interaction, little ability to form friendships and consequent social isolation;
3. pedantic and monotonic speech;
4. poor nonverbal communication;
5. intense absorption in circumscribed topics such as the weather, facts about TV stations, railway tables or maps, which are learned in rote fashion and reflect poor understanding, conveying the impression of eccentricity; and
6. clumsy and ill-coordinated movements and odd posture.

Although Asperger originally reported the condition only in boys, reports of girls with the syndrome have now appeared. Nevertheless, boys are significantly more likely to be affected. Although most children with the condition function in the normal range of intelligence, some have been reported to be mildly retarded. The apparent onset of the condition, or at least its recognition, is probably somewhat later than autism; this may reflect the more preserved language and cognitive abilities. It tends to be highly stable, and the higher intellectual skills observed suggest a better long-term outcome than is typically observed in autism.

Related Diagnostic Concepts

Several similar diagnostic concepts originating from adult psychiatry, neuropsychology, neurology, and other disciplines share, to a great degree, the phenomenological aspects of AS. For example, Wolff and colleagues described a group of individuals with an abnormal pattern of behavior characterized by social isolation, rigidity of thought and habits, and an unusual style of communication. This condition was named schizoid
personality disorder in childhood. Unfortunately, a developmental account of this concept was not provided, making it difficult to ascertain the extent to which the individuals described may have also exhibited autistic-like symptomatology early on in life. More generally, the understanding of AS as an unchanging personality trait fails to fully appreciate the developmental aspects of the disorder which may prove to be of great importance for differential diagnosis.

In neuropsychology, a great deal of research has been devoted to Rourke's (1989) concept of Nonverbal Learning Disabilities syndrome (NLD). The main contribution of this line of research has been the attempt to delineate the implications for the child's social and emotional development of a unique profile of neuropsychological assets and deficits that appears to have a deleterious impact on the person's capacity for socialization as well as on the person's interactive and communicative styles. The neuropsychological characteristics of individuals with the NLD profile include deficits in tactile perception, psychomotor coordination, visual-spatial organization, nonverbal problem-solving, and appreciation of incongruities and humor. NLD individuals also exhibit well developed rote verbal capacities and verbal memory skills, difficulty in adapting to novel and complex situations, and over reliance on rote behaviors in such situations, relative deficits in mechanical arithmetic as compared to proficiencies in single word reading, poor pragmatics and prosody in speech, and significant deficits in social perception, social judgment, and social interaction skills. There are marked deficits in the appreciation of subtle and even fairly obvious nonverbal aspects of communication, that often result in other person's social disdain and rejection. As a result, NLD individuals show a marked tendency toward social withdrawal and are at risk for development of serious mood disorders.

Many of the clinical features clustered together in NLD have also been described in the neurological literature as a form of Developmental Learning Disability of the Right Hemisphere (Denckla, 1983; Voeller, 1986). Children presenting with this condition have also been shown to exhibit profound disturbances in interpretation and expression of affect and other basic interpersonal skills. Finally, an additional term researched in the literature, semantic-pragmatic disorder (Bishop, 1989), has also captured aspects of NLD and AS.

It is currently unclear whether these concepts describe different entities or, more probably, provide different perspectives on a heterogeneous, yet overlapping, group of individuals sharing at least some common aspects. An important goal of current research is to seek a convergence between the various discipline-specific accounts in order to make use of different methodologies in the effort to validate the behaviorally defined concept of AS. However, in order to enhance comparability of studies, it is of great importance to establish consensual and stringent guidelines for the diagnosis of AS, particularly in regard to its similarities with related conditions.

Categorical Definition and Clinical Description

As defined in DSM-IV (the most recent Diagnostic and Statistical Manual of the American Psychiatric Association, 1994), the tentative criteria for AS follow the same format, and in fact overlap to some degree, the criteria for autism. The required symptomatology is
clustered in terms of onset, social and emotional, and "restricted interests" criteria, with the addition of two common but not necessary characteristics involving motor deficits and isolated special skills, respectively. A final criterion involves the necessary exclusion of other conditions, most importantly autism or a sub threshold (or "autistic-like") form of autism (Pervasive Developmental Disorder - Not Otherwise Specified). Interestingly, the DSM-IV definition of AS is offered having autism as its point of reference; hence some of the criteria actually involve the absence of abnormalities in some areas of functioning that are affected in autism. The following table summarizes the DSM-IV definition of AS:

1. Qualitative impairment in social interaction, as manifested by at least two of the following:
   1. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
   2. Failure to develop peer relationships appropriate to developmental level
   3. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
   4. Lack of social or emotional reciprocity
   1. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
      1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
      2. Apparently inflexible adherence to specific, nonfunctional routines or rituals
      3. Stereotyped and repetitive motor mannerisms
      4. Persistent preoccupation with parts of objects
   1. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
   1. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)
   1. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood
   1. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

Onset criteria

In DSM-IV, the individual's history must show "a lack of any clinically significant general delay" in language acquisition, cognitive development and adaptive behavior (other than in social interaction). This contrasts with typical developmental accounts of autistic children who show marked deficits and deviance in these areas prior to the age of 3 years.

Although the onset criterion is in agreement with Asperger's account, Wing (1981) noted the presence of deficits in the use of language for communication, if not in more specific language skills, in some of her case studies. It is currently uncertain whether the lack of delays in the prescribed areas is a differential factor between AS and autism or, alternatively, a simple reflection of the higher developmental level associated with the usage of the term AS.
Other common descriptions of the early development of individuals with AS include a certain precociousness in learning to talk ("he talked before he could walk"), a fascination with letters and numbers -- in fact, the young child may even be able to decode words although with little or no understanding ("hyperlexia") -- and the establishment of attachment patterns to family members but inappropriate approaches to peers and other persons, rather than withdrawal or aloofness as in autism (e.g., the child may attempt to initiate contact with other children by hugging them or screaming at them and then puzzle at their responses). Again, these behaviors are not uncommonly described for higher-functioning autistic children as well, albeit much more infrequently.

Qualitative Impairments in Reciprocal Social Interaction

Although the social criteria for AS and autism are identical, the former condition usually involves fewer symptoms and has a generally different presentation than does the latter. Individuals with AS are often socially isolated but are not unaware of the presence of others, even though their approaches may be inappropriate and peculiar. For example, they may engage the interlocutor, usually an adult, in one-sided conversation characterized by long-winded, pedantic speech, about a favorite and often unusual and narrow topic. Also, although individuals with AS are often self-described "loners", they often express a great interest in making friendships and meeting people. These wishes are invariably thwarted by their awkward approaches and insensitivity to other person's feelings, intentions, and nonliteral and implied communications (e.g., signs of boredom, haste to leave, and need for privacy). Chronically frustrated by their repeated failures to engage others and make friendships, some of these individuals develop symptoms of depression that may require treatment, including medication.

In regard to the emotional aspects of social transactions, individuals with AS may react inappropriately to, or fail to interpret the valence of, the context of the affective interaction, often conveying a sense of insensitivity, formality, or disregard to the other person's emotional expressions. That notwithstanding, they may be able to describe correctly, in a cognitive and often formalistic fashion, other people's emotions, expected intentions and social conventions, but are unable to act upon this knowledge in an intuitive and spontaneous fashion, thus losing the tempo of the interaction. Such poor intuition and lack of spontaneous adaptation are accompanied by marked reliance on formalistic rules of behavior and rigid social conventions. This presentation is largely responsible for the impression of social naivete and behavioral rigidity that is so forcefully conveyed by these individuals.

As with the majority of the behavioral aspects used to describe AS, at least some of these characteristics are also exhibited by individuals with higher-functioning autism, though, again, probably to a lesser extent. More typically, autistic persons are withdrawn and may seem to be unaware of, and disinterested in, other persons. Individuals with AS, on the other hand, are often keen, sometimes painfully so, to relate to others, but lack the skills to successfully engage them.

Qualitative Impairments in Communication

In contrast to autism, there are no symptoms in this area of functioning in the definition of
AS. Although significant abnormalities of speech are not typical of AS, there are at least three aspects of these individuals' communication skills which are of clinical interest. First, though inflection and intonation may not be as rigid and monotonic as in autism, speech may be marked by poor prosody. For example, there may be a constricted range of intonation patterns that is used with little regard to the communicative functioning of the utterance (assertions of fact, humorous remarks, etc.). Second, speech may often be tangential and circumstantial, conveying a sense of looseness of associations and incoherence. Even though in some cases this symptom may be an indicator of a possible thought disorder, it is often the case that the lack of coherence and reciprocity in speech is a result of the one-sided, egocentric conversational style (e.g., unrelenting monologues about the names, codes, and attributes of innumerable TV stations in the country), failure to provide the background for comments and to clearly demarcate changes in topic, and failure to suppress the vocal output accompanying internal thoughts.

The third aspect typifying the communication patterns of individuals with AS concerns the marked verbosity observed, which some authors see as one of the most prominent differential features of the disorder. The child or adult may talk incessantly, usually about their favorite subject, often in complete disregard to whether the listener might be interested, engaged, or attempting to interject a comment, or change the subject of conversation. Despite such long-winded monologues, the individual may never come to a point or conclusion. Attempts by the interlocutor to elaborate on issues of content or logic, or to shift the interchange to related topics, are often unsuccessful.

Despite the possibility that all of these symptoms may be accounted for in terms of significant deficits in pragmatics skills and/or lack of insight into, and awareness of, other people's expectations, the challenge remains to understand this phenomenon developmentally as strategies of social adaptation.

Restrictive, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities

Although in the DSM-IV definition the criteria for AS and autism are identical, requiring the presence of at least one of the symptoms in the list provided (see table above), it appears that the most commonly observed symptom in this cluster refers to an encompassing preoccupation with restricted patterns of interest. In contrast to autism, where other symptoms in this area may be very pronounced, individuals with AS are not commonly reported to exhibit them with the exception of the all-absorbing preoccupation with an unusual and circumscribed topic, about which vast amounts of factual knowledge are acquired and all too readily demonstrated at the first opportunity in social interaction. Although the actual topic may change from time to time (e.g., every year or two years), it may dominate the content of social interchange as well as the activities of individuals with AS, often immersing the whole family in the subject for long periods of time. Even though this symptom may not be easily recognized in childhood (because strong interests in dinosaurs or fashionable fictional characters are so ubiquitous among young children), it may become more salient later on as interests shift to unusual and narrow topics. This behavior is peculiar in the sense that often times extraordinary amounts of factual information are learned about very circumscribed topics (e.g., snakes, names of stars, maps, TV guides, or railway schedules).
Motor Clumsiness

In addition to the required criteria specified above, an additional symptom is given as an associated feature though not a required criterion for the diagnosis of AS, namely delayed motor milestones and presence of "motor clumsiness". Individuals with AS may have a history of delayed acquisition of motor skills such as pedaling a bike, catching a ball, opening jars, climbing "monkey-bars", and so on. They are often visibly awkward, exhibiting rigid gait patterns, odd posture, poor manipulative skills, and significant deficits in visual-motor coordination. Although this presentation contrasts with the pattern of motor development in autistic children, for whom the area of motor skills is often a relative strength, it is similar in some respects to what is observed in older autistic individuals. Nevertheless, the commonality in later life may result from different underlying factors, for example, psychomotor deficits in the case of AS, and poor body image and sense of self in the case of autism. This highlight the importance of describing this symptom in developmental terms.

Assessment

AS, like other pervasive developmental disorders (PDDs), involves delays and deviant patterns of behavior in multiple areas of functioning, that often require the input of professionals with different areas of expertise, particularly overall developmental functioning, neuropsychological features, and behavioral status. Hence the clinical assessment of individuals with this disorder is most effectively conducted by an experienced interdisciplinary team.

A few principles should be made explicit prior to a discussion of the various areas of assessment. First, given the complexity of the condition, importance of developmental history, and common difficulties in securing adequate services for children and individuals with AS, it is very important that parents are encouraged to observe and participate in the evaluation. This guideline helps to demystify assessment procedures, avails the parents of shared observations that can then be clarified by the clinician, and fosters parental understanding of the child's condition. All of these can then help the parents evaluate the programs of intervention offered in their community.

Second, evaluation findings should be translated into a single coherent view of the child: easily understood, detailed, concrete, and realistic recommendations should be provided. When writing their reports, professionals should strive to express the implications of their findings to the patient's day-to-day adaptation, learning, and vocational training.

Third, the lack of awareness of many professionals and officials of the disorder, its features, and associated disabilities often necessitates direct and continuous contact on the part of the evaluators with the various professionals securing and implementing the recommended interventions. This is particularly important in the case of AS, as most of these individuals have average levels of Full Scale IQ, and are often not thought of as in need for special programming. Conversely, as AS becomes a more well-known diagnostic label, there is reason to believe that it is becoming a fashionable concept used in an often unwarranted fashion by practitioners who intend to convey only that their client is currently experiencing difficulties in social interaction and in peer relationships.
The disorder is meant as a serious and debilitating developmental syndrome impairing the person's capacity for socialization and not a transient or mild condition. Therefore, parents should be briefed about the present unsatisfactory state of knowledge about AS and the common confusions of use and abuse of the disorder currently prevailing in the mental health community. Ample opportunity should be given to clarify misconceptions and establish a consensus about the patient's abilities and disabilities, which should not be simply assumed under the use of the diagnostic label.

In the majority of cases, a comprehensive assessment will involve the following components: history, psychological assessment, communication and psychiatric assessments, further consultation if needed, parental conferences, and recommendations.

History

A careful history should be obtained, including information related to pregnancy and neonatal period, early development and characteristics of development, and medical and family history. A review of previous records including previous evaluations should be performed and the information incorporated and results compared in order to obtain a sense of course of development. Additionally, several other specific areas should be directly examined because of their importance in the diagnosis of AS. These include a careful history of onset/ recognition of the problems, development of motor skills, language patterns, and areas of special interest (e.g., favorite occupations, unusual skills, collections). Particular emphasis should be placed on social development, including past and present problems in social interaction, patterns of attachment of family members, development of friendships, self-concept, emotional development, and mood presentation.

Psychological Assessment

This component aims at establishing the overall level of intellectual functioning, profiles of strengths and weaknesses, and style of learning. The specific areas to be examined and measured include neuropsychological functioning (e.g., motor and psychomotor skills, memory, executive functions, problem-solving, concept formation, visual-perceptual skills), adaptive functioning (degree of self-sufficiency in real-life situations), academic achievement (performance in school-like subjects), and personality assessment (e.g., common preoccupations, compensatory strategies of adaptation, mood presentation).

The neuropsychological assessment of individuals with AS involves certain procedures of specific interest to this population. Whether or not a Verbal-Performance IQ discrepancy is obtained in intelligence testing, it is advisable to conduct a fairly comprehensive neuropsychological assessment including measures of motor skills (coordination of the large muscles as well as manipulative skills and visual-motor coordination, visual- perceptual skills) gestalt perception, spatial orientation, parts-whole relationships, visual memory, facial recognition, concept formation (both verbal and nonverbal), and executive functions. A recommended protocol would include the measures used in the assessment of children with Nonverbal Learning Disabilities (Rourke, 1989). Particular attention should be given to demonstrated or potential compensatory strategies: for example,
individuals with significant visual-spatial deficits may translate the task or mediate their responses by means of verbal strategies or verbal guidance. Such strategies may be important for educational programming.

Communication Assessment

The communication assessment aims to obtain both quantitative and qualitative information regarding the various aspects of the child's communication skills. It should go beyond the testing of speech and formal language (e.g., articulation, vocabulary, sentence construction and comprehension), which are often areas of strength. The assessment should examine nonverbal forms of communication (e.g., gaze, gestures), nonliteral language (e.g., metaphor, irony, absurdities, and humor), prosody of speech (melody, volume, stress and pitch), pragmatics (e.g., turn-taking, sensitivity to cues provided by the interlocutor, adherence to typical rules of conversation), and content, coherence, and contingency of conversation; these areas are typically one of the major difficulties for individuals with AS. Particular attention should be given to perseveration on circumscribed topics and social reciprocity.

Psychiatric Examination

The psychiatric examination should include observations of the child during more and less structured periods: for example, while interacting with parents and while engaged in assessment by other members of the evaluation team. Specific areas for observation and inquiry include the patient's patterns of special interest and leisure time, social and affective presentation, quality of attachment to family members, development of peer relationships and friendships, capacities for self-awareness, perspective-taking and level of insight into social and behavioral problems, typical reactions in novel situations, and ability to intuit other person's feelings and infer other person's intentions and beliefs. Problem behaviors that are likely to interfere with remedial programming should be noted (e.g., marked aggression). The patient's ability to understand ambiguous nonliteral communications (particularly teasing and sarcasm) should be examined (as, often, misunderstandings of such communications may elicit aggressive behaviors). Other areas of observation involve the presence of obsessions or compulsions, depression, anxiety and panic attacks, and coherence of thought.

Treatment and Intervention

As in autism, treatment of AS is essentially supportive and symptomatic. Special educational services are sometimes helpful, although there is, as yet, very little reported experience on the effectiveness of specific interventions. Acquisition of basic skills in social interaction as well as in other areas of adaptive functioning should be encouraged. Supportive psychotherapy focused on problems of empathy, social difficulties, and depressive symptoms may be helpful, although it is usually very difficult for individuals with AS to engage in more intensive, insight-oriented psychotherapy. Associated conditions, such as depression, may be effectively treated.

Despite the paucity of published information on intervention strategies and issues, a few guidelines may be offered based on informal observations made by experienced
clinicians, intervention strategies used with individuals with high-functioning autism, and Rourke's (1989) suggested interventions for individuals with Nonverbal Learning Disabilities syndrome.

Securing Services

The authorities who decide on entitlement to services are usually unaware of the extent and significance of the disabilities in AS. Proficient verbal skills, overall IQ usually within the normal range, and a solitary lifestyle often mask outstanding deficiencies observed primarily in novel or otherwise socially demanding situations, thus decreasing the perception of the very salient needs for supportive intervention. Thus, active participation on the part of the clinician, together with parents and possibly an advocate, to forcefully pursue the patient's eligibility for services is needed. It appears that, in the past, many individuals with AS were diagnosed as learning disabled with eccentric features, a nonpsychiatric diagnostic label that is much less effective in securing services.

Learning

Skills, concepts, appropriate procedures, cognitive strategies, and so on, may be more effectively taught in an explicit and rote fashion using a parts-to-whole verbal instruction approach, where the verbal steps are in the correct sequence for the behavior to be effective. Additional guidelines should be derived from the individual's neuropsychological profile of assets and deficits; specific intervention techniques should be similar to those usually employed for many subtypes of learning disabilities, with an effort to circumvent the identified difficulties by means of compensatory strategies, usually of a verbal nature. If significant motor and visual-motor deficits are corroborated during the evaluation, the individual should receive physical and occupational therapies. The latter should not only focus on traditional techniques designed to remediate motor deficits, but should also reflect an effort to integrate these activities with learning of visual-spatial concepts, visual-spatial orientation, and body awareness.

Adaptive Functioning

The acquisition of self-sufficiency skills in all areas of functioning should be a priority in any plan of intervention. The tendency of individuals with AS to rely on rigid rules and routines can be used to foster positive habits and enhance the person's quality of life and that of family members. The teaching approach should follow closely the guidelines set above (see Learning), and should be practiced routinely in naturally occurring situations and across different settings in order to maximize generalization of acquired skills.

Maladaptive Behaviors

Specific problem-solving strategies, usually following a verbal rule, may be taught for handling the requirements of frequently occurring, troublesome situations (e.g., involving novelty, intense social demands, or frustration). Training is usually necessary for recognizing situations as troublesome and for selecting the best available learned strategy to use in such situations.
Social and Communication Skills

These skills are possibly best taught by a communication specialist with an interest in pragmatics in speech. Alternatively, social training groups may be used if there are enough opportunities for individual contact with the instructor and for the practicing of specific skills. Teaching may include the following:

1. Appropriate nonverbal behavior (e.g., the use of gaze for social interaction, monitoring and patterning of inflection of voice). This may involve imitative drills, working with a mirror, and so forth;
2. Verbal decoding of nonverbal behaviors of others;
3. Processing of visual information simultaneously with auditory information (in order to foster integration of competing stimuli and to facilitate the creation of the appropriate social context of the interaction);
4. Social awareness, perspective-taking skills, correct interpretation of ambiguous communications (e.g., nonliteral language) should also be cultivated and practiced.

Vocational Training

Often, adults with AS may fail to meet entry requirements for jobs in their area of training (e.g., college degree) or fail to maintain a job because of their poor interview skills, social disabilities, eccentricities, or anxiety attacks. Having failed to secure skilled employment, sometimes these individuals may be helped by well-meaning friends or relatives to find a manual job. As a result of their typically very poor visual-motor skills they may once again fail, leading to devastating emotional implications. It is important, therefore, that individuals with AS are trained for and placed in jobs for which they are not neuropsychologically impaired, and in which they will enjoy a certain degree of support and shelter. It is also preferable that the job does not involve intensive social demands.

Self-Support

As individuals with AS are usually self-described as loners despite an often intense wish to make friends and have a more active social life, there is a need to facilitate social contact within the context of an activity-oriented group (e.g., church communities, hobby clubs, and self-support groups). The little experience available with the latter suggests that individuals with AS enjoy the opportunity to meet others with similar problems and may develop relationships around an activity or subject of shared interest.

Pharmacotherapy

Although little information about pharmacological interventions with individuals with AS is available, a conservative approach based on the evidence from autism should probably be adopted (McDougle, Price, and Volkmar, 1994). In general, pharmacological interventions with young children are probably best avoided. Specific medication might be indicated if AS is accompanied by debilitating depressive symptoms, severe obsessions and compulsions, or a thought disorder. It is important for parents to know that medications are prescribed for the treatment of specific symptoms, and not to treat the disorder as a whole.
New Developments in the Field

Although the current knowledge regarding the nature of AS and possible treatment interventions is still limited, there has been an impressive upsurge of research on this condition prompted by its formalization in DSM-IV. Two books on AS, covering a variety of topics, will be available hopefully in late-1997. Several research projects are underway, and better instruments are currently being developed to improve assessment and diagnosis of the condition. More importantly, awareness of AS is growing, and so is the general interest regarding the availability of services, appropriate educational placements and vocational training. The Learning Disabilities Association of America, in a partnership with the Yale Child Study Center, will be disseminating this growing body of knowledge as it is developed. The importance of the participation of families affected by AS cannot be exaggerated.

Asperger's Syndrome
Guidelines for Treatment and Intervention

Introduction

Asperger syndrome (AS) is a severe developmental disorder characterized by major difficulties in social interaction, and restricted and unusual patterns of interest and behavior. There are many similarities with "autism without mental retardation" (or "Higher Functioning Autism"), and the issue of whether Asperger syndrome and Higher Functioning Autism are different conditions is not yet resolved. Nevertheless, a considerable body of knowledge regarding this condition has been evolving in the past few years. A summary of issues regarding assessment and diagnosis of Asperger Syndrome are discussed in some detail in a related booklet circulated by the Learning Disabilities Association of America, and readers are advised to consult that text prior to reading the following guidelines. The present text is an attempt to summarize a series of concrete proposals for treatment and intervention, with a view to provide parents and care providers with specific suggestions that may be helpful in devising educational and treatment programs for children and adolescents affected by this severe form of social learning disability. Because of space constraints, these suggestions are by necessity brief. Parents and care providers seeking additional information are referred to the more comprehensive reviews listed in our reference page.

Every treatment and intervention program starts with a thorough assessment of the child's deficits and assets in the context of a transdisciplinary evaluation including assessments of behavioral (or psychiatric) history and current presentation, neuropsychological functioning, communication patterns (particularly the use of language for the purpose of social interaction, or pragmatics), and adaptive functioning (the individual's ability to translate potential into competence in meeting the demands of everyday life). The final formulation should include a characterization of the child's deficits and abilities in these various areas. The actual diagnostic assignment should be the final step in the evaluation. Labels are necessary in order to secure services and guarantee
level of sophistication in addressing the child's needs. The assignment of a label, however, should be done in a thoughtful way, so as to minimize stigmatization and avoid unwarranted assumptions. Every child is different. If one were to observe a group of individuals with Asperger Syndrome, one would probably be more impressed by how they differ than by how they are alike. Therefore, it is absolutely crucial that intervention programs derived from comprehensive evaluations are individualized to insure that they address the unique profile of needs and strengths exhibited by the given child. The psychiatric label should never be assumed to convey a precise preconceived set of behaviors and needs. Its main function is to convey an overall sense of the pattern of difficulties present. Professionals should never start a discussion of the child's needs by evoking the label. Rather, they should provide a detailed description of evaluation findings that resulted in the diagnosis of Asperger Syndrome. A discussion of any inconsistency with the diagnosis, as well as of the clinician's level of confidence in assigning that diagnosis, should also be provided.

The following set of guidelines reflects our clinical and research experience with Asperger Syndrome in the past few years. It should not be applied in specific cases without a thoughtful discussion of the individual child's profile. The specific guidelines should be seen as a series of suggestions to be considered when planning for the individual's educational, treatment, and vocational program. In sum: Do not take the diagnosis of Asperger Syndrome for granted - ask for details and for the individualized profile of your child; do not accept a discussion of your child's profile that does not include strengths that may be utilized in the intervention program; and do not accept an intervention program that is based solely on the diagnosis - ask for the development of an appropriate program on the basis of your child's profile, his/her educational setting or living conditions, and realistic short-term and long-term goals.

Securing and Implementing Services

The authorities who decide on entitlement to services are usually unaware of the extent and significance of the disabilities in Asperger Syndrome (AS). Proficient verbal skills, overall IQ usually within the normal or above normal range, and a solitary lifestyle often mask outstanding deficiencies observed primarily in novel or otherwise socially demanding situations, thus decreasing the perception of the very salient needs for supportive intervention. Thus, active participation on the part of the clinician, together with parents and possibly an advocate, to forcefully pursue the patient's eligibility for services is needed. It appears that, in the past, many individuals with AS were diagnosed as learning disabled with eccentric features, a nonpsychiatric diagnostic label that is much less effective in securing services. Others, who were given the diagnosis of autism or PDD-NOS, had often to contend with educational programs designed for much lower functioning children, thus failing to have their relative strengths and unique disabilities properly addressed. Yet another group of individuals with AS are sometimes characterized as exhibiting "Social-Emotional Maladjustment" (SEM), an educational label that is often associated with conduct problems and willful maladaptive behaviors. These individuals are often placed in educational settings for individuals with conduct disorders, thus allowing for possibly the worst mismatch possible, namely of individuals with a very naïve understanding of social situations in a mix with those who can and do manipulate social situations to their advantage without the benefit of self-restraint. It is
very important, therefore, to stress that although individuals with AS often present with maladaptive and disruptive behaviors in social settings, these are often a result of their narrow and overly concrete understanding of social phenomena, and the resultant overwhelming puzzlement they experience when required to meet the demands of interpersonal life. Therefore, the social problems exhibited by individuals with AS should be addressed in the context of a thoughtful and comprehensive intervention needed to address their social disability - as a curriculum need, rather than punishable, willful behaviors deserving suspensions or other reprimands that in fact mean very little to them, and only exacerbate their already poor self-esteem.

Situations that maximize the significance of the disability include unstructured social situations (particularly with same age peers), and novel situations requiring intuitive or quick-adjusting social problem-solving skills. Therefore, it is important that any evaluation intended to ascertain the need for special services include detailed interviews with parents and professionals knowledgeable of the child in naturalistic settings (such as home and school), and, if possible, direct observations of the child in unstructured periods such as recess or otherwise unsupervised settings.

General Intervention Setting

The applicable educational ideology as well as quality of available services vary enormously from school district to school district, across the country as well as within the various states, and sometimes across time for the same school district. It is very important that parents become well acquainted with the following factors involved in securing appropriate placement and programming for their child:

1. The range of services available in their school district: parents should make an attempt to visit the various suggested educational placements and service providers available in their school districts so as to obtain first-hand knowledge and feelings about them, including the physical setting, staffing, adult/student ratio, range of special/support services, and so forth;

1. Knowledge of model programs: parents should make an effort to locate programs (public or private) that are thought to provide high quality services according to local experts, parent support organizations, or other parents. Regardless of whether or not they would like for their child to be placed in that program, a visit to it may provide parents with a model and criteria with which to judge the appropriateness of the local program offered to them;

1. Knowledge of the PPT (Planning and Placement Team) process: it is crucial that parents become acquainted with the PPT process so as to become effective advocates for their children. They should be counseled by clinicians, parent advocates, or legal aides as to their rights as parents of children with disabilities, and as to the alternatives available to them. Parents should attempt to avoid a confrontational or adversarial approach in the same way that they should avoid complacency and passivity. Parents should know that the legal mandate is provision of "appropriate services" to their children. Note that this does not mean the best, nor the most expensive. If parents or their representatives approach the PPT process demanding the latter, they may be seen as preempting both the due examination of the child's needs by the school district authorities, as well as the actual decision.
Experience has shown that the most efficacious approach is to secure independent evaluations (to which you should be entitled) of both the child's needs and any programs offered by the school district, and to present the case for appropriate programming based on evaluation findings and recommendations. In a great number of cases, the final decision is beneficial, as most educational providers are eager to serve their clients to the best of their abilities. In fact, across the country, a number of service providers are making a special attempt to better acquaint themselves with the special needs of children with social learning disabilities, to train themselves and their staff, and to creatively establish better individualized programs. Nevertheless, if parents are met with unreasonable uncooperativeness, they should seek the advice of other parents or of parent advocates, and even, if necessary, resort to the services of lawyers experienced in the area of disabilities.

The following are positive program specifications to be kept in mind when deciding on appropriate placements and programs for individuals with AS. They may not be applicable to every individual with AS, nor are they feasible in some parts of the country. Nevertheless, they may be seen as optimal conditions to keep in mind when dealing with program specifications:

1. Relatively small setting with ample opportunity for individual attention, individualized approach, and small work groups;
2. The availability of a communication specialist with a special interest in pragmatics and social skills training, who can be available for individual and small group work, and who can also make a communication and social skills training intervention an integral part of all activities, implemented at all times, consistently, and across staff members, settings, and situations. This professional should also act as a resource to the other staff members;
3. Opportunities for social interaction and facilitation of social relationships in fairly structured and supervised activities;
4. A concern for the acquisition of real-life skills in addition to the academic goals, making use of creative initiatives and making full use of the individual's interests and talents. For example, given the fact that individuals with AS often excel in certain activities, social situations may be constructed so as to allow him or her the opportunity to take the leadership in the activity, explaining, demonstrating, or teaching others how to improve in the particular activity. Such situations are ideal to help the individual with AS:
   1. Take the perspective of others,
   2. Follow conversation and social interaction rules, and
   3. Follow coherent and less one-sided goal-directed behaviors and approaches. Additionally, by taking the leadership in an activity, the individual's self-esteem is likely to be enhanced, and his/her (usually disadvantageous) position vis-a-vis peers is for once reversed;
5. A willingness to adapt the curriculum content and requirements in order to flexibly provide opportunities for success, to foster the acquisition of a more positive self-concept, and to foster an internalized investment in performance and progress. This may mean that the individual with AS is provided with individual challenges in his/her areas of strengths, and with individualized programs in his/her areas of weakness;
6. The availability of a sensitive counselor who can focus on the individual's emotional
well being, and who could serve as a coordinator of services, monitoring progress, serving as a resource to other staff members, and providing effective and supportive liaison with the family.

General Intervention Strategies

Specific interventions, e.g. teaching practices and approaches, behavioral management techniques, strategies for emotional support, and activities intended to foster social and communication competence, should be conceived and implemented in a thoughtful, consistent (across settings, staff members, and situations), and individualized manner. More importantly, the benefit (or lack thereof) of specific recommendations should be assessed in an empirical fashion (i.e., based on an evaluation of events observed, documented or charted), with useful strategies being maintained and unhelpful ones discarded so as to promote a constant adjustment of the program to the specific conditions of the individual child with AS. The following items can be seen as tentative suggestions to be considered when discussing optimal approaches to be adopted. It should be noted, however, that there are degrees of concreteness and rigidity, paucity of insight, social awkwardness, communicative one-sidedness, and so forth, characterizing individuals with AS. Care providers should embrace the wide range of expression and complexity of the disorder, avoiding dogmatism in favor of practical, individualized, and common-sensical clinical judgment. The following suggestions should be seen in this context:

1. Skills, concepts, appropriate procedures should be taught in an explicit and rote fashion using a parts-to-whole verbal teaching approach, where the verbal steps are in the correct sequence for the behavior to be effective;
2. Specific problem-solving strategies should be taught for handling the requirements of frequently occurring troublesome situations. Training should also be necessary for recognizing situations as troublesome and applying learned strategies in discrepant situations;
3. Social awareness should be cultivated, focusing on the relevant aspects of given situations, and pointing out the irrelevancies contained therein. Discrepancies between the individual's perceptions regarding the situation in question and the perceptions of others should be made explicit;
4. Generalization of learned strategies and social concepts should be instructed, from the therapeutic setting to everyday life (e.g., to examine some aspects of a person's physical characteristics as well as to retain full names in order to enhance knowledge of that person and facilitate interaction in the future);
5. To enhance the individual's ability to compensate for typical difficulties processing visual sequences, particularly when these involve social themes, by making use of equally typical verbal strengths;
6. The ability to interpret visual information simultaneously with auditory information should be strengthened, since it is important not only to be able to interpret other people's nonverbal behavior correctly but also to interpret what is being said in conjunction with these nonverbal cues;
7. Self-evaluation should be encouraged. Awareness should be gained into which situations are easily managed and which are potentially troublesome. This is especially important with respect to perceiving the need to use prelearned strategies in appropriate situations. Self-evaluation should also be used to strengthen self-
esteem and maximize situations in which success can be achieved. Individuals with AS often have many cognitive strengths and interests that can be used to the individual's advantage in specific situations as well as in planning for the future;

1. Adaptive skills intended to increase the individual's self-sufficiency should be taught explicitly with no assumption that general explanations might suffice nor that he/she will be able to generalize from one concrete situation to similar ones. Frequently occurring problematic situations should be addressed by teaching the individual verbally the exact sequence of appropriate actions that will result in an effective behavior. Rule sequences for e.g., shopping, using transportation, etc., should be taught verbally and repeatedly rehearsed with the help of the interventionist and other individuals involved in the individual's care. There should be constant coordination and communication between all those involved so that these routines are reinforced in the same way and with little variation between the various people. Verbal instructions, rote planning and consistency are essential. A list of specific behaviors to be taught may be derived from results obtained with the Vineland Adaptive Behavior Scales, Expanded Edition (Sparrow, Balla and Cicchetti, 1984), which assess adaptive behavior skills in the areas of Communication, Daily Living (self-help) Skills, Socialization, and Motor Skills;

1. The individual with AS should be instructed on how to identify a novel situation and to resort to a pre-planned, well rehearsed list of steps to be taken. This list should involve a description of the situation, retrieval of pertinent knowledge and step-by-step decision making. When the situation permits (another item to be explicitly defined), one of these steps might be reliance on a friend's or adult's advice, including a telephone consultation;

1. The link between specific frustrating or anxiety-provoking experiences and negative feelings should be taught to the individual with AS in a concrete, cause-effect fashion, so that he/she is able to gradually gain some measure of insight into his/her feelings. Also, the awareness of the impact of his/her actions on other people's feelings should be fostered in the same fashion;

1. Additional teaching guidelines should be derived from the individual's neuropsychological profile of assets and deficits; specific intervention techniques should be similar to those usually employed for many subtypes of learning disabilities, with an effort to circumvent the identified difficulties by means of compensatory strategies, usually of a verbal nature. For example, if significant motor, sensory-integration or visual-motor deficits are corroborated during the evaluation, the individual with AS should receive physical and occupational therapies. These latter should not only focus on traditional techniques designed to remediate motor deficits, sensory integration or visual-motor deficits, but should also reflect an effort to integrate these activities with learning of visual-spatial concepts, visual-spatial orientation and causation, time concepts, and body awareness, making use of narratives and verbal self-guidance.

General Strategies for Communication Intervention and Social Skills Training

For most individuals with AS, the most important item of the educational curriculum and treatment strategy involves the need to enhance communication and social competence. This emphasis does not reflect a societal pressure for conformity or an attempt to stifle individuality and uniqueness. Rather, this emphasis reflects the clinical fact that most individuals with AS are not loners by choice, and that there is a tendency, as children
develop towards adolescence, for despondency, negativism, and sometimes, clinical depression, as a result of the individual's increasing awareness of personal inadequacy in social situations, and repeated experiences of failure to make and/or maintain relationships. The typical limitations of insight and self-reflection vis-a-vis others often preclude spontaneous self-adjustment to social and interpersonal demands. The practice of communication and social skills do not imply the eventual acquisition of communicative or social spontaneity and naturalness. It does, however, better prepare the individual with AS to cope with social and interpersonal expectations, thus enhancing their attractiveness as conversational partners or as potential friends or companions. The following are suggestions intended to foster relevant skills in this important area:

1. Explicit verbal instructions on how to interpret other people's social behavior should be taught and exercised in a rote fashion. The meaning of eye contact, gaze, various inflections as well as tone of voice, facial and hand gestures, non-literal communications such as humor, figurative language, irony, sarcasm and metaphor, should all be taught in a fashion not unlike the teaching of a foreign language, i.e., all elements should be made verbally explicit and appropriately and repeatedly drilled. The same principles should guide the training of the individual's expressive skills. Concrete situations should be exercised in the therapeutic setting and gradually tried out in naturally occurring situations. All those in close contact with the individuals with AS should be made aware of the program so that consistency, monitoring and contingent reinforcement are maximized. Of particular importance, encounters with unfamiliar people (e.g., making acquaintances) should be rehearsed until the individual is made aware of the impact of his/her behavior on other people's reactions to him/her. Techniques such as practicing in front of a mirror, listening to the recorded speech, watching a video recorded behavior, and so forth, should all be incorporated in this program. Social situations contrived in the therapeutic setting that usually require reliance on visual-receptive and other nonverbal skills for interpretation should be used and strategies for deciphering the most salient nonverbal dimensions inherent in these situations should be offered;

2. The individual with AS should be taught to monitor his/her own speech style in terms of volume, rhythm, naturalness, adjusting depending on proximity to the speaker, context and social situation, and number of people and background noise;

3. The effort to develop the individual's skills with peers in terms of managing social situations should be a priority. This should include topic management, the ability to expand and elaborate on a range of different topics initiated by others, shifting topics, ending topics appropriately and feeling comfortable with a range of topics that are typically discussed by same-age peers;

4. The individual with AS should be helped to recognize and use a range of different means to interact, mediate, negotiate, persuade, discuss, and disagree through verbal means. In terms of formal properties of language, the individual may benefit from help in thinking about idiomatic language that can only be understood in its own right, and practice in identifying them in both text and conversation. It is be important to help the individual to develop the ability to make inferences, to predict, to explain motivation, and to anticipate multiple outcomes so as to increase the flexibility with which the person both thinks about and uses language with other people.

General Guidelines for Behavior Management
Individuals with AS often exhibit different forms of challenging behavior. It is crucial that these behaviors are not seen as willful or malicious; rather, they should be viewed as connected to the individual’s disability and treated as such by means of thoughtful, therapeutic, and educational strategies, rather than by simplistic and inconsistent punishment or other disciplinary measures that imply the assumption of deliberate misconduct. Specific problem-solving strategies, usually following a verbal rule, may be taught for handling the requirements of frequently occurring, troublesome situations (e.g., involving novelty, intense social demands, or frustration). Training is usually necessary for recognizing situations as troublesome and for selecting the best available learned strategy to use in such situations. The following are some suggestions on how to approach behavioral management in the case of individuals with AS:

1. Setting limits: a list of frequent problematic behaviors such as perseverations, obsessions, interrupting, or any other disruptive behaviors should be made and specific guidelines devised to deal with them whenever the behaviors arise. It is often helpful that these guidelines are discussed with the individual with AS in an explicit, rule-governed fashion, so that clear expectations are set and consistency across adults, settings and situations is maintained. These explicit rules should be not unlike curriculum guidelines. The explicit approach should be devised based on the staff’s ongoing experiences, determined empirically, and discussed in team meetings. An effort should be made to establish as much as possible all possible (though few) contingencies and guidelines for limit setting so that each staff member does not need to improvise and thus possibly trigger the individual’s oppositionality or a temper tantrum. When listing the problematic behaviors, it is important that these are specified in a hierarchy of priorities, so that staff and the individual himself/herself concentrate on a small number of truly disruptive behaviors (to others or to self);

1. Helping the individual with AS make choices: There should not be an assumption that the individual with AS makes informed decisions based on his/her own set of elaborate likes and dislikes. Rather he/she should be helped to consider alternatives of action or choices, as well as their consequences (e.g., rewards and displeasure) and associated feelings. The need for such an artificial set of guidelines is a result of the individual’s typical poor intuition and knowledge of self.

Academic Curriculum

The curriculum content should be decided based on long-term goals, so that the utility of each item is evaluated in terms of its long-term benefits for the individual’s socialization skills, vocational potential, and quality of life. Emphasis should be placed on skills that correspond to relative strengths for the individual as well as skills that may be viewed as central for the person’s future vocational life (e.g., writing skills, computer skills, science). If the individual has an area of special interest that is not as circumscribed and unusual so as to prevent utilization in prospective employment, such an interest or talent should be cultivated in a systematic fashion, helping the individual learn strategies of learning (e.g., library, computerized data bases, Internet, etc.). Specific projects can be set as part of the person’s credit gathering, and specific mentorships (topic-related) can be established with staff members or individuals in the community. It is often useful to emphasize the utilization of computer resources, with a view to:
1. Compensate for typical difficulties in grapho-motor skills,
2. To foster motivation in self-taught strategies of learning, including the use of "on-line" resources, and
3. To establish contact via electronic mail with other people who share some interests, a more non-threatening form of social contact that may evolve into relationships, including personal contact.

Vocational Training

Often, adults with AS may fail to meet entry requirements (e.g., a college degree) for jobs in their area of training, or fail to attain a job because of their poor interview skills, social disabilities, eccentricities, or anxiety attacks. Having failed to secure skilled employment (commensurate with their level of instruction and training), sometimes these individuals may be helped by well-meaning friends or relatives to find a manual job. As a result of their typically very poor visual-motor skills they may once again fail, leading to devastating emotional implications. It is important, therefore, that individuals with AS are trained for and placed in jobs for which they are not neuropsychologically impaired, and in which they will enjoy a certain degree of support and shelter. It is also preferable that the job does not involve intensive social demands. As originally emphasized by Hans Asperger, there is a need to foster the development of existent talents and special interests in a way as to transform them into marketable skills. However, this is only part of the task to secure (and maintain) a work placement. Equal attention should be paid to the social demands defined by the nature of the job, including what to do during meal breaks, contact with the public or co-workers, or any other unstructured activity requiring social adjustment or improvisation.

Self-Support

As individuals with AS are usually self-described loners despite an often intense wish to make friends and have a more active social life, there is a need to facilitate social contact within the context of an activity-oriented group (e.g., church communities, hobby clubs, and self-support groups). The little experience available with the latter suggests that individuals with AS enjoy the opportunity to meet others with similar problems and may develop relationships around an activity or subject of shared interest.

Pharmacotherapy

Although little information about pharmacological interventions with individuals with AS is available, a conservative approach based on the evidence from autism should probably be adopted (McDougle, Price, and Volkmar, 1994). In general, pharmacological interventions with young children are probably best avoided. Specific medication might be indicated if AS is accompanied by debilitating depressive symptoms, severe obsessions and compulsions, or a thought disorder. It is important for parents to know that medications are prescribed for the treatment of specific symptoms, and not to treat the disorder as a whole.

Psychotherapy

Although insight-oriented psychotherapy has not been shown to be very helpful, it does
appear that fairly focused and structured counseling can be very useful for individuals with AS, particularly in the context of overwhelming experiences of sadness or negativism, anxiety, family functioning, frustration in regard to vocational goals and placement, and ongoing social adjustment.

The Adolescent Years

Adolescence is full of challenges for any teen. The change is fast, everywhere, and hard to keep up with: The body changes in response to increasing levels of sex hormones; the thinking process changes as the teen is able to think more broadly and in an abstract way; the social life changes as new people and peers come into scope. Yet the teen needs to deal with every single one of these changes, all at the same time! With their willingness to help, that’s where the moms and dads come in, who have "been there", with the life experience, maturity and resources. So, how can moms and dads help? Recognizing the complex and sometimes conflicting needs of an adolescent would be a good point to start.

Teens yearn to develop a unique and independent identity, separate from their moms and dads’. Yes, they love their moms and dads, but they don’t simply want to follow their footsteps. They challenge their moms and dads in any way they can. They disobey their rules; criticize their "old fashioned" values; they discard their suggestions. Experienced moms and dads know that sometimes they have to be very "political" approaching their adolescent teens, if they are going to get their point across. On the other hand, teens give a lot of credit to their peers. They yearn to belong to a peer group, which would define and support their identity. They may attempt to do things very much out of character just to gain the approval and acceptance of their peers. They tend to hide their weaknesses and exaggerate their strengths. Of course, what teens consider as "weakness" or "strength" may sometimes shock their moms and dads.

Teens with Aspergers bring their special flavor to the adolescence, essentially determined by the levels of three ingredients: interest, avoidance and insight.

106 Level of interest: Since all forms of Aspergers have an impact on social development by
definition, most teens with moderate to severe Aspergers will show little or no interest in others. They may seem to be totally unaware of their peers’ presence or they may appear indifferent when peers try to interact. As Aspergers gets less severe, the level of interest in peers usually increases. For these teens, the quality of social interactions mostly depends on the levels of avoidance and insight.

**Level of avoidance:** In the social development of teens who show some interest in peer interactions, social anxiety and resultant avoidance play an important role. Some teens get very nervous just with the thought of approaching others and may choose to avoid it at all costs. Their avoidance may appear as if they are not interested in others. It is important to differentiate this since anxiety can be treated much more easily than genuine lack of interest.

*Tip:*

*Most frequently, interaction with peers will create more anxiety than interaction with younger or older people:* Younger teens are safer to approach since they would be more likely to accept the dominance of an adolescent with Aspergers and less likely to be critical. Older teens and adults are safer because they will be more likely to understand and tolerate. Moms and dads therefore commonly observe that their teens with Aspergers prefer to interact with younger teens or adults over their peers.

For teens with Aspergers who show interest in peers and do not avoid contact, the quality of social interactions will depend on the level of insight.

**Level of insight:** Yet some teens with Aspergers will not avoid interacting with others younger, older or similar age. Rather, they are eager to communicate, though, often in a clumsy, in-your-face way. The level of their insight into their social disability will then become the determining factor of their social success. If they are unaware of their shortcomings in gauging the social atmosphere and reading social cues, they may inadvertently come across as rude, insulting or boring. They may miss subtle criticism, sarcasm or tease. As they develop better insight, they become more motivated to learn which had not come naturally and intuitively. They also have a better chance to work through a sense of loss, common to all disabilities.

**Coping with the Loss of Normalcy**

Regardless of the individual developmental route, most teens with Aspergers start realizing that they are not quite like others at some point during their adolescence. A few factors seem to facilitate the process:

- A higher IQ
- A higher level insight into difficulties in social interaction
- A higher level of interest in others

Once the adolescent realizes that he has significant difficulties in conducting social
relationships compared to his peers, he needs deal with this loss, just like dealing with another loss. Understanding the thoughts, feelings and behavior of an adolescent with Aspergers is the necessary first step in helping him out and being there for him. Considering this coping process in a few stages may make the caregivers’ job easier:

· Anger

· Denial

· Depression

· Acceptance

· Adaptation

Most commonly, the adolescent will not go through these stages one after another, but rather display a larger or smaller aspect of each at any given time. This is a painful process for not only the adolescent but for others who care for him as well. Moms and dads may find themselves compelled to forget the whole thing and act as if nothing is happening. Well, we are all tempted to avoid pain and denial is an excellent painkiller. The good news is, as much as the denial is contagious, the courage and strength, too, and seeing his moms and dads dealing with the pain calmly and matter-of-factly will encourage the adolescent talk about his anger and frustration. This will in turn help the adolescent get closer to the acceptance and adaptation:

· Don’t try to change the subject, unless your teen does so.

· Don’t try to minimize his difficulties, but also don’t let him exaggerate, providing gentle reality testing.

· Offer the option of counseling, since sometimes it is easier to talk to a stranger. However, try not to push the idea directly even if you feel that your teen clearly needs professional help.

· You don’t have to bring it up, but when he does, give them a good listening ear and be patient.

Tip:

_Sometimes you have to be very political trying to sell an idea to a teenager. The mere fact that the idea is coming from his moms and dads may make him refuse it. Let the idea come from a family friend, teacher, or a neighbor he trusts. Give him time to think about it. He may come back to the suggestion when he feels he is ready._

Consider trying an antidepressant medication if he doesn’t seem to be able to move on. Look for the following common symptoms of clinical depression. If five or more of these are present week after week, put your foot down:
· Appearing sad for most of the time
· Becoming irritable and angry with the drop of a hat so that family members start walking on egg shells
· Complaining that he is tired all the time and wanting to take naps during the day
· Eating less or more than usual
· Losing interest in activities he usually enjoys
  · Making remarks like he hates life, he hates you, nobody loves him, or wishing he was dead
  · Not being able to fall asleep, waking up in the middle of the night and having difficulty falling back to sleep
· Putting himself down, saying he is stupid
· Withdrawing himself from the rest of the family, refusing to participate in group activities
· Blaming himself unfairly for anything that goes wrong

Most teens with Aspergers excel in one or two subjects. They tend to accumulate a lot of information on the subject and love to talk about it over and over. Unfortunately, after one point family members end up losing interest and start getting bored to death. Rather than avoiding the subject, try finding out new ways to engage the youngster in the subject. Structure the topic in a different way. Find a way to challenge him. Be creative and let sky be the limit! Your interest will make your teen feel better about himself, realizing his mastery on the subject will boost his self-esteem.

Many teens with Aspergers resolve their sense of loss by turning the issue upside down: Rather than clinging to depression and despair, they find their identity in Aspergers. They get in touch with other youth with Aspergers. They take on themselves educating their peers about Aspergers at school. They set up web sites, chat rooms and even write books about it. They gather support for a better understanding and treatment of Aspergers. Encouraging your teen, providing him means to this end and removing the obstacles in front of him may turn out to be the best antidepressant treatment ever. All this may seem remote and you may not know where to start. Consider the following tips:

· Attend support groups for moms and dads and make acquaintances
  · If it doesn’t work right away, don’t get discouraged and keep trying, always letting your teen make the first move in showing interest
· Invite your new acquaintances to your house and encourage them to bring their teens
· Leave brochures, leaflets and other information about teen groups around to catch the
attention of your teenager

- Set a good example. Get in touch with the organizations like the Aspergers Society of America or Asperger Syndrome Coalition of the U.S. and contact their local chapters

**Acknowledging Sexuality**

In contrast with their rather slow social development and maturation, teens with Aspergers develop physiologically and sexually at the same pace as their peers. As their sons and daughters with Aspergers grow older and display sexualized behavior, many patents find themselves worrying that

- their daughter will get pregnant or their son will impregnate someone else’s daughter
- their teen will be taken advantage of
- their teen will contract sexually transmitted diseases
- their teen will not have the opportunity of enjoying sexual relationships
- their teen’s behavior will be misunderstood

While some moms and dads get concerned that their teens show no interest in sexual matters, others have to deal with behaviors like:

- masturbating in public
- staring at others inappropriately
- stripping in public
- talking about inappropriate subjects
- touching others inappropriately
- touching private parts of own in public

Talking about sex, especially the sexuality of our teens makes us feel uncomfortable. Even though we all wish that our teens have safe and fulfilling sexual lives, we hope the issue just gets resolved by itself, or at least somebody else takes the responsibility of resolving it. We may find ourselves lost trying to imagine our teens, who have significant problems carrying a simple conversation, building relationships that may lead to healthy sexuality. We may find it comforting to believe that our teens don’t have sexual needs and feelings, and avoid bringing up the subject in any shape or form. We may feel uneasy about sex education, believing that ignorance will prevent sexual activity.

*How can we make sure that our teens with Aspergers express sexuality in socially acceptable and legally permissible ways, avoiding harm to themselves and others?*
The key is making your mind that you will address the issue, rather than avoid it. Set up a time with your teen to talk about sexuality, rather than making a few comments about it when the issue is hot, right after an incident, when everybody feels quite emotional about what just has happened. Ask direct questions about what your teen knows about sex. Ask about his desires and worries. Tell him what you think should be his first step. After inquiring and talking about the normal behavior, set realistic but firm limits about inappropriate behavior. Seeing your level of comfort around the issue, your teen will get the message that it is OK to have sexual feelings and it is OK to talk about them. Getting this message alone will bring the tension around sexuality a few notches down. If this approach fails, please do not be shy about asking for help. Other moms and dads with adolescent teens would be a good starting point. Your teen’s school may also be able to help. Finally, you may inquire about professional help, which should provide:

- an individualized sexuality assessment and
- sex education based on individual needs, while
  - utilizing behavioral modification techniques to discourage inappropriate sexual behavior and promote appropriate sexual behavior.

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**Aspergers Meltdowns: How to Cope**

Aspergers is a neurological condition. The brain is wired differently, making this disorder a lifelong condition. It affects communication, social interaction and sensory issues. Aspergers is often referred to as the "invisible syndrome" because of the internal struggles these kids have without outwardly demonstrating any real noticeable symptoms. Thus, difficulty assessing someone with Aspergers is even more impacted. In fact people with Aspergers have average to above-average intelligence, and are even referred to as "little professors."
Kids with this disorder struggle with a problem and internalize their feelings until their emotions boil over, leading to a complete meltdown. These outbursts are not a typical temper tantrum; for children with Aspergers (and for their parents), these episodes are much worse.

Many Aspergers kids may appear under receptive or over receptive to sensory stimulation and therefore may be suspected of having vision or hearing problems. Therefore, it's not unusual for parents or teachers to recommend hearing and vision tests. Some kids may avoid gentle physical contact such as hugs, yet they react positively to rough-and-tumble games. Some Aspergers kids have a high pain tolerance, yet they may not like to walk barefoot in grass.

There are nine different types of temperaments in Aspergers children:

• Distractible temperament predisposes the child to pay more attention to his or her surroundings than to the caregiver.
• High intensity level temperament moves the child to yell, scream, or hit hard when feeling threatened.
• Hyperactive temperament predisposes the child to respond with fine- or gross-motor activity.
• Initial withdrawal temperament is found when children get clingy, shy, and unresponsive in new situations and around unfamiliar people.
• Irregular temperament moves the child to escape the source of stress by needing to eat, drink, sleep, or use the bathroom at irregular times when he or she does not really have the need.
• Low sensory threshold temperament is evident when the child complains about tight clothes and people staring and refuses to be touched by others.
• Negative mood temperament is found when children appear lethargic, sad, and lack the energy to perform a task.
• Negative persistent temperament is seen when the child seems stuck in his or her whining and complaining.
• Poor adaptability temperament shows itself when children resist, shut down, and become passive-aggressive when asked to change activities.

If your kid has Aspergers, chances are he has meltdowns. Some may be worse than others, but all leave both parent and kid exhausted. Meltdowns are not a pretty sight. They are somewhat like overblown temper tantrums, but unlike tantrums, meltdowns can last anywhere from ten minutes to over an hour. When it ends, both you and the Aspergers kid are totally exhausted. But... don't breathe a sigh of relief yet. At the least provocation, for the remainder of that day, and sometimes into the next, the meltdown can return full force.

What are meltdowns? They are overwhelming emotions and quite common in Aspergers kids. What causes them? It can be anything from a very minor incident to something more traumatic. How long do they last? It's anyone's guest. They last until the kid is either completely exhausted, or he gains control of his emotions, which is not easy for him to do.

If your kid suffers from Aspergers, expect her to experience both minor and major
meltdowns over incidents that are part of daily life. She may have a major meltdown over a very small incident, or may experience a minor meltdown over something that is major. There is no way of telling how she is going to react about certain situations. However, there are some ways to help your kid learn to control his emotions.

Aspergers sufferers don't really have the knowledge to decipher when their actions are inappropriate. When your kid is calm and relaxed, talk to her about her meltdowns if she is of an age where she can reason and learn to work with you. This will probably not be until the kid is seven or eight years old. Then, tell her that sometimes she does things that are not appropriate. Have her talk to you about a sign you can give her to let her know when this happens.

All you can do is be patient with your kid while she is having a meltdown, though they are emotionally exhausting for you as well as he. Never punish her for experiencing a meltdown. Overwhelming emotions are part of the Aspergers traits, but if you work with your kid, she will eventually learn to control them somewhat.

Aspergers kids don't like surprises and some don't like to be touched. Never rush to your Aspergers kid and give her a hug. If you want to hug her, tell her exactly what you are going to do. A surprise hug can send her into an even worse meltdown than she is already experiencing.

Aspergers kids like to be left alone to cope with emotions. If your kid says something like, “I just want to be left alone,” respect her wishes for at least a while. You can always go back in ten minutes and ask if you can help. Do not be hurt if she refuses.

Work with your Aspergers kid as she grows older to help her learn to cope with daily life. Remember, she sees the world much differently than we do and needs help deciphering exactly how we see the world. While working with her on this, she will give you clues as to how she sees the world and a firmer bond will be established.

Prevention for Parents and Teachers—

It is much easier to prevent temper tantrums than it is to manage them once they have erupted. Here are some tips for preventing temper tantrums and some things you can say:

• Avoid boredom. Say, “You have been working for a long time. Let’s take a break and do something fun.”
• Change environments, thus removing the child from the source of the temper tantrum. Say, “Let’s go for a walk.”
• Choose your battles. Teach children how to make a request without a temper tantrum and then honor the request. Say, “Try asking for that toy nicely and I’ll get it for you.”
• Create a safe environment that children can explore without getting into trouble. Childproof your home or classroom so children can explore safely.
• Distract children by redirection to another activity when they tantrum over something they should not do or cannot have. Say, “Let’s read a book together.”
• Do not ask children to do something when they must do what you ask. Do not ask, “Would you like to eat now?” Say, “It’s suppertime now.”

• Establish routines and traditions that add structure. For teachers, start class with a sharing time and opportunity for interaction.

• Give children control over little things whenever possible by giving choices. A little bit of power given to the child can stave off the big power struggles later. “Which do you want to do first, brush your teeth or put on your pajamas?”

• Increase your tolerance level. Are you available to meet the child’s reasonable needs? Evaluate how many times you say, “No.” Avoid fighting over minor things.

• Keep a sense of humor to divert the child’s attention and surprise the child out of the tantrum.

• Keep off-limit objects out of sight and therefore out of mind. In an art activity keep the scissors out of reach if children are not ready to use them safely.

• Make sure that children are well rested and fed in situations in which a temper tantrum is a likely possibility. Say, “Supper is almost ready, here’s a cracker for now.”

• Provide pre-academic, behavioral, and social challenges that are at the child’s developmental level so that the child does not become frustrated.

• Reward children for positive attention rather than negative attention. During situations when they are prone to temper tantrums, catch them when they are being good and say such things as, “Nice job sharing with your friend.”

• Signal children before you reach the end of an activity so that they can get prepared for the transition. Say, “When the timer goes off 5 minutes from now it will be time to turn off the TV and go to bed.”

• When visiting new places or unfamiliar people explain to the child beforehand what to expect. Say, “Stay with your assigned buddy in the museum.”

Intervention for Parents and Teachers—

There are a number of ways to handle a temper tantrum. Strategies include the following:

• Hold the child who is out of control and is going to hurt himself or herself or someone else. Let the child know that you will let him or her go as soon as he or she calms down. Reassure the child that everything will be all right, and help the child calm down. Parents may need to hug their child who is crying, and say they will always love him or her no matter what, but that the behavior has to change. This reassurance can be comforting for a child who may be afraid because he or she lost control.

• If the child has escalated the tantrum to the point where you are not able to intervene in the ways described above, then you may need to direct the child to time-out. If you are in a public place, carry your child outside or to the car. Tell the child that you will go home unless he or she calms down. In school warn the child up to three times that it is necessary to calm down and give a reminder of the rule. If the child refuses to comply, then place him or her in time-out for no more than 1 minute for each year of age.

• Remain calm and do not argue with the child. Before you manage the child, you must manage your own behavior. Spanking or yelling at the child will make the tantrum worse.

• Talk with the child after the child has calmed down. When the child stops crying, talk
about the frustration the child has experienced. Try to help solve the problem if possible. For the future, teach the child new skills to help avoid temper tantrums such as how to ask appropriately for help and how to signal a parent or teacher that the he or she knows they need to go to “time away” to “stop, think, and make a plan.” Teach the child how to try a more successful way of interacting with a peer or sibling, how to express his or her feelings with words and recognize the feelings of others without hitting and screaming.

• Think before you act. Count to 10 and then think about the source of the child’s frustration, this child’s characteristic temperamental response to stress (hyperactivity, distractibility, moodiness), and the predictable steps in the escalation of the temper tantrum.

• Try to intervene before the child is out of control. Get down at the child’s eye level and say, “You are starting to get revved up, slow down.” Now you have several choices of intervention.

• You can ignore the tantrum if it is being thrown to get your attention. Once the child calms down, give the attention that is desired.

• You can place the child in time away. Time away is a quiet place where the child goes to calm down, think about what he or she needs to do, and, with your help, make a plan to change the behavior.

• You can positively distract the child by getting the child focused on something else that is an acceptable activity. For example, you might remove the unsafe item and replace with an age-appropriate toy.

Post-Tantrum Management—

• Teach the child that anger is a feeling that we all have and then teach her ways to express anger constructively.

• Never, under any circumstances, give in to a tantrum. That response will only increase the number and frequency of the tantrums.

• Never let the temper tantrum interfere with your otherwise positive relationship with the child.

• Explain to the child that there are better ways to get what he or she wants.

• Do not reward the child after a tantrum for calming down. Some children will learn that a temper tantrum is a good way to get a treat later.

My Aspergers Child

07:28AM (-07:00)

Asperger Syndrome

Asperger syndrome

*Classification and external resources* ICD-10 F 84.5 ICD-9 299.8 OMIM 608638
DiseasesDB 31268 MedlinePlus 001549 eMedicine ped/147

Asperger syndrome also called *Asperger's syndrome, Asperger's disorder, Asperger's* or *AS*) is one of several autism spectrum disorders (ASD) characterized by difficulties in
social interaction and by restricted, stereotyped interests and activities. Aspergers is distinguished from the other ASDs in having no general delay in language or cognitive development. Although not mentioned in standard diagnostic criteria, motor clumsiness and atypical use of language are frequently reported.

Aspergers is named after Austrian pediatrician Hans Asperger who, in 1944, described children in his practice who lacked nonverbal communication skills, failed to demonstrate empathy with their peers, and were physically clumsy. Fifty years later, Apergers was recognized in the International Statistical Classification of Diseases and Related Health Problems (ICD-10), and in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as Asperger's Disorder. Questions about many aspects of Aspergers remain: for example, there is lingering doubt about the distinction between Aspergers and high-functioning autism (HFA); partly due to this, the prevalence of Aspergers is not firmly established. The exact cause of Aspergers is unknown, although research supports the likelihood of a genetic basis, and brain imaging techniques have identified structural and functional differences in specific regions of the brain.

There is no single treatment for Aspergers, and the effectiveness of particular interventions is supported by only limited data. Intervention is aimed at improving symptoms and function. The mainstay of treatment is behavioral therapy, focusing on specific deficits to address poor communication skills, obsessive or repetitive routines, and clumsiness. Most individuals with Aspergers can learn to cope with their differences, but may continue to need moral support and encouragement to maintain an independent life. Researchers and people with Aspergers have contributed to a shift in attitudes away from the notion that Aspergers is a deviation from the norm that must be treated or cured, and towards the view that Aspergers is a difference rather than a disability.
Aspergers: Classification

Aspergers is one of the autism spectrum disorders (ASD) or pervasive developmental disorders (PDD), which are a spectrum of psychological conditions that are characterized by abnormalities of social interaction and communication that pervade the individual's functioning, and by restricted and repetitive interests and behavior.

Like other psychological development disorders, autism spectrum disorders begin in infancy or childhood, have a steady course without remission or relapse, and have impairments that result from maturation-related changes in various systems of the brain.

Autism spectrum disorders, in turn, are a subset of the broader autism phenotype (BAP), which describes individuals who may not have autism spectrum disorders but do have autistic-like traits (e.g., social deficits).

Of the other four autism spectrum disorder forms, autism is the most similar to Aspergers in signs and likely causes, but its diagnosis requires impaired communication and allows delay in cognitive development.

Rett syndrome and childhood disintegrative disorder share several signs with autism, but may have unrelated causes, and pervasive developmental disorder not otherwise specified (PDD-NOS) is diagnosed when the criteria for a more specific disorder are unmet.

The extent of the overlap between Aspergers and high-functioning autism (HFA—autism unaccompanied by mental retardation) is unclear. The current autism spectrum disorder classification may not reflect the true nature of the conditions.

Aspergers: Characteristics

Aspergers is distinguished by a pattern of symptoms rather than a single symptom. It is characterized by qualitative impairment in social interaction, by stereotyped and restricted patterns of activities and interests, and by no clinically significant delay in cognitive development or general delay in language. Intense preoccupation with a narrow subject, one-sided verbosity, restricted prosody and intonation, and motor clumsiness are typical of the condition, but are not required for diagnosis.

Speech and language—

Although children with Aspergers acquire language skills without significant general delay, and the speech of those with Aspergers typically lacks significant abnormalities, language acquisition and use is often atypical. Abnormalities include verbosity; abrupt transitions; literal interpretations and miscomprehension of nuance; use of metaphor meaningful only to the speaker; auditory perception deficits; unusually pedantic, formal or idiosyncratic speech; and oddities in loudness, pitch, intonation, prosody, and rhythm.
Three aspects of communication patterns are of clinical interest: poor prosody, tangential and circumstantial speech, and marked verbosity. Although inflection and intonation may be less rigid or monotonic than in autism, children with Aspergers often have a limited range of intonation; speech may be unusually fast, jerky or loud. Speech may convey a sense of incoherence; the conversational style often includes monologues about topics that bore the listener, fails to provide context for comments, or fails to suppress internal thoughts. Children with Aspergers may fail to monitor whether the listener is interested or engaged in the conversation. The speaker's conclusion or point may never be made, and attempts by the listener to elaborate on the speech's content or logic, or to shift to related topics, are often unsuccessful.

Children with Aspergers may have an unusually sophisticated vocabulary at a young age and have been colloquially called "little professors", but have difficulty understanding figurative language and tend to use language literally. Children with Aspergers appear to have particular weaknesses in areas of nonliteral language that include humor, irony, and teasing. They usually understand the cognitive basis of humor but may not enjoy it due to lack of understanding of its intent.

**Restricted and repetitive interests and behavior—**

Those with Aspergers often display intense interests, such as this boy's fascination with molecular structure.
Children with Aspergers display behavior, interests, and activities that are restricted and repetitive and are sometimes abnormally intense or focused. They may stick to inflexible routines or rituals, move in stereotyped and repetitive ways, or preoccupy themselves with parts of objects.

Pursuit of specific and narrow areas of interest is one of the most striking features of Aspergers. Children with Aspergers may collect volumes of detailed information on a relatively narrow topic such as dinosaurs or deep fat fryers, without necessarily having genuine understanding of the broader topic. For example, a kid might memorize camera model numbers while caring little about photography. This behavior is usually apparent by grade school, typically age 5 or 6 in the U.S. Although these special interests may change from time to time, they typically become more unusual and narrowly focused, and often dominate social interaction so much that the entire family may become immersed. Because topics such as dinosaurs often capture the interest of children, this symptom may go unrecognized.

Stereotyped and repetitive motor behaviors are a core part of the diagnosis of Aspergers and other AUTISM SPECTRUM DISORDERS. They include hand movements such as flapping or twisting, and complex whole-body movements. These are typically repeated in longer bursts and look more voluntary or ritualistic than tics, which are usually faster, less rhythmical and less often symmetrical.

Social interaction—

The lack of demonstrated empathy is possibly the most dysfunctional aspect of Aspergers. Children with Aspergers experience difficulties in basic elements of social interaction, which may include a failure to develop friendships or enjoy spontaneous interests or achievements with others, a lack of social or emotional reciprocity, and impaired nonverbal behaviors such as eye contact, facial expression, posture, and gesture.

Unlike those with autism, children with Aspergers are not usually withdrawn around others; they approach others, even if awkwardly, for example by engaging in a one-sided, long-winded speech about a favorite topic while being oblivious to the listener's feelings or reactions, such as signs of boredom or haste to leave. This social awkwardness has been called "active but odd". This failure to react appropriately to social interaction may appear as disregard for other children's feelings, and may come across as insensitive. The cognitive ability of children with Aspergers often lets them articulate social norms in a laboratory context, where they may be able to show a theoretical understanding of other children's emotions; they typically have difficulty acting on this knowledge in fluid, real-life situations, however. Children with Aspergers may analyze and distill their observation of social interaction into rigid behavioral guidelines and apply these rules in awkward ways—such as forced eye contact—resulting in demeanor that appears rigid or socially naive. Childhood desires for companionship can be numbed through a history of failed social encounters.

The hypothesis that children with Aspergers are predisposed to violent or criminal behavior has been investigated and found to be unsupported by data. More evidence suggests children with Aspergers are victims rather than victimizers.
Other—

Children with Aspergers may have signs or symptoms that are independent of the diagnosis, but can affect the individual or the family. These include differences in perception and problems with motor skills, sleep, and emotions.

Children with Aspergers often have excellent auditory and visual perception. Children with AUTISM SPECTRUM DISORDERS often demonstrate enhanced perception of small changes in patterns such as arrangements of objects or well-known images; typically this is domain-specific and involves processing of fine-grained features. Conversely, compared to children with HFA, children with Aspergers have deficits in some tasks involving visual-spatial perception, auditory perception, or visual memory. Many accounts of children with Aspergers and AUTISM SPECTRUM DISORDERS report other unusual sensory and perceptual skills and experiences. They may be unusually sensitive or insensitive to sound, light, touch, texture, taste, smell, pain, temperature, and other stimuli, and they may exhibit synesthesia, for example, a smell may trigger perception of color; these sensory responses are found in other developmental disorders and are not specific to Aspergers or to AUTISM SPECTRUM DISORDERS. There is little support for increased fight-or-flight response or failure of habituation in autism; there is more evidence of decreased responsiveness to sensory stimuli, although several studies show no differences.

Hans Asperger’s initial accounts and other diagnostic schemes include descriptions of motor clumsiness. Children with Aspergers may be delayed in acquiring motor skills that require motor dexterity, such as bicycle riding or opening a jar, and may appear awkward or "uncomfortable in their own skin". They may be poorly coordinated, or have an odd or bouncy gait or posture, poor handwriting, or problems with visual-motor integration, visual-perceptual skills, and conceptual learning. They may show problems with proprioception (sensation of body position) on measures of apraxia (motor planning disorder), balance, tandem gait, and finger-thumb apposition. There is no evidence that these motor skills problems differentiate Aspergers from other high-functioning AUTISM SPECTRUM DISORDERS.

Children with Aspergers are more likely to have sleep problems, including difficulty in falling asleep, frequent nocturnal awakenings, and early morning awakenings. Aspergers is also associated with high levels of alexithymia, which is difficulty in identifying and describing one’s emotions. Although Aspergers, lower sleep quality, and alexithymia are associated, their causal relationship is unclear.
Aspergers: Causes

Hans Asperger described common symptoms among his patients' family members, especially fathers, and research supports this observation and suggests a genetic contribution to Aspergers. Although no specific gene has yet been identified, multiple factors are believed to play a role in the expression of autism, given the phenotypic variability seen in this group of children.

Evidence for a genetic link is the tendency for Aspergers to run in families and an observed higher incidence of family members who have behavioral symptoms similar to Aspergers, but in a more limited form (e.g., slight difficulties with social interaction, language, or reading).

Most research suggests that all autism spectrum disorders have shared genetic mechanisms, but Aspergers may have a stronger genetic component than autism.

There is probably a common group of genes where particular alleles render an individual vulnerable to developing Aspergers; if this is the case, the particular combination of alleles would determine the severity and symptoms for each individual with Aspergers.

A few autism spectrum disorder cases have been linked to exposure to teratogens (agents that cause birth defects) during the first eight weeks from conception. Although this does not exclude the possibility that autism spectrum disorders can be initiated or affected later, it is strong evidence that it arises very early in development.

Many environmental factors have been hypothesized to act after birth, but none has been confirmed by scientific investigation.

Causes of autism—

Autism and autism spectrum disorders are complex neurodevelopmental disorders. Many causes of autism have been proposed, but its theory of causation is still incomplete.

Heritability contributes about 90% of the risk of a child developing autism, but the genetics of autism are complex and typically it is unclear which genes are responsible.

In rare cases, autism is strongly associated with agents that cause birth defects.

Many other causes have been proposed, such as exposure of children to vaccines; these proposals are controversial and the vaccine hypotheses have no convincing scientific evidence.
What are the long term outcomes for people with Aspergers?

The long term outcomes for those with Aspergers syndrome depends on the severity of their symptoms, their baseline IQ, their ability to communicate and what kinds of interventions and support they receive. Those who come from supportive families, retain a reasonable sense of self-esteem, and become relatively well-educated, stand a good chance of getting into solid relationships, finding good jobs and having a normal life.

In other cases, the Aspergers symptoms are severe enough to affect speech and interpersonal relationship or the individual’s IQ is low enough to impair their ability to find a good job, leaving them with a low paying job or on disability.

Because some Aspergers syndrome individuals suffer from depression and OCD as adults, these secondary characteristics can negatively impact how an Aspergers syndrome individual develops and grows into adulthood. Some have landed in prison for violent behavior against others.

Several research studies have looked at outcome in Aspergers syndrome. In one study, outcome was looked at in a cross section of sufferers. After a five year followup using specific outcome criteria, the outcome in Aspergers syndrome was found to be good in 27% of cases. However, in 26% of cases, the individual maintained a very restricted life, with no occupation/activity to occupy their time and no friends.
Another study looked at outcome in those who had Aspergers syndrome to see which factors were more related to a poor or good outcome over time. It was found that language and communication skills were the greatest predictor of good outcome, with social interaction skills being a secondary predictor. The actual Aspergers symptoms like ritual behaviors and obsessions were less likely predictors of outcome. The study indicated that early intervention directed at improving communication was a good idea.

Finally, researchers studied an 8 year followup of a specialized job program for those with Aspergers syndrome to see if such a program helped improve job outcome. For those with Aspergers syndrome (IQ 60+) over an 8 year period, approximately 68 percent of clients found employment. Of the 192 jobs found, most of the jobs were permanent contract work and most involved administrative, technical or computing work. The study indicated that programs like these can be helpful in improving career outcome in Aspergers syndrome individuals.

05:22AM (-07:00)

**Autism Diagnosis**

*Autism Diagnosis: Where do we start?*

If you have just received a diagnosis of autism, you are most likely feeling very anxious about your child's future.

The first step is to arm yourself with as much information about autism as you can.

*Make sure you find this information from credible sources, and don't believe everything you read!*

Although your child has a diagnosis of autism, his or her abilities are going to vary from any other child with autism.

There are some key features of autism that probably led to the diagnosis, but how they affect your child will as individual as any child.

Based on your child's needs, there are some assessments and professionals you should consider.

Communication is a common problem area for children with autism.

Contact a speech therapist to assist you in evaluating your child's strengths and needs.
Finding the appropriate communication system will help your child tremendously across all environments.

Your child may be verbal, but need some training in initiating communication.

If your child is non-verbal, there are a variety of communication systems, sign-language, PECS (using pictures and symbols), or communication boards.

Have an occupational therapist assess your child for sensory dysfunction.

Autistic children sometimes have difficulty taking in sensory information and organizing it for future use.

Planning a sensory integration program can help your child organize their sensory input and reduce sensitivity to a variety of sensory information.

Create a routine within your home, for you child, and to the extent possible don't vary from that routine.

Autism isn't a life sentence for your child. Prepare yourself to turn to others for support.

Join a local support group and/or an online message board where you can ask other parents for information.

Be willing to learn from others, and be willing to accept assistance from others. Help the rest of your family learn what they can about autism.

Be an advocate for your child.

You know your child better than anyone else, and no one will love your child like you do.

05:25AM (-07:00)

**Developing your child's communication skills...**

Although the cause of speech and language problems in autism is unknown, many experts believe that the difficulties are caused by a variety of conditions that occur either before, during, or after birth affecting brain development. This interferes with an
understanding.

The communication problems of autism vary, depending upon the intellectual and social development of the individual. Some may be unable to speak, whereas others may have rich vocabularies and are able to talk about topics of interest in great depth. Most have difficulty effectively using language. Many also have problems with word and sentence meaning, and

No one treatment method has been found to successfully improve communication in all individuals who have autism. The best treatment begins early, during the preschool years, and is geared towards the individual.

The goal of therapy should be to improve useful communication. For some, verbal communication is a realistic goal. For others, the goal may be gestured communication. Still others may have the goal of communicating by means of a symbol system such as picture boards.

A lack of communication skills may cause inappropriate behaviors and challenging situations for both the child and parent. The Picture Exchange Communication System (PECS) is an augmentative communication system developed to help individuals quickly acquire a functional means of communication. PECS is appropriate for individuals who do not use speech or who may speak with limited effectiveness: those who have articulation or motor planning difficulties, limited communicative partners, or a lack of initiative in communication. PECS has a number of advantages over other methods of addressing communication. Most importantly, it works, which encourages the child to communicate more often, reducing frustrating situations.

When your child hands you a picture or sentence strip, you can easily understand what they are trying to communicate with you. From the start, communication is initiated by your child, making it meaningful and highly motivating. It is an inexpensive communication system.

A PECS symbol can be as simple as a hand-drawn picture, or a snapshot. The child is able to communicate with anyone, versus sign language. Anyone willing to accept a picture is available, not just those who understand sign language or who are familiar enough with the child to understand him/her. Children are able to generalize communication to a wide variety of situations and people.

Creating Picture Exchange Symbols: Guidelines for Creating Symbols--

- A uniform system for using Velcro fasteners on your symbols, boards, and books needs to be established. This will ensure that all of your PECS symbols can be used with any of
the boards or books within the child's environment. In all of my systems, I mount the hook (scratchy) side to the firm
surface (the board, book page, etc.) and the loop (soft) side to the symbol itself. I use the same system any time I use
Velcro, on workboxes, schedules, games, etc.

- I like to pair the printed word(s) with a picture as much as possible. I think exposure to text should be pervasive
throughout any program, and I would argue that it is especially important in the communication system of a non-verbal
child. If indeed the child doesn't eventually develop speech, printed words will likely be a more convenient and natural
means of communication down the road than pictures alone. Also, we want to encourage reading in every child, and
pairing words in a system that likely will become very motivating for a child might help hasten acquisition of those
printed words.

- The efficacy of various types of symbols may have to be tested with your child. Some kids can better interpret
photographs, because they look more like the actual activity or object that the picture represents. Others may find all the
colors and visual elements of a photograph too distracting or difficult to decode, and may find a simple black-line drawing
easier to use. I like to move from photographic representations to more symbolic representations when possible, as
I feel it aids generalization (a symbol of a car can represent a wide variety of cars, but a picture of my car might only
represent a white Honda Accord with a tinted rear window), and also, symbols are often easier, and cheaper, to
work with than photos.

06:31AM (-07:00)

Calming Techniques that work with Autistic Children.

In order to understand what calming techniques will work, you will first need to determine what things excite them, and
have some understanding of the context in which they are throwing a tantrum.

Make sure your child knows what the expectations are, do not confuse the issue with trying
to talk to him/her about things at a time when they are already upset.

1. Try to redirect them to an alternative activity, something that they enjoy, if this does not stop the tantrum -

2. Tell them to stop. Don't add any extras, just STOP, calming and directly.
3. If they don't stop, provide some physical redirection to an area where they can calm down. It can be very effective to call this their SAFE place. It may include a bean-bag chair, where they can sit. But, eliminate any extras in the area, such as toys, or other preferred items. If they don't voluntarily go to their SAFE place, physically escort them there.

4. Tell them they must be calm for 5 minutes before they can get up.

This may seem like a overly simple process in order to deal with what may be a challenging behavior.

The key is to be consistent, so that they will always know what is coming? If the child is in school, try to provide this program across all environments.

It is amazing how many children will actually learn to go to their SAFE place independently, as a way for them to control themselves.

We want them to self-monitor their behavior and show them that we believe they have the ability to calm themselves down.

*Remove them from the area in which the tantrum is taking place*

*Recognize the signs that your child is becoming upset and intervene prior to a tantrum*

*Create an environment that is calming to them*

There are no easy and quick fixes to reduce or eliminate severe behavioral problems, which include: self-injury, aggressiveness, severe tantrums and destructiveness. There may be, however, a few fixes that may not require an incredible amount of time and effort to implement:

1. Another possible reason for behavioral problems may be difficulties in receptive language. Autistic individuals often have poor auditory processing skills. As a result, they often do not understand what people are saying to them (i.e., they hear the words but they do not understand what the words mean). The person’s lack of understanding can lead to confusion and frustration, which can escalate into behavior problems. Visual communication systems can be useful in teaching and in informing individuals of what is planned and what is expected of them.

2. Behavioral problems may also be due to difficulties in expressive language. In fact, many researchers feel strongly that the majority of behavioral problems are simply due to poor expressive communication skills. There are numerous communication strategies, such as the Picture Exchange Communication System and Simultaneous Communication (using speech and sign language at the same time) which can be used to teach expressive communication skills.

3. Food allergies are an often overlooked cause of behavior problems. Some individuals
may have red ears, red cheeks, or dark circles under their eyes. These are often signs of food allergies. The most common allergens are dairy and wheat products, food preservatives, and food coloring. Some of the symptoms associated with food allergies are headaches, tantrums, feelings of nausea or spaciness, and stomach aches. As a result, the child is less tolerant of others; and he/she may be more likely to strike out at others, tantrum, or act out. Since many of these individuals have poor communication skills, the parent and/or teacher may not be aware that the child is not feeling well. The child should be tested if food allergies are suspected; and if the child tests positive for certain foods, then these products should be eliminated from his/her diet.

4. If the child’s behavior is worse at school but not at home, there are many possible reasons, such as a lack of consistency. There are, however, several physical causes that should be considered. Two possible causes, which are seldom considered, are cleaning solvents and florescent classroom lighting. Janitors often use powerful chemicals to clean the classroom. Although the smell may be gone by the next day, the chemical residue may still be in the air and on surfaces. Breathing these chemicals may affect sensitive people. During the day students often place their hands and face on the tables and floors, and these chemicals can eventually wind up in the child’s mouth and alter brain functioning and behavior. Many parents and teachers wipe the students’ desks with water or a natural cleaning solution prior to class each morning, and they have reported rather remarkable improvements in the students’ behaviors. Florescent lighting, which is the most common lighting used in classrooms, may also affect behavior. Many adults with autism report that florescent lights bothered them greatly during their school years. In addition, U.C.L.A. researchers observed more repetitive, self-stimulatory behaviors under florescent lighting compared to incandescent lighting. Teachers may want to turn off the florescent lighting in their classroom for a few days to see if there is a decrease in behavioral problems for some or all of the students. During this trial period, the teacher can use natural light from the windows and/or incandescent lights.

5. In many instances, a behavior problem is a reaction to a request or demand made by a caregiver/teacher. The individual may have learned that he/she can escape or avoid such situations, such as working on a task, by ‘acting up.’ A functional assessment of the person’s behavior (i.e., antecedents, consequences, context of the behavior) may reveal certain relationships between the behavior and the function the behavior serves. If avoidance is the function the behavior serves, the caregiver/teacher should follow through with all requests and demands he/she makes to the person. If the person is able to escape or avoid such situations, even only some of the time, the behavior problem will likely continue.

6. It is also important to consider the person’s level of arousal level when formulating a strategy to treat behavioral problems. Sometimes behavioral problems occur when the person is over-excited. This can occur when the person is anxious and/or when there is too much stimulation in the environment. In these cases, treatment should be aimed at calming the person. Some popular calming techniques include: vigorous exercise (e.g., a stationary bicycle) which would act as a release of their high excitement level, vestibular stimulation (e.g., slow swinging), and deep pressure (e.g., Temple Grandin’s Hug Machine). In some cases, behavioral problems may be due to a low level of arousal such as when the person is passive or bored. Behaviors such as aggression and
destructiveness may be exciting, and thus appealing, to some of these individuals. If one suspects behavior problems are due to underarousal, the person should be kept busy or active. Vigorous exercise is another good way to increase arousal level.

7. Many families are giving their children safe nutritional supplements, such as Vitamin B6 with magnesium and Di-methyl-glycine (DMG). Nearly half have reported a reduction in behavioral problems as well as improvements in the child’s general well-being. Sometimes powerful drugs are prescribed to autistic individuals to treat their behavior. Interestingly, the most commonly prescribed drug for autistic children is Ritalin. A survey conducted by the Autism Research Institute in San Diego revealed that 45% of 2,788 parents felt that Ritalin made their child’s behavior worse and only 20% reported improvement (27% of parents of autistic children felt that Ritalin made no difference).

8. Occasionally a child may exhibit a behavior problem at school but not at home, or vice versa. For example, the parent may have already developed a strategy to stop the behavior at home, but the teacher is unaware of this strategy. It is important that the parent and teacher discuss the child’s behavioral problems since one of them may have already discovered a solution to handle the behavior.

CLINICAL EFFECTS OF DEEP TOUCH PRESSURE ON AUTISTIC CHILDREN

Deep touch pressure is the type of surface pressure that is exerted in most types of firm touching, holding, stroking, petting of animals, or swaddling. In contrast, light touch pressure is a more superficial stimulation of the skin, such as tickling, very light touch, or moving hairs on the skin. In animals, the tickle of a fly landing on the skin may cause a cow to kick, but the firm touch of the farmer’s hands quiets her. Occupational therapists have observed that a very light touch alerts the nervous system, but deep pressure is relaxing and calming.

Deep pressure touch has been found to have beneficial effects in a variety of clinical settings (Barnard and Brazelton 1990, Gunzenhauser 1990). In anecdotal reports, deep touch pressure has been described to produce a calming effect in children with psychiatric disorders. Deep pressure stimulation, such as rolling up in a gym mat, has been used to calm children with autistic disorder and ADHD (Ayres 1979, King 1989). Lorna King (personal communication, 1990) reports that children with sleeping problems appear to sleep better inside of a mummy sleeping bag, which adapts to fit the body snuggly. It also has been used to reduce tactile defensiveness in children who cannot
tolerate being touched. McClure and Holtz-Yotz (1991) found that deep pressure applied by foam-padded splints on the arms reduced self-injurious behavior and self-stimulation in an autistic child.

Research on autistic children indicates that they prefer proximal sensory stimulation such as touching, tasting, and smelling to distal sensory stimulation of hearing and seeing (Kootz et al. 1981). Autistic children will often seek out deep pressure sensations. At various lecture meetings of parents of autistic individuals, parents have reported to me various types of pressure-seeking behavior of their offspring, such as wrapping arms and legs in elastic bandages, sleeping under many blankets even during warm weather, and getting under mattresses. In my case, I used to crawl under sofa cushions and have my sister sit on them. A high functioning autistic woman stated, "I need heavy blankets on me to sleep well, or else my muscles won't calm down."

Deep touch stimulation is beneficial to normal babies (Barnard and Brazelton 1990, Gunzenhauser 1990). Institutionalized babies who received supplemental tactile stimulation, mainly deep touch pressure, developed more normally (Provence and Lipton 1962). Premature babies who receive stroking and tightly bound swaddling also are reported to show definite benefits (Anderson 1986, Field et al. 1986, Lieb et al. 1980).

The strong need for deep touch stimulation is suggested in Harlow and Zimmerman's classic experiment (1959): baby monkeys would cling to and press against a soft cloth mother surrogate which provided contact comfort, over a wire surrogate that provided milk.

Takagi and Kobayasi (1955) found that deep pressure applied bilaterally to a person's body results in a decrease in pulse rate, metabolic rate, and muscle tone. This finding, however, has not been replicated.

06:51AM (-07:00)

**Coping with Transitions**

Transitions are very difficult for children with autism. It is an interruption to their day and a change in their schedule. In order to minimize difficulty in transition, try to keep their schedule as routine as possible.

Always let them know ahead of time that a transition in routine is coming. Using sensory integration techniques can be very helpful for some children.

It is best to have an occupational therapist work with you to first determine if your child is hypersensitive or hyposensitive.
Do they crave movement and the feeling of different textures and stimulation or do they avoid movement and textures.

For example, a young autistic boy who had a great deal of difficulty with the transition from home to school, and with transitions that occurred in his school day.

The school created a sensory room that was just his. He craved movement, running and jumping on furniture, loved to feel his saliva against smooth surfaces, loved strong odors.

In his sensory room, there was a large hammock for him to lie in, that would hold him tight. The ceiling was lined with Christmas lights. There were boxes with potpourri for him to smell.

He would spend 20 minutes in this room at the beginning of his school day, 20 minutes before lunch, and 20 minutes before returning home.

While he was in the room, he was encouraged to take in as much sensory information as he could. Once he left the room, he was calm and ready to learn.

This won't work for every child, but demonstrates how some creative thinking can benefit even the most challenging behaviors.

Prior to the intervention of the sensory room, the school was ready to exclude him.

With the sensory room in place, he became much more compliant, calm, and willing to work with other people.

The important thing is to remember what works for your child, and incorporate that into their daily routine.

05:55AM (-07:00)

Dealing with Self-Stimulation Behaviors

Most of our "leisure activities" are nothing more than self-stimulation behaviors that have become highly ritualized over time and made socially acceptable.

There is nothing intrinsically valuable or reasonable about leisure pursuits such as bungee jumping, playing cards, dancing, playing video games, listening to music,
People participate in these different activities because they find them to be pleasurable and because the activities alter their physical state. Each activity provides us with a particular type of sensory input.

There is not necessarily a great difference in so-called self-stimulation behaviors and some of these activities, beyond the fact that some are more socially acceptable and "normal" in appearance than others.

Each of us, even those of us with more intact central nervous systems, tolerates differing degrees of stimulation.

Most parents find that their child is more likely to participate in self-stimulatory behaviors when he/she is idle or stressed.

Interacting with your child in some way may break up the self-stimulation.

If the behavior appears in response to stress, finding ways to help him relax (e.g., massage, being wrapped up in a quilt, etc.) may reduce the amount of time spent in the behavior you find inappropriate or harmful.

If your child is left alone; however, it is likely he/she will re-engage in this activity as soon as the opportunity presents itself.

Some behaviors may present problems because they are considered socially inappropriate.

These behaviors can be used as a way to explore the individual's preferred sensory channels for receiving information from the world.

With this information we may identify preferred sensory experiences around which we can develop more "mainstream" leisure activities that our children will also come to view as "leisure."

For example, if a child enjoys the visual sensation of lights we can find age-appropriate toys that might be motivating to him.

Take time to observe the types of self-stimulation that your child participates in and when this behavior occurs.

Watch him/her and make notes about what you see and when you see it. Then try to see if there is any pattern to these behaviors that would give you insight to the type or types of stimulation he/she prefers and the purpose it serves.
At the same time note what types of activities he/she finds aversive.

When you have a good understanding about his/her preferences, begin to brainstorm ways that you can offer other stimulatory activities, modify or expand on the preferred self-stimulation.

Ask for help from your child's teacher, physio-therapist, occupational therapist, and others.

Look at children of the same age, and try to find toys or activities that may make the self-stimulatory behavior appear more "normal."

Sometimes your child's favorite self-stimulation activity can be modified or expanded in a way that will make it more socially acceptable.

05:37AM (-07:00)

**Toilet Training Your Child With Autism**

Even for the normal child, toilet training is often a difficult skill to master.

For the autistic child, there are additional factors that may inhibit toilet training.

The things that would encourage the average child may not be effective with the autistic child.

Social motivation is a critical factor in determining "readiness" for toilet training.

An autistic child may not be motivated by the opportunity to wear "big boy pants," or "big girl pants.

The autistic child may not understand what is expected of him.

Following all the steps necessary for toilet training may be difficult for the autistic child. Changes in the child's routine may also be a challenge.

An autistic child may not be aware of the need to use the toilet.

The first step in toilet training your autistic child will be to determine their level of readiness.
Assessment-

* Establish a positive and meaningful routine around toileting and collect data about your autistic child's readiness for schedule training or for independent toileting.

* Use a simple chart to collect the data needed about the child's readiness. On a routine basis, the child is taken to the bathroom for a "quick check" every 30 minutes and data is recorded on each occasion.

* Over a period of 1 or 2 weeks, patterns of data begin to emerge.

1. Is the child dry for significant periods of time?

2. Is there some regularity in his wetting/soiling?

3. Does the child show any indication that he/she is aware of being wet/soiled?

4. Does the child pause while wetting/soiling?

* If the answer to all of these questions is no, it may not be time to toilet train the child.

* During this trial period, assess other aspects of the process of toilet training.

1. Is the child beginning to pick up on the routine involved?

2. Does the child have dressing skills?

3. Are there any fears associated with the process of toileting?

4. What is the child's attention span?

   It may be beneficial to develop a task analysis of the steps of toileting.

   This can provide a picture of all the skills needed, and also let us you see where specific trouble areas may be.

   The task analysis can be very general or very specific, including everything from entering the bathroom, to flushing the toilet and leaving the bathroom.

Physical Environment-

When beginning the toilet training of a child with autism, you want to help the child learn that this set of behaviors (elimination) is associated with a particular place (the toilet).

Moving all changing, cleaning, and toileting-related dressing to this setting helps the child realize the purpose of this room.

A second goal for creating clear physical structure to assist in toilet training is to create an
environment that is secure and not over-stimulating. The child will be calmer and more responsive with good physical support for his body.

Think about adding foot support, side rails, or other physical supports. Think also about the plumbing noises and echoes of many bathrooms.

Many children appreciate soft music playing or the addition sound-absorbent materials. Using Visual Supports-

For the autistic child, it may be helpful to provide pictures to demonstrate the sequence of events that occur surrounding toilet training.

At the most basic level, a transition object may be used to let the child know that the toilet routine is beginning.

An object that is associated with toileting may be given to the child to serve as the transition object that takes the child to the correct location.

Once the transition to the toilet area has been made, it is important to continue to visually support each step of the toileting routine.

We need to let the child know each step he is to accomplish, when the sequence will be finished, and what will happen when the sequence is finished.

Again, using an object sequence, a picture sequence, or a written list are all ways to communicate this information to the child.

Trouble Shooting-

Once you have begun the process, you may notice areas that are more challenging. Below are some common solutions:

If you child resists sitting on the toilet:

* allow them to sit on the toilet without removing clothes

* allow to sit with toilet covered (cardboard under the seat, gradually cutting larger hole, or towel under the seat, gradually removed)

* use potty seat on the floor rather than up high

* take turns sitting, or use doll for model

* sit together
* add physical support

* help him understand how long to sit (sing potty song, length of 1 song on tape player, set timer 1 minute, etc.)

* as he gradually begins to tolerate sitting, provide with entertainment If your child is afraid of flushing:

* don't flush until there is something to flush

* start flush with child away from toilet

* give advance warning of flush

  * allow him to flush Only want to flush:

* physically cover toilet handle to remove from sight

* give something else to hold and keep them busy

* use visual sequence to show when to flush (after replacing clothing, for example)

  * when time to flush, give child a sticker that matches to a sticker on toilet handle Plays in the water:

* give him a toy as distraction

* use a padded lap desk while seated

* cover the seat until ready to use

  * put a visual cue of where to stand Plays with toilet paper:

* remove it

* roll out amount ahead of time

  * give visual cue for how much Resists being cleaned:

* try different materials (wet wipes, cloth, sponge)
* consider temperature of above material
* take turns with doll Bad aim:

* supply a "target" in the water, such as a Cheerio
* larger target as toilet insert (contact papered or laminated cardboard with target drawn on it), gradually moved down
* add food coloring in the water to draw attention

05:28AM (-07:00)

It’s Aspergers Syndrome! How do you share the news?

Finding out that one’s child has been diagnosed with Aspergers syndrome can be traumatic. Parents naturally feel guilty even though there isn’t anything yet known that could have prevented the disease. Through all of this comes the need for telling others about the syndrome and how it affects the child.

If you are faced with having to tell those around you that your child has Aspergers syndrome, the first thing you want to do is understand and read about the condition so that you can answer questions appropriately and truly be an advocate for your child. You will also want to start with those closest to you, beginning with the siblings of the Aspergers syndrome individual. Telling younger children that their sibling has a brain problem that causes them to have problems talking with others, causes them to focus inordinately on certain subjects to the exclusion of others and results in them performing ritual behaviors may be enough. These kids have seen everything already and just need to know that there is a reason behind the behaviors. It can help siblings be less frustrated with their sibling and can also become advocates for the Aspergers syndrome child. Having a name for what the child is seeing can help a great deal.

After the family becomes accustomed to the diagnosis, it’s time to speak with the extended family. Encourage them to read what they can on the subject and help them connect the symptoms they see with a brain disorder that can’t be helped. If they know that much of the behavior is beyond the control of the child, family members can come to love the child at the level they’re at.

Certainly, teachers and educators need to understand the diagnosis and how it is affecting your child. Plans need to be made to alter the educational style the teacher or
teachers use to help teach the child in an effective manner. A frank discussion of the diagnosis should be followed with problem-solving methods that will help the child thrive as best he or she can in the educational world.

Beyond family, educators and perhaps daycare individuals, parents of an Aspergers syndrome don’t necessarily need to tell the rest of the world, especially if others don’t see much of a problem in the child’s behavior. What you do eventually say can be as simple as “my child has a brain disorder” or as complex as explaining the disorder to its fullest to interested friends or acquaintances. Certainly, the conversation needs to take place every year as new teachers come into the picture but, in today’s times, Aspergers syndrome is more well known and more easily understandable than it once was.

04:36AM (-07:00)

Asperger’s “Melt Downs” – First Hand Experience

Let me tell you about a “melt down” that my son experienced. It’s the worst that I’ve ever seen and it took us both days to recuperate. For some reason, he freaked out. He said it was because he didn’t have any red crayons, while all the while there were red crayons all around the house. Why red? It is his favorite color.

Anyway, to make a long story short, he laid on his bed for over an hour, crying and shouting that no one cared that he didn’t have any red crayons. I tried reasoning with him to no avail. I pointed out all of the red crayons in his room while he lay on his bed, tears streaming down his face, saying he had no red crayons. I was at my wits end and left him alone to see if he would be able to gain control of his emotions. I checked on him several times, but didn’t interfere. I do know that the overwhelming emotions have to be played out for him to gain control.

I knew that his “melt down” had nothing to do with red crayons. There was some underlying factor. It may have been something that happened at school that day, or it might have been something that happened a week or month previously. One never knows exactly what sparks an Asperger’s “melt down”.

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Finally, I voice my opinion. "This is not about red crayons," I told him. "What exactly is it about?" To my surprise he lifted his head off the bed and told me that he’d been teased at school earlier in the day. I felt a thrill go through my body from head to toe. My son had actually identified what had caused the "melt down". This is something that Asperger’s sufferers have trouble doing and if they do know, they don’t know how to communicate their feelings.

I told him that it was excellent that he had told me what was causing his problem and offered to help him solve it in a positive way. He listened carefully as I told him what we would do to correct the actions of the child who had teased him. He accepted my solution and then fell asleep exhausted. There was no recurring "melt downs" from this incident.

06:31AM (-07:00)

Asperger's Support Groups and Organizations

• ACTION for ASD - offering advice, information, support, social events and training -- 2001 awarded almost £280,000 by UK funders - Community Fund to develop our services at a professional level across Lancashire UK.

• Advocates for Individuals with High Functioning Autism, - Asperger's Syndrome and other Pervasive Developmental Disorders, Corp., Long Island, New York Parent group whose primary purpose is to support one another as we advocate for the unique needs of children and adults with High Functioning Autism, Asperger's Syndrome and other Pervasive Developmental Disorders.

• AHA/AS/PDD - The Advocates for Individuals with High Functioning Autism, Asperger's Syndrome and other Pervasive Developmental Disorders, Corp., Long Island, New York Parent group whose primary purpose is to support one another as they advocate for the unique needs of children and adults with High Functioning Autism, Asperger's Syndrome and other Pervasive Developmental Disorders.

• Aromacaring - Health issues including complementary therapies for special needs

• Asociacion Asperger Granada - pagina web de la asociacion asperger de Granada España

• Asperger Advocates - Asperger Advocates is a support group for families of children with Asperger's Syndrome. This group serves the York County area of Pennsylvania.

• Asperger Friends - Asperger's Friends in Hunterdon County NJ is the chance to meet with new friends that have Asperger Syndrome.

• Asperger Help - The mission of Asperger Help is to be a center for people seeking answers, sharing knowledge, understanding the process, and educating others about several disorders on the spectrum such as Autism, Aspergers, ADHD, Tourettes, and more.

• asperger solution - Adolescence represents the most dangerous time for our
children. They are at their most vulnerable and the education system is at its most demanding. The health system is not geared up to deal with the fall-out: The incidence of Depression is high. Prevention is the only show in town.

- Asperger Syndrome Coalition of the U.S. (ASC-US) - We are a national non-profit organization committed to providing the most up-to-date and comprehensive information on Asperger Syndrome and related conditions, including: Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) High Functioning Autism (HFA) Nonverbal
- Asperger Syndrome Education Network, Inc. (ASPEN®) - ASPEN® is a regionally-based non-profit organization headquartered in New Jersey, with 12 local chapters, providing families and those individuals affected with Asperger Syndrome, PDD-NOS, High Functioning Autism, and related disorders.
- Aspergers Syndrome Support Group, Western Australia - Support group based in Western Australia for the Parents/carers of those with Aspergers Syndrome. Site provides contact details for the group. The group has a resource library with books, CD's, tapes related to Aspergers Syndrome.
- ASPIE of Texas - Asperger's Syndrome support group for the greater Houston area. Meets the 2nd Thursday of the month at Williams Trace Baptist Church in Sugar Land. Speakers and great information each month.
- Autism Asperger Associates of Michigan - Social skill training, recreation groups, therapy services and family workshops.
- Berkshire Autistic Society - UK
  Berkshire Autistic Society (BAS) is a support and action group for the parents and carers of children and adults with autism, autism related problems, Asperger Syndrome or challenging behaviour.
- Cloud 9 Children's Foundation - Asperger Syndrome Foundation. New Zealand
- Families for Early Autism Treatment - North Texas (FEAT-NT) Bedford, Texas a non-profit organization of parents and concerned professionals dedicated to providing world-class Education, Advocacy, and Support for children with autism and their families.
- Families of Adults Afflicted with Asperger's Syndrome - FAAAS, Inc., Centerville, MA
  Chapter information, calendar, mailing list and resources lists.
- FEDERACIÓN ASPERGER ESPAÑA - Official website of the FEDERACIÓN ASPERGER ESPAÑA
- Geneva Centre for Autism - Toronto, Canada
  Resources, support and training for Autism/PDD. Committed to collaborative partnerships with families and professionals to ensure services meet individual needs, the Centre mission is to empower individuals with autism and other related disorders, and their families, to fully participate in their communities.
- GRASP Southeast Iowa Network (Iowa City/Coralville) - A support group for adults on the autistic spectrum. We meet monthly to support each other through discussion, information, and advocacy. We are a local network of the Global and Regional Asperger Syndrome Partnership (GRASP).
- International Parents of Aspergers Syndrom Support Group - Online Message Board to Discuss Aspergers
- K12academics.com - An Education and Disability Resource Center for Teachers, Schools, Parents & Students throughout the U.S.
• Kiss My Asperger's - A Yahoo Group dedicating to bringing together adults with Asperger's Syndrome.
• New Zealand Aspergers Chat Community - An online or email discussion group for New zealanders to chat about aspergers Syndrome and related issues.
• Online Asperger Syndrome Information & Support (tm) - OASIS O.A.S.I.S. is a very extensive, award winning site containing news, message boards, resources, and links.
• Richard Howlin, Ph.D. - Chelsea Center for Learning Disorders, Chelsea, Michigan Areas of Diagnostic Expertise include Asperger Syndrome, Learning Disabilities and Attention Deficit Disorders
• Tantra, Intimacy and Asperger's Syndrome Project - Educational programs in sexuality, tantra and intimate relationships.
• The Autism Treatment Center of America - The Son-Rise Program is a highly effective method for helping children with Autism, Autism Spectrum Disorders, and related developmental challenges that has been achieving dramatic results for over 25 years.
• The Friendship Club - This social group is for teens and young adults 13 year of age and older in Oakland County, Michigan.
• University Students With Autism And Asperger's Syndrome - Cambridge, UK First person accounts, FAQ and Books, The University-Students-With-Autism-And- Asperger's-Syndrome Mailing List, Getting A Diagnosis, Associated Conditions, Study Skills For Students With HFA/AS, Surviving the University Environment, How To Be An Advocate In Your Spare Time
• WAAS - Western Australia Autism Support Group - We are a group of West Australian parents of children with Autism Spectrum Disorders.
• Wallingford, CT Aspergers Support Group - A support group that meets monthly in Wallingford, CT for adults with Asperger's Syndrome
• West Hills Montessori School - Special Education - We have montessori, special education, summer camps and more. Check our website or call for details.
• Westchester County, NY Asperger E-mail Support - This group is moderated by a Certified School Psychologist who has done an extensive amount of work with children who have been diagnosed with Asperger/Autistic/PDD. There is also a Licenced/Certified Speech Language Pathologist with the group. It is a wonderful place for parents, educators, and anyone who works with children with these Autism Spectrum Disorders or with children who have some symptoms but are not diagnosed.

06:44AM (-07:00)
Aspergers Checklist: Difficulty With Reciprocal Social Interactions

I. Difficulty with Reciprocal Social Interactions

A. Inability and/or a lack of desire to interact with peers. You are concerned with the child’s reciprocal interactions with others and the quality of those interactions. It is very important to observe how the child interacts with same-age peers. This category comprises two separate issues: the ability and the desire to interact.

1. Displays an inability to interact because she does not know how to interact. She wants to interact with others but does not know what to do.

   a. Observes or stays on the periphery of a group rather than joining in.

   b. Initiates play interaction by taking a toy or starting to engage in an ongoing activity without gaining verbal agreement from the other players, will ignore a negative response from others when asking to join in, will abruptly leave a play interaction.

   c. Lacks conversational language for a social purpose, does not know what to say — this could be no conversation, monopolizing the conversation, lack of ability to initiate conversation, obsessive conversation in one area, conversation not on topic or conversation that is not of interest to others.

   d. Lacks the ability to understand, attend to, maintain, or repair a conversational flow or exchange — this causes miscommunication and inappropriate responses (unable to use the back-and-forth aspect of communication).

   e. Lacks an understanding of game playing — unable to share, unable to follow the rules of turn taking, unable to follow game-playing rules (even those that may appear quite obvious), is rigid in game playing (may want to control the game or those playing and/or create her own set of rules), always needs to be first, unable to make appropriate comments while playing, and has difficulty with winning/losing.

   f. Is unable to select activities that are of interest to others (unaware or unconcerned that others do not share the same interest or level of interest, unable to compromise).

   g. Compromises interactions by rigidity, inability to shift attention or “go with the flow,” being rule bound, needs to control the play/activity (play may “look” imaginative but is most likely repetitive — e.g., action figures are always used in the same way, songs are played in the same order, Lego pieces are always put together in the same way).

   h. Displays narrow play and activity choices (best observed during unstructured play/leisure activities: look for rigidity/patterns/repetitive choices, inability to accept novelty).
i. Engages in unusual behaviors or activities (selects play or activity choices of a younger child, seems unaware of the unwritten social rules among peers, acts like an imaginary character, uses an unusual voice — any behaviors that call attention to the individual or are viewed as unusual by peers).

j. Displays a limited awareness of current fashion, slang, topics, activities, and accessories (does not seem interested in what peers view as popular or the most current craze, unless it happens to match a special interest).

k. Displays a limited awareness of the emotions of others and/or how to respond to them (does not ask for help from others, does not know how to respond when help is given, does not know how to respond to compliments, does not realize the importance of apologizing, does not realize something she says or does can hurt the feelings of another, does not differentiate internal thoughts from external thoughts, does not respond to the emotions another is displaying — misses cues).

l. Prefers structured over nonstructured activities.

2. Displays a lack of desire to interact.
   a. Does not care about her inability to interact with others because she has no interest in doing so. She prefers solitary activities and does not have the need to interact with others, or she is socially indifferent and can take it or leave it with regard to interacting with others.
   b. Sits apart from others, avoids situations where involvement with others is expected (playgrounds, birthday parties, being outside in general), and selects activities that are best completed alone (e.g., computer games, Game Boy, books, viewing TV/videos, collecting, keeping lists).
   c. Is rule bound/rigid and spends all free time completely consumed by areas of special interest. Her activities are so rule bound, it would be almost impossible for a peer to join in correctly. When asked about preferred friends, the individual is unable to name any or names those who are really not friends (family members, teachers).

B. Lack of appreciation of social cues. The individual, unable to identify or interpret the “messages” others give in conversations or interactions, demonstrates social thinking deficits.

1. Lacks awareness if someone appears bored, upset, angry, scared, and so forth. Therefore, she does not comment in a socially appropriate manner or respond by modifying the interaction.

2. Lacks awareness of the facial expressions and body language of others, so these conversational cues are missed. He is also unable to use gestures or facial expressions to convey meaning when conversing. You will see fleeting, averted, or a lack of eye contact. He will fail to gain another’s attention before conversing with them. He may stand too far away from or too close to the person he is conversing with. His body posture may
appear unusual.

3. When questioned regarding what could be learned from another’s facial expression, says, “Nothing.” Faces do not provide him with information. Unable to read these “messages,” he is unable to respond to them.

4. Has difficulty with feelings of empathy for others. Interactions with others remain on one level, with one message.
   a. Ignores an individual’s appearance of sadness, anger, boredom, etc.
   b. Fails to assist someone with an obvious need for help (not holding a door for someone carrying many items or assisting someone who falls or drops their belongings).
   c. Talks on and on about a special interest while unaware that the other person is no longer paying attention, talks to someone who is obviously engaged in another activity, talks to someone who isn’t even there.

C. Socially and emotionally inappropriate behaviors. This is a direct result of not understanding the rules of social interactions. If you don’t understand what someone is saying or doing, you will be unable to give the appropriate response

1. Laughs at something that is sad, asks questions that are too personal.
2. Makes rude comments (tells someone they are fat, bald, old, have yellow teeth).
3. Engages in self-stimulatory or odd behaviors (rocking, tics, finger posturing, eye blinking, noises — humming/clicking/talking to self).
4. Is unaware of unspoken or “hidden” rules — may “tell” on peers, breaking the “code of silence” that exists. He will then be unaware why others are angry with him. © Alan Sohn and Cathy Grayson. Parenting Your Asperger Child. New York: Perigee, 2005.
5. Responds with anger when he feels others are not following the rules, will discipline others or reprimand them for their actions (acts like the teacher or parent with peers).
6. Touches, hugs, or kisses others without realizing that it is inappropriate.

D. Limited or abnormal use of nonverbal communication. The individual uses gestures, body language, or facial expressions infrequently or atypically when interacting with others.

1. Averts eye contact, or keeps it fleeting or limited.
2. Stares intensely at people or objects.
3. Does not observe personal space (is too close or too far).
4. Does not use gestures/body language when communicating.

5. Uses gestures/body language, but in an unusual manner.

6. Does not appear to comprehend the gestures/body language of others.

7. Uses facial expressions that do not match the emotion being expressed.

8. Lacks facial expressions when communicating.

9. Does not appear to comprehend the facial expressions of others.

10. Displays abnormal gestures/facial expressions/body posture when communicating.

   a. Looks to the left or right of the person she is talking to.

   b. Does not turn to face the person she is talking to.

   c. Confronts another person without changing her face or voice.

   d. Stands too close or too far away from another person.

   e. Smiles when someone shares sad news.

   f. Has tics or facial grimaces.

Aspergers Checklist: Impairments in Language Skills

II. Impairments in Language Skills

A. Impairment in the **pragmatic** use of language. This refers to the inability to use language in a social sense as a way to interact/communicate with other people. It is important to observe the individual’s use of language in various settings with various people (especially peers). Since the impairments are in pragmatic language usage

1. Uses conversation to convey facts and information about special interests, rather than to convey thoughts, emotions, or feelings.

2. Uses language scripts or verbal rituals in conversation, often described as “nonsense talk” by others (scripts may be made up or taken from movies/books/TV). At times, the scripts are subtle and may be difficult to detect.

3. Has difficulty initiating, maintaining, and ending conversations with others. E.g.:

   a. Focuses conversations on one narrow topic, with too many details given, or moves from one seemingly unrelated topic to the next.

   b. Once a discussion begins it is as if there is no “stop” button; must complete a predetermined dialogue

   c. 14知晓 how to make a greeting, but has no idea how to continue the conversation; the next comment may be one
d. Does not make conversations reciprocal (has great difficulty with the back-and-forth aspect), attempts to control the language exchange, may leave a conversation before it is concluded.

e. Does not inquire about others when conversing.

4. Is unsure how to ask for help/make requests/make comments.
a. Fails to inquire regarding others.

b. Makes comments that may embarrass others.

c. Interrupts others.

d. Engages in obsessive questioning or talking in one area, lacks interest in the topics of others.

e. Has difficulty maintaining the conversation topic.

B. Impairment in the **semantic** use of language. This refers to understanding the language being used.

1. Displays difficulty understanding not only individual words, but conversations and materead.

2. Displays difficulty with problem solving.

3. Displays difficulty analyzing/synthesizing information presented.

a. Does not ask for the meaning of an unknown word.

b. Uses words in a peculiar manner.

c. Is unable to make or understand jokes/teasing.

d. Creates jokes that make no sense.

e. Interprets known words on a literal level (concrete thinking).

f. Has a large vocabulary consisting mainly of nouns and verbs.

g. Creates own words, using them with great pleasure in social situations.

h. Has difficulty discriminating between fact and fantasy.

C. Impairment in **prosody**. This refers to the pitch, stress, and rhythm of an individual’s voice.

1. Rarely varies the pitch, stress, rhythm, or melody of his speech. Does not realize this can convey meaning.

2. Has a voice pattern that is often described as robotic or as the “little professor”; in children, the rhythm of speech is more adultlike than childlike.

3. Displays difficulty with volume control (too loud or too soft).
4. Uses the voice of a movie or cartoon character conversationally and is unaware that this is inappropriate.

5. Has difficulty understanding the meaning conveyed by others when they vary their pitch, rhythm, or tone.

D. Impairment in the processing of language. This refers to one’s ability to comprehend what has been said. The Asperger individual has difficulty absorbing, analyzing, and then responding to the information.

1. When processing language (which requires multiple channels working together), has difficulty regulating just one channel, difficulty discriminating between relevant and irrelevant information.

2. Has difficulty shifting from one channel to another; processing is slow and easily interrupted by any environmental stimulation (seen as difficulty with topic maintenance). This will appear as distractibility or inattentiveness. (Note: When looking at focusing issues it is very difficult to determine the motivator. It could be attributed to one or a few of the following reasons: lack of interest, fantasy involvement, anxiety, or processing difficulty.)

3. Displays a delay when answering questions.

4. Displays difficulty sustaining attention and is easily distracted (one might be discussing plants and the Asperger individual will ask a question about another country — something said may have triggered this connection or the individual may still be in an earlier conversation).

5. Displays difficulty as language moves from a literal to a more abstract level (generalization difficulties found in the Asperger population are, in part, due to these processing difficulties).

07:39AM (-07:00)

Applied Behavioral Analysis

Applied Behavioral Analysis

It is often difficult to understand why the autistic child behaves the way they do.

However, there is a reason for their behavior, and
applied behavior analysis helps us understand the behavior and determine a method of support for the child so that they no longer need the behavior to meet their needs.

Using Applied Behavior Analysis, you can determine the antecedents to behavior, identify the behavior, and identify the consequence for the behavior, or what is currently maintaining the behavior.

Using this process, you can determine alternative behaviors that are more appropriate, yet will meet your child's needs, without displaying the inappropriate behavior.

This aids parents in understanding their child better and helps outline a method to change their behavior.

An excellent new manual and CD called "The ABA Program Companion: Organizing Quality Programs for Children with Autism and PDD" by J. Tyler Fovel is a huge resource in this area.

It is designed to helping understand the theories behind ABA, and help to develop a method to put these concepts into use.

Further, it helps to develop goals to work on and provides very practical application materials for the user.

Using clear language, illustrations, and real-life examples, the topics covered include basic ABA concepts; teaching formats; the principles, merit and clinical applications of discrete trials; incidental teaching; teaching language and social skills; inclusion; curriculum planning and evaluation, among many others, featuring more than 500 goals in 54 areas, allowing users to easily choose goals, maintain updated program lists and track mastered skills.
Activities for Autistic Children

Parents, teachers, and other caregivers often get so caught up in educating and providing structure to the lives of autistic children that they forget that, above all, he or she is a child.

Like any other child in his or her age group, your autistic child wants to have fun.

While some activities may not be suitable for those suffering from autism, there are a number of fun games to play with autistic children, many of which can get them involved with others or help them further develop motor or social skills while just focusing on having a good time.

Autistic children in the elementary school age range can benefit greatly from song.

Even children who do not verbally communicate with words can earn to hum along or play simple instruments, such as tambourines or whistles.

Using sounds that are repetitive and with educational lyrics helps autistic children learn school lessons but also gives them an outlet for some of the sensory stimulation they need, such as yelling.

Play follow the leader with the instruments to help the children focus their attention and improve socialization skills.

Depending on how mature your child is, he or she may also not only be able to participate in regular childhood games, but greatly benefit from them as well.

These activities, including tag and other games, can be learned more easily than you think.

Stick with games in which the autistic child is not forced to have close physical contact with other children, as this may be hurtful for autistic individuals.

Also, remember to play to your child’s strengths or what
he or she wishes to learn.

If he or she has a problem with yelling inappropriately, for example, encouraging him or her to be involved with a game of hide and seek may help curb this behavior.

Autistic children often wish to be included in games with non-autistic peers, and so this may help with the learning process.

At home, focus on games that involve closer contact with trusted family members.

For example, make it a game to get across the room without touching the floor.

Perhaps the only route in some instances is to be carried. Remember that each child is different developmentally, so stay in tune with how challenging the activities should be.

As your child matures, he or she may want to be involved with organized sports.

This should be encouraged, but choose your sport carefully.

Golf, baseball, and other sports that do not involve strong personal sensory stimulation may be better for your child than something like tackle football.

However, be open to all possibilities.

Be sure the team’s coach understands your child’s disability and is willing to work with him or her.

At this later developmental stage, also continue encouraging learning activities.

Sensory games work well to further teach these children, and as they mature emphasize the importance of appropriate behavior as you are playing these games.

Using things like water balloons in games your child already enjoys is often as fun for children with autism.

Also realize that an autistic individual has trouble seeing things from another’s point of view.
Therefore, they may be less likely to enjoy games in which something must be kept a secret from another person (like go-fish).

Overall, you and your child need to grow together.

Remember that although he or she has many special needs, sometimes your child needs to simply be a kid as well.

Encourage play along with work, and realize that games and activities for autistic children may fulfil two key elements, socialization skills for life and learning to enjoy playing with their peers.

05:58AM (-07:00)

Being your child's advocate

Being your child's advocate

Other than the doctors and therapists in your autistic child’s life, there may be one expert on your child that you may have overlooked: You!

As a parent, you’re the one who has spent the most time with your child and, with or without a formal education in autism, you have already figured out what works with your child and what doesn’t.

As an expert on your child, you may find yourself being your child’s advocate all the time.

Much of this advocacy happens in the classroom.

You’ll need to tell your child’s teacher what techniques work best, what triggers your child and what calms your child.

If you find that the school system is just dragging your child along without actually educating him or her, you’ll need to advocate by talking to the teacher, the principal, or even a lawyer.
It may take all of these people to get the school system to take your child’s education seriously.

You may choose to spend a little time observing or volunteering in your child’s classroom.

This can help you see what’s going on in the classroom and can provide you with the information you need to be the best advocate you can be.

You may also need to be your child’s advocate with your child’s doctor or doctors.

Too often, they spend just a few minutes with your child and may need to hear from you the reality of what’s going on in your household on a daily basis.

Prepare yourself with a list of questions and comments to share with the doctor when you meet with him or her.

You may also need to advocate for your child with the public that still doesn’t completely understand autism.

If you want your child to attend a particular day-care or take piano lesions, you’ll need to explain to people about your child’s condition and tell them what they can expect when working with your child.

Many people, even educators, are afraid of autism and tend to shy away from dealing with those who suffer from it.

With your honest and forthright advocacy, you can teach others about autism and specifically about your child so that your child gets the best care and education possible.

05:59AM (-07:00)
Autism Anxiety Overload

The renowned autism expert Tony Atwood is fond of putting it this way: “Autism is anxiety looking for a target.”

Autism and anxiety go hand-in-hand.

Autism affects a person’s ability to communicate with others or to understand the world around him, and that’s bound to cause anxiety and panic sometimes.

Anxiety becomes even worse when there is a change in the autistic child’s routine.

Even positive and “fun” changes, like a school field trip or a visit to the zoo, can increase anxiety and aggressive behaviors.

For parents, the best course of action is to anticipate upcoming changes and help your child prepare for them.

Many parents find it helpful to use stories and pictures to prepare children for impending disruptions.

If it’s a field trip to the zoo, for example, use pictures to show your child what he’ll see at the zoo, what the zoo will be like, and what sort of things to expect.

Do this each day for three or four days prior to the trip.

That way, when the trip actually happens, the child won’t be entirely out of his element, but will already understand and appreciate some of what will be happening.

Other changes in the routine are less enjoyable but still necessary.

Getting a new teacher can be traumatic, as can
moving to a new house.

If at all possible, try to spread out the major changes.

If you move to a new house, try to do it during the summer, so that your child won’t have to deal with the added anxiety of getting a new school and new teacher mid-year.

You can also introduce your child to the concept of “change” in a positive way by practicing with non-negative things.

For example, just for practice, give him a little extra TV time instead of homework time one night, to show that changes in the routine can often be fun and good.

Then practice with a neutral change (homework after dinner instead of before dinner), then with a negative one (changing play time into chore time).

This process can help your child grow accustomed to the idea of change and learn to adapt without becoming anxious.

For continual, ongoing anxiety, many parents have begun using anti-anxiety medications for their autistic children.

Usually, the medications are selective serotonin reuptake inhibitors (SSRIs), and are also used for obsessive-compulsive disorder and depression.

Prozac, Luvox, Zoloft and Anafranil are all common for anxiety in autistic children.

For behavioral problems, antipsychotics such as Haldol, fluphenazine and chlorpromazine can be prescribed.

These can reduce aggression in autistic kids, but sometimes also cause sedation and muscle stiffness.

All patients are different.
You and your doctor should monitor your child's progress very closely, using the lowest dose of medication possible, to see if what improvements it makes and whether there are any adverse reactions.

Medication should be the last resort for autism, not the first one.

There are a number of natural remedies available if you don’t want to go down the drug route.

But try behavioral and dietary modifications first, to see what improvements can be made naturally.

05:59AM (-07:00)

**Autism and ADHD**

Even though doctors have clear diagnostic guidelines for children with autistic spectrum disorder, some children get misdiagnosed with other disorders besides autism.

ADHD and Oppositional Defiant Disorder (ODD) are two diagnoses that children with autism get diagnosed with.

Both diagnoses have features similar to autism, particularly ADHD.

ADHD is a genetic disorder as is autism.

Both situations involve children with difficulty learning and difficulty with interacting with other children.

There can be hyperactivity with both disorders as well.

Because of the similarities of the two disorders, the doctor must look at the checklists for both disorders
to see which of the two disorders matches the best.

In looking at the two disorder checklists, it’s easy to see that there are similarities and differences.

Autism Behavioral Checklist

- Difficulty mixing with other children;
- No real fear of danger;
  - Tantrums: displays extreme distress for no apparent reason,
  - Inappropriate giggling or laughing,
- May not want cuddling or act cuddly,
  - Noticeable physical overactivity or extreme underactivity;
- Little or no eye contact,
- Works impulsively; often makes careless mistakes
  : work is sloppy,
  - Uneven gross/fine motor skills
ADHD Behavioral Checklist

- Cannot talk or play quietly; disrupts others with talk or actions,
- Difficult awaiting turn in games or activities,
- Engages in potentially dangerous activities,
  - Plays without normal caution or consideration of consequences,
- Severe temper tantrums,
  - Interrupts, disrupts, talks and acts inappropriately,
  - When younger, difficulty accepting soothing or holding,
- Always on the move, overactive, even during
sleep,

- Often does not seem to listen when spoken to directly,

- Often does not give close attention to details
  or makes careless mistakes in school work or other activities,

- Uneven gross/fine motor skills.

Using checklists like these may be the best option in diagnosing a child correctly and not missing the diagnosis of autism when it exists.

06:00AM (-07:00)

**Autism and medication**

The child with autism may require a variety of medications, whether for health reasons or behavioral reasons.

There are such a great number of medications on the market, and many with severe side effects and interactions.

This is a serious issue and a difficult one for parents to deal with.

It is almost impossible for any parent to know all of the potential risks associated with medications, yet a very real need for the medication may exist.

Speak with your physician and your pharmacist about any medications your child may need to take.
Keep asking questions until you feel that you are prepared.

Your local pharmacist is a wealth of information about the medications he or she is dispensing and can be a valuable resource.

An excellent resource on this subject is a book called “Taking the Mystery out of Medications” by Dr. Luke Tsai.

You can read more about by clicking the blue link below that says “Taking the Mystery out of Medications”:

Taking the Mystery out of Medications

This book is written by a medical doctor about medication therapy specific to those on the autism spectrum.

It reviews the impact of drugs on behavior and various forms of pervasive developmental disorders.

It is definitely a requirement if you are considering putting your autistic child on medication.

It is fairly easy to read.

The medications are divided by type.

It is a good reference to have on hand, especially at doctor’s appointments!

To read more about it Click Here

06:01AM (-07:00)
There is research going on all the time on autism and its causes and cures.

Unfortunately, while scientists know autism is genetic, they haven’t found the genes that cause autism nor have they found any metabolic reason behind the disorder.

There have been a lot of sources claiming a cure for autism, including using gluten and casein free diet and other modifications.

Unfortunately, almost all of these claims have lacked the real research necessary to show its effectiveness.

A real research study uses controls who don’t receive the treatment as a way of comparing those who got treatment with those who didn’t.

This eliminates bias and the possibility of seeing a placebo effect, meaning that the researchers see an effect because they want to see something and they believe in the treatment.

In research review after review, the best form of treatment has involved early intervention with occupational and physical therapy.

While none of them have “cure” as the outcome, they do provide a way for the autistic child to receive the help he or she needs to function in the world.

As of yet, there are no proven cures or medications for autism.

If any website or organization says they have a cure, ask for their double blind, randomized, controlled studies to back up their claims.

Randomized, controlled studies are the gold standard.
standard for good research and are the only way to truly recognize a cure as being valid by scientific standards.

There is no reason not to try something like a gluten and casein-free diet even though there is no “gold standard” research out there to support it as a cure.

If it helps your child, then it’s worth doing, despite what research is telling you.

Most likely, the cause of autism will be identified through research long before any cure is developed.

That means that before a cause is identified, you should keep an ear out for the known cause of autism because out of that will come the definitive cure.

06:02AM (-07:00)

Autism Diagnosis: Where do we start?

If you have just received a diagnosis of autism, you are most likely feeling very anxious about your child’s future.

The first step is to arm yourself with as much information about autism as you can.

Make sure you find this information from credible sources, and don’t believe everything you read!

Although your child has a diagnosis of autism, his or her abilities are going to vary from any other child with autism.

There are some key features of autism that probably led to the diagnosis, but how they affect your child will as individual as any child.
Based on your child’s needs, there are some assessments and professionals you should consider.

Communication is a common problem area for children with autism.

Contact a speech therapist to assist you in evaluating your child's strengths and needs.

Finding the appropriate communication system will help your child tremendously across all environments.

Your child may be verbal, but need some training in initiating communication.

If your child is non-verbal, there are a variety of communication systems, sign-language, PECS (using pictures and symbols), or communication boards.

Have an occupational therapist assess your child for sensory dysfunction.

Autistic children sometimes have difficulty taking in sensory information and organizing it for future use.

Planning a sensory integration program can help your child organize their sensory input and reduce sensitivity to a variety of sensory information.

Create a routine within your home, for you child, and to the extent possible don’t vary from that routine.

Autism isn’t a life sentence for your child. Prepare yourself to turn to others for support.

Join a local support group and/or an online message board where you can ask other parents for information.

Be willing to learn from others, and be willing to accept assistance from others.

Help the rest of your family learn what they can about autism.

Be an advocate for your child.
You know your child better than anyone else, and no one will love your child like you do.

06:02AM (-07:00)

**Autism support groups**

**Autism support groups**

Support groups can be very helpful when dealing with any developmental disability. We need professionals too, but professionals often don't understand the challenges of dealing with something like autism on a day-to-day basis.

You become the expert on your child as do other parents.

Support groups can provide the opportunity to learn from other parents, but also provide the opportunity to vent when you need to vent.

Support groups also provide the opportunity to learn about community events such as training for families, and provide some helpful information about the autism diagnosis, among others.

This provides an opportunity to talk about the challenges that you face daily and network with others who may have faced the same challenge and had success.

Further, online support groups give parents that 24/7 option that they frequently need.

The following are a list of support groups available to parents of autistic children.

Just copy and paste the link into your internet browser (e.g. Internet Explorer)

www.bbbautism.com
http://www.udel.edu/bkirby/asperger/support.html http://health.groups.yahoo.com/group/AreaAutismAwareness/
http://momofautistic.proboards30.com/
http://lrs.ed.uiuc.edu/students/ajk/supp.html

These are just a few of the possibilities open to you.

It is important to visit some sites and see which one/s you feel comfortable with.

06:03AM (-07:00)

**Behavioral Strategies**

**Behavioral Strategies**

Children with autism struggle to make sense of their surroundings and sense of their world.

They exist in a body that does not always allow for accurate interpretation of their world, and they are unable to respond in a typical manner.

The result of this can be challenging behavior.

For parents and professionals alike, interpreting this behavior can be difficult.

Developing a plan to deal with the behavior is often even more challenging as it requires consistency and routine throughout the day and life of the autistic child.
This behavior is often the result of a deficit in communication and sensory integration.

Overload of the sensory system can result in a shut-down or a blow-up for the autistic child.

The solution to this is to decrease the need for behavior & increase positive behaviors!

In order to change the behavioral challenges of the autistic child, it is first necessary to understand exactly what is causing those behaviors.

This will require focusing on the routine of the child, or lack thereof, and determining what happens immediately prior to the behavior, and what the end result is.

This can take a great deal of time and effort, but well worth the end result.

One resource I recommend to help you in this area is "A Treasure Chest of Behavioral Strategies for Individuals with Autism" which can be found by clicking the blue link below which says "Behavioral Strategies".

Behavioral Strategies

It is an excellent resource for both parents and teachers who are dealing with challenging behaviors in an autistic child.

This book provides comprehensive analysis of behavior strategies for the autistic child, and combines this with 120 case examples that illustrate those strategies’ applications.

This book provides great hands-on tips for dealing with autism.

The case studies and examples make confusing or unusual approaches much clearer and easier to try at home or explain to others (doctors, teachers, etc.).

Reading cover to cover is unnecessary, all chapters
can be read independently.

The authors give clear, knowledgeable solutions for dealing with such problem behaviors as escaping, biting, and "stimming", along with lots of information on using various intervention techniques.

This book provide common solutions to very difficult problems and does so in a manner that makes implementation possible.

This book does not simply tell you about the problems you have and why they occur, but gives some real life solutions to those problems.

Click Here to find more about this excellent resource.

06:04AM (-07:00)

Coping with birthday parties and other celebrations

Coping with birthday parties and other celebrations

Exciting times like Halloween, Thanksgiving, Birthdays and Christmas are all a time to share our joy and happiness with our families and friends.

We all have fond memories of our own childhood, when we looked forward to putting up the decorations, eating mouth watering meals and receiving all those longed for presents,

As parents we naturally want our children to enjoy it all and have as much fun as we did so we talk, anticipate and prepare with mounting excitement as the celebrations draw nearer.

However for those families who are raising a child with autism it all adds up to an almighty headache!

Children with autism can have a real hard time coping with all of these celebrations and if they have their
birthday on top of that… well you may as well pack up and go away until Spring!

Anticipation for a child with autism leads to increased levels of anxiety which they cannot control.

They become overloaded and then you have a massive meltdown at the time when you are all supposed to be enjoying and celebrating the season of peace and goodwill!

The party will be ruined and everybody upset, especially your child who is trying so hard to fit in and be like everybody else.

So how can you achieve the impossible and enjoy the season while at the same time keeping your autistic child calm and behaving appropriately?

The first simple step to take is to simply reduce the time talking about the festive occasion.

Remember he/she cannot easily control their emotions and to chatter constantly about the event will simply lead to stress and anxiety.

It is useful to enlist the help of others in your home in this and keep any conversations to a minimum while your autistic child is around.

Another great strategy to help is to keep any physical changes to your home to the minimum, so by all means decorate, put up cards and a tree but just don’t make a big fuss about it all.

A good tip is to not put out any presents until the day they are to be opened as your autistic child will have a hard time keeping their hands off and will become anxious and potentially oppositional.

Although it's important not to overload your child it is equally important to explain any changes to their routines.

So prepare your child for any changes by calmly telling them the day before what will be happening.

Visual supports always work well so use photos or simple pictures to explain what will be happening.

It is also important to explain to your child what is expected of
them, e.g. to say ‘hello how are you” to guests and sit at the table to share the meal.

Your child will also need to be given permission to leave the festivities and you can rehearse this together with some simple role play.

This is really important as it gives your child an exit strategy and also allows them to get through the celebrations without going into meltdown.

Additionally if you see that he/she is becoming distressed you can also activate the exit cue so your child gets out before the situation deteriorates.

Following these simple steps should lead to a much more positive experience for everyone and will provide your autistic child with the love, support, reassurance and above all confidence to participate fully in these wonderful occasions.

It is important to visit some sites and see which one/s you feel comfortable with.

06:05AM (-07:00)

**Building self-esteem**

**Building self-esteem**

Autistic children, some of them poorly or non-verbal, often struggle to accomplish tasks of daily life that are easy for other children.

While they may not show it in the same ways as other children, children with autism struggle with self esteem issues as much or more than kids without autism.

It’s just as important to build an autistic child’s self esteem as it is with other kids.

Children with autism often don’t respond to things like verbal praise or hugs but they can build self
esteem in other ways.

One way to build self esteem is to use a sticker system.

Use a board that lists your child’s tasks like brushing one’s teeth, dressing, eating meals and help your child put sticker son the board whenever he or she is successful in completing a task.

Another way to build self-esteem is to use a reward system that involves being able to do a preferred activity when the child is successful at something.

It could be reading a preferred book or doing a preferred activity.

This works best when the child can link a successful task to the reward system.

Even though autistic children don’t often respond to the same kinds of praise as other children, giving praise is a natural thing for parents to do.

Praise, when given as part of the completion of a task, may still increase self esteem if it comes from a familiar person who they have come to trust.

It becomes not the praise itself but the person from whom it comes that is the reward.

Children with autism don’t look like they need self esteem at times but, in fact, they do.

Parents need to find ways to teach their child that he or she is successful at what they do.

These are the things that will increase their self esteem and help them further their life goals on that basis.

06:06AM (-07:00)
Autism and Bullying

Autistic children, unfortunately, are at a higher risk of being bullied or teased than other children.

This can happen on the playground, in school and even in your own home.

Because many autistic children have communication difficulties, they often can’t tell you exactly what’s happening and you may have to think about bullying when certain behaviors occur or worsen.

One of the things you’ll notice is an increase in isolation and a decreased tolerance in being around other children.

The child may throw temper tantrums or flatly refuse to acknowledge other children, even those that he or she is normally comfortable around.

Enuresis or encopresis may be a side effect of being bullied.

A child who has been potty-trained completely may go back to soiling as a way of handling the stress of being bullied or teased elsewhere.

Very rarely will the autistic child tell you directly about the bullying.

Instead, you’ll find that he or she has regressed with behaviors and skills that he or she has already accomplished.

Instead of believing this to be an “off day” or an “off week”, parents need to consider that bullying or teasing is happening.

If it is happening in your own home, it requires that you remain aware of what’s going on in your household and stopping the behavior before things get too serious.

If you suspect it is happening at school, then consider
observing what’s going on in the classroom or talk to the teacher about your suspicions.

Hopefully, the teacher will be your child’s advocate in the classroom and you can expect that the teacher will be able to intervene in any bullying that might be happening.

Bullying, unfortunately, is a risk that parents of autistic children must always consider.

Keeping a sharp eye out on changes in your child’s behavior and advocating for your child when necessary should help your child thrive in an otherwise complicated environment with children who simply don’t understand what your child’s issues are.

06:06AM (-07:00)

Calming Techniques

In order to understand what calming techniques will work, you will first need to determine what things excite them, and have some understanding of the context in which they are throwing a tantrum.

Make sure your child knows what the expectations are, do not confuse the issue with trying to talk to him/her about things at a time when they are already upset.

1. Try to redirect them to an alternative activity, something that they enjoy, if this does not stop the tantrum -

2. Tell them to stop. Don’t add any extras, just STOP, calming and directly.

3. If they don’t stop, provide some physical redirection to an area where they can calm down. It can be very effective to call this their SAFE place. It may include a bean-bag chair, where they can sit. But, eliminate any extras in the area, such as toys, or other preferred items. If they don’t
voluntarily go to their SAFE place, physically escort them there.

4. Tell them they must be calm for 5 minutes before they can get up.

This may seem like a overly simple process in order to deal with what may be a challenging behavior.

The key is to be consistent, so that they will always know what is coming?

If the child is in school, try to provide this program across all environments.

It is amazing how many children will actually learn to go to their SAFE place independently, as a way for them to control themselves.

We want them to self-monitor their behavior and show them that we believe they have the ability to calm themselves down.

• Remove them from the area in which the tantrum is taking place

• Recognize the signs that your child is becoming upset and intervene prior to a tantrum

• Create an environment that is calming to them

06:07AM (-07:00)

Choosing the right school

Choosing the right school

Choosing the right school for any child can be stressful; finding one for your autistic child can be almost too frightening.

Every child deserves a good education and the law provides that children with disabilities such as autism be educated with teachers
trained in handling such disabilities in practice; however, finding good teachers isn’t always easy.

Parents must decide whether or not their child will be best managed in a mainstream school, with a high rate of contact with normal children, or in a special or residential school, where the chances of the child coming in contact with mainstream children is considerably less.

Special and residential schools may have better educational programs for autistic children but may not provide enough positive role models of more ‘normal’ behaviors.

Some people also feel that special schools can encourage kids to mimic other children with similar problems.

Choosing the exact right school most definitely needs a visit to the school and a talk with the teachers who will be teaching your child.

How integrated will the child be in the classroom?

What techniques, such as music therapy, are used to treat autism?

What is the plan for reducing arousal if necessary?

Some of your choices will depend on the severity of the autism your child has and his or her age.

Younger children will need very small class sizes with early education so that, when the child reaches school age, he or she may be more integrated into the classroom.

The ‘right’ school understands autism and has methods in place for teaching children with autism.

They carry a positive attitude about the disorder and place expectations on your child for progress, in whatever way it occurs, in the school setting.

The greater is the likelihood that you’ll feel your child’s needs are being addressed and that
he/she will have a chance to improve along with learning important social skills from other children.

06:07AM (-07:00)

Child and Adolescent Issues

Child and Adolescent Issues

As a parent of a child with autism, you may often feel that you never get any clear answers, direction, or support.

From the time that your child is diagnosed, you may be bombarded with information and ideas on what you should, when you should do it, and then be told that it is a bad idea.

It is difficult to sort through this information and know if you are doing the right thing.

It may be helpful to join a support group.

If one is not available to you locally, an online support group may be helpful in sorting out the information pertinent to you and your child.

Arm yourself with information and look to others to help you sort it out.

One useful resource in dealing with this is called "Straight Talk About Autism - Childhood and Adolescent Issues"

This two-video set features interviews with kids with autism spectrum disorder (ASD) and their parents, and they examine the key issues encountered during childhood and adolescence.

The "childhood issues" portion of the DVD discusses the difficulty of getting an accurate diagnosis, parental acceptance of the disorder, hypersensitivity,
splinter skills, and support groups.

The "adolescent issues" portion of the DVD focuses on teasing, making friends, social groups, Circle of Friends programs, social skills, being a person with autism spectrum disorder (ASD), school-to-work transition, and independent living.

To find out more click here to visit the website for the Autism Society of North Carolina and visit their video/DVD store

06:08AM (-07:00)

**Communication Skills**

Although the cause of speech and language problems in autism is unknown, many experts believe that the difficulties are caused by a variety of conditions that occur either before, during, or after birth affecting brain development.

This interferes with an individual's ability to interpret and interact with the world.

The communication problems of autism vary, depending upon the intellectual and social development of the individual.

Some may be unable to speak, whereas others may have rich vocabularies and are able to talk about topics of interest in great depth.

Most have difficulty effectively using language.

Many also have problems with word and sentence meaning, and understanding.

No one treatment method has been found to successfully improve communication in all individuals who have autism.

The best treatment begins early, during the preschool
years, and is geared towards the individual.

The goal of therapy should be to improve useful communication.

For some, verbal communication is a realistic goal. For others, the goal may be gestured communication.

Still others may have the goal of communicating by means of a symbol system such as picture boards.

A lack of communication skills may cause inappropriate behaviors and challenging situations for both the child and parent.

The Picture Exchange Communication System (PECS) is an augmentative communication system developed to help individuals quickly acquire a functional means of communication.

PECS is appropriate for individuals who do not use speech or who may speak with limited effectiveness: those who have articulation or motor planning difficulties, limited communicative partners, or a lack of initiative in communication.

PECS has a number of advantages over other methods of addressing communication.

Most importantly, it works, which encourages the child to communicate more often, reducing frustrating situations.

When your child hands you a picture or sentence strip, you can easily understand what they are trying to communicate with you.

From the start, communication is initiated by your child, making it meaningful and highly motivating.

It is an inexpensive communication system.

A PECS symbol can be as simple as a hand-drawn picture, or a snapshot.

The child is able to communicate with anyone, versus sign language.
Anyone willing to accept a picture is available, not just those who understand sign language or who are familiar enough with the child to understand him/her.

Children are able to generalize communication to a wide variety of situations and people.

06:08AM (-07:00)

Dentist Tips

Dentist Tips

The fact is that children with autism have the same rate of dental problems as the general population.

As hard as it is for most children to go to the dentist, it’s even harder to have a positive dental experience for autistic children.

Even so, there are some things you can do to improve the dental experience for your child.

Visit the dentist’s office before an actual visit.

Have the child touch the equipment and explain to the child what will happen.

Have the child bring a comfort item like a favorite toy or blanket.

It is a good idea to have a gradual and slow exposure to the environment of the dental office so your child doesn’t get frightened by the experience.

Make sure you tell the dentist how best to handle your child.

Tell them what works and what doesn’t work when working with your child.

Remind the dentist that autistic children are more
easily overwhelmed by an overload of the senses, which can over stimulate the child.

Ask that the dentist keep the chaos in the office to a minimum.

Make the child’s first visit to the dentist positive and short.

Have the dentist count the teeth or something else innocuous.

Ask that the dentist approach the child as quietly and as non-threatening as possible.

Have the dentist explain everything to the child and show the child what’s going to happen before actually doing it.

Praise the child for acceptable behavior and have the child sit in the dental chair for awhile so they become accustomed to it.

Autistic children want to know what’s coming next without having to be surprised.

Have the dentist tell the child where and why he needs to touch the child, especially if you’re dealing with dental equipment.

Ask that the dentist talk calmly and avoids words that have double meanings.

Autistic children take everything literally so it’s important to say exactly what you mean.

Ask the dentist to start the exam using only his or her fingers and that they avoid shining the light out of the patient’s eyes.

Using a toothbrush to examine the teeth is a good idea because it’s a safe, familiar item.

The dentist can use a dental mirror after that.

Ask if you can hold your child’s hand during the dental examination.
Anything that is familiar will make for a good experience.

Some autistic children respond well to being lightly wrapped in a papoose board during the examination.

In other cases, the child will need sedation or will need to undergo general anaesthesia in order to accomplish any significant dental work.

General anaesthesia is especially important in older children that don’t respond well, even to light sedation.

06:09AM (-07:00)

**Developing Speech**

**Developing Speech**

Autistic children, some of them poorly or non-verbal, often struggle to accomplish tasks of daily life that are easy for other children.

Communication is often at the center of most difficulties for children with autism.

Autistic children may be able to speak, repeat words that you say to them.

But functional communication, in which you can carry out a conversation with a child, can be hard to come by.

Being unable to communicate can be a frustrating experience for you and your child.

Some autistic children use sign language to indicate their wants and needs.

This may be functional when communicating with others who know sign language but is not functional in the community.
Alternative communication devices, such as a picture communication system or communication board can be helpful for some individuals.

Speech therapy can help the child develop further communication skills.

An excellent resource to facilitate communication can be found at www.nlconcepts.com/autism-learn-talk.htm

These communication cards can help to model conversation, much in the way that you would model social skills for your child.

These cards help to develop not only speech, but means of true communication.

There are a variety of topics available.

Time spent working together on this can be beneficial to you and your child.

06:09AM (-07:00)

Famous autistic people

Famous autistic people

Autism has no boundaries and is not prejudiced. It can occur in any family.

Many people have become very successful, despite a diagnosis of autism.

Dr. Temple Grandin is well known for her writings on autism, and “seeing in pictures” and for her inventions in the area of animal science.

Dr. Grandin understands the challenges of autism, but for herself, understands it more as a gift.
She believes it has given her the ability to visualize things that others could not.

Along the autism spectrum, there are many creative geniuses who are speculated to have had autistic tendencies or Asperger's syndrome.

Bill Gates, creator of the Microsoft corporation, is speculated to have personality characteristics similar to Asperger's syndrome.

Dylan Scott Pierce is an American born wildlife artist with autism.

Donna Williams is a best selling author from Australia.

Her works include ‘Nobody Nowhere’ and ‘Somebody Somewhere’.

Michelle Dawson is an autistic individual who actively works as an autism researcher and autism rights activist.

Lucy Blackman, Australian born, is a University educated author.

Jonathan Lerman is an American born artist.

Some people, such as Temple Grandin, suggest that autism and genius are closely related.

Dr. Grandin believes that autistic individuals have an ability to see things beyond what the average person sees.

Because of this they have the ability to excel in areas that are commonly reserved for individuals who proven to be geniuses.

Certainly there are challenges in both communication and social skills for autistic individuals, but they have the ability to succeed.

06:10AM (-07:00)
Food obsessions

The general public often doesn’t realize what parents of autistic children are keenly aware of: It is a physical condition as much as a mental one.

Research shows that more than 50 percent of autistic children have gastrointestinal problems such as Crohn's Disease or colitis.

Some scientists theorize that autism begins in the gut, with the gastrointestinal walls being damaged and allowing toxins to leak into the bloodstream and effect brain activity.

For this reason, parents of children with autism must monitor not just their children's behavior but their eating habits, too.

In particular, products containing gluten (found in wheat, barley and rye) and casein (found in dairy products) seem to exacerbate autism symptoms, apparently because the person's body cannot digest them properly and the incompletely digested (and therefore poisonous) proteins are leaking into the circulatory system.

A gluten-free, casein-free diet, known as GFCF, has become very popular among parents of autistic children.

Some members of the medical community continue to be skeptical of it, but other doctors and organizations -- including those working with Defeat Autism Now (DAN) -- wholeheartedly support the GFCF diet.

Many parents report remarkable improvements in their autistic children after removing gluten and casein from their diets.

They find their children having longer attention spans, making better eye contact and in general behaving less aggressively and more "normally."

The difficult part is implementing the diet.
Cereals and dairy products comprise a major part of the typical American diet.

People with gluten allergies already know how hard it is to find gluten-free products; adding dairy to the list of prohibited items makes it that much more inconvenient.

In addition, many autistic children will latch on to particular foods they like and refuse to eat anything else.

Since so many foods have gluten or casein, chances are good that something on your child’s “favorites” list will be an offender.

Also, because gluten and casein foods act as opiates, autistic children may crave them in particular -- the very foods that are doing them the most harm!

So weaning your child off these foods can be difficult. To start with, many parents find it best to eliminate dairy.

A lot of people are lactose-intolerant, after all, and dairy products don’t make up nearly as big a part of most people’s diets as gluten products do.

It’s fairly easy to replace casein foods with other things.

Gluten is trickier. Not only is it in a lot of foods, but even foods that don’t have it are often contaminated with it, due to having been processed in the same facilities.

You’ll need to examine ingredients lists carefully, and check with the manufacturer directly if you’re in doubt.

Often, parents say their autistic children won’t eat anything else, and they worry they’ll go hungry if these foods are taken away.

It is necessary to be loving but firm, and not to give in if your child behaves badly in response to having his or her favorite foods taken off the menu.
Within a few weeks, you'll probably see a change in your child's behavior, and you may be surprised at what he or she will eat that previously was unacceptable.

Free stuff on the web

For parents of autistic children, finding free stuff on the web can be complicated.

Here's a list of free and cheap things you may want to consider for you or your child.

Who ever said autistic children couldn't have fun on the computer.

There are now computer games designed just for autistic children to both learn and have fun.

In some cases, trying out the program is free.

Try travelling to www.mousetrial.com and playing their autism software before purchasing.

There are modules for numbers, food, clothes and body, sizes, shapes and letters.

It's fun to play and easy to buy if you like it.

All parents of children with autism can benefit from joining a free forum where they can learn
tips, techniques and also potentially find more free stuff.

Autismtalk.net is a discussion forum and online community for autism and related disorders.

To visit the forum, go to http://www.autismtalk.net

If you need a place to discuss autism or ask some questions, this is the place to go.

Another option is www.autismteachingtools.com which is a forum that includes therapy procedures for autism, high functioning autism, PDD-NOS and Aspergers.

This site includes teaching tips, educational videos and indexed lists of teaching materials for designing programs.

Finally, www.cafepress.com/buy/autism offers everything from T-shirts to mugs that increase awareness and support of autistic children.

There are tons of beautiful graphic images regarding autism and sizes to fit everything.

Autism awareness has reached the Internet and there are plenty of tips, computer programs and teaching ideas to help the autistic child and his family learn to navigate their way through the world of the non-disabled.

06:11AM (-07:00)

**Autism and genetics**

**Autism and genetics**

There is ongoing research as to the genetic versus environmental causes of autism.
One in 166 children is diagnosed with some form of autism; parents and researchers alike are striving for answers as to how this condition comes to be.

Genetic origin is one of the hypotheses that are out there as to how children get autism.

In fact, there is genetic research on autism done in several research centres throughout the world.

So far, several genes have been found to be suspect in cases of autism but no single gene has emerged as the culprit.

Researchers believe there may be several genes that are abnormal and that lead to the syndrome we know as autism.

Researchers do know, however, that autism is not just directly handed down from parent to child in a linear fashion like blue eyes or blonde hair.

The genetics are more complicated than that.

Another clue as to the hereditary basis of autism is the fact that siblings of autistic children have a higher risk of autism than the general population.

In fact, it is estimated that 10 percent of siblings of autistic children also have autistic traits.

Twin studies show an increase in autism among both pairs of identical twins as you would find in the general population.

There used to be a great deal of speculation about autism and things like vaccinations.

No vaccination or any other environmental aspect has been found to be linked to autism.

Autism also seems to affect other populations than just Western populations.

This means that Western issues like environmental toxins are not likely causes of the disorder.

At some point, researchers will find out the
genetic basis behind autism.

If they find that the gene or genes code for specific proteins that are lacking in autistic children, there may be gene therapy or protein-replacement therapy that can help these children.

Researchers just haven’t got that far yet!

06:12AM (-07:00)

Gluten & Casein Free Diets

Gluten & Casein Free Diets

There is a body of research that suggests that diet can attribute to a child’s behavior.

Allergic reactions to certain foods and sensitivities can make it worthwhile to monitor your child’s diet and their reaction or subsequent behavior.

Gluten and casein are two ingredients that are getting a lot of attention in the autism community.

Some parents, doctors and researchers say that children have shown mild to dramatic improvements in speech and/or behavior after these substances were removed from their diet.

Some parents report no benefits from the diet.

Gluten and gluten-like proteins are found in wheat and other grains, including oats, rye, barley, bulgur, durum, kamut and spelt, and foods made from those grains.

They are also found in food starches, semolina, couscous, malt, some vinegars, soy sauce, flavorings, and artificial colors and hydrolyzed vegetable proteins.
Casein is a protein found in milk and products containing milk, such as cheese, butter, yogurt, ice cream, whey and even some brands of margarine.

It also may be added to non-milk products such as soy cheese and hot dogs in the form of caseinate.

This is based on the theory is that some people with autism and PDD cannot properly digest gluten and casein.

As a result, this may alters the person's behavior, perceptions, and responses to his environment, according to this theory.

Research in the U.S. and Europe has found substances with opiate activity in the urine of a significant number of children with autism.

A doctor can order a urinary peptide test that can tell if proteins are not being digested properly.

An interesting book on the subject is

“Special Diets for Special Kids- Two” by Lisa Lewis.

This book outlines a diet free of gluten and casein and is complete with more than 150 recipes that can be utilized.

Using a common-sense approach, Dr. Lewis, who is a mother of autistic children, provides specific examples of food allergies and intolerances which impact health and behavior in children with autism or related developmental disorders, lists of vitamins, minerals, and supplements; and much more.

To read more about this book click the blue link below which says "Special Diets":

Special Diets

06:12AM (-07:00)
20 Parent Tips for a Tantrum-Free Haircut for a Child with Autism

This article was provided by Wanda Brown from http://www.child-autism-parent-cafe.com/

Tip #1 Take each haircut session one at a time. Observe your child, take notes if necessary. You will learn more about your child each time.

Tip #2 Buy a good quality home haircutting kit. Look for clippers with blade guards to avoid cutting the hair too short.

Tip #3 Use unscented shampoo and conditioner if your child is sensitive to smells or odors.

African-American children may use hair pomade or other scalp conditioner to moisturize the hair.

Before you begin a haircut wash the hair to remove any hair products build-up.

Cutting clean, dry hair with clippers is much faster.

The hair will cut easier.

Some children do not like having their hair washed. Our son will not lean his head all the way back.

So we began washing his hair with a sudsy shampoo on a washcloth, and rinse using a washcloth damp with clear water.

We would condition his hair the same way. Now he is able to wash his hair on his own.

Tip #4 Schedule a haircut when your child is least likely to be 'sensory overloaded' or feeling overwhelmed by the information he is taking in through the five senses: hearing, vision, touch,
smell and taste.

Try to avoid scheduling haircuts after school or when your child is ill or tired.

Our son appears to be most autistic in the morning. So we do not plan to cut his hair then, preferring to do it later in the day.

Tip #5 For a child that is sensitive to the buzzing noise of the clippers or the repeated 'snap' of a scissor, try using soft, flexible ear plugs.

Does your child like to sing?

Sing a song, play some of their favorite music. Tip #6 Develop a routine for haircuts.

Does your child need a haircut or trim every week, every other week or monthly?

Try to schedule them for the same day of the week and time of day whenever possible.

For example, every other Saturday morning - be consistent.

Tip #7 Think of a few activities, toys or food your child really enjoys to use as his special reward or bonus.

What does he like to do? What makes him happy?

Tip #8 Explain to your child exactly what you are planning to do during the haircut.

Use short sentences and/or visual supports using personal pictures or icons.

Take a picture while your child is getting a haircut.

Take a picture of all the items used. You may also use icons or PECS.

Tip #9 Be sure your child has a cape, sheet or towel
draped over him.

Our son hates having any hair fall on his face, body or clothing.

He covers his face with a hand towel to keep those fine, cut hairs off his face.

Tip #10 Under supervision allow your child to handle the clippers and other items used for the haircut.

At home, allow him to help you prepare for it.

For example, the child gets a towel, and the comb or brush.

Teach him how to clean the clippers.

For example, brush off any loose hairs from the blade and oil the clippers.

This can be a good motivator and is fun.

Tip #11 Observe your child while cutting his hair.

Is there anything in particular he dislikes or finds intolerable?

If so, try to make it better.

Tip #12 Allow your child to give an old doll or teddy bear a haircut while their own hair is being cut.

This may help your child learn to generalize the experience.

You or the barber can also use the doll or teddy bear to demonstrate what it is you need or expect your child to do.

For example, act out directions to 'turn your head to the right' or 'bend your head down.'

These are strong visual cues and may be better understood.

Tip #13 Unless your child is better able to tolerate a haircut, keep their hairstyles simple.
For example, 'fades' and 'parts' may take longer to cut.

Try the 'Caesar' style which is a low even-blended cut all around the head.

Tip #14 Focus on the task at hand.

Try to cut hair as fast as you can without rushing. For example, do not dawdle.

Try not to stop cutting hair to talk to others, in person or on the phone.

Tip #15 Edge the front, sides and nape of the neck first for a 'shape-up' then cut the hair.

Should your child not tolerate a haircut before you or the barber is done, a shape-up will give him a clean, fresh haircut look, even if the hair has not been entirely cut.

Tip #16 Reassure your child during the haircut. Explain each step of the way in a slow, steady voice. For example, 'Good job keeping your head still.'

'All done, after...'

Let your child know that the is near.

This step may be faded out gradually as your child becomes familiar with the process.

Tip #17 Once the haircut is done, admire your child's clean-cut appearance.

'You look handsome!'

Show him how he looks in the mirror, if tolerated.

Take before and after photos so they can see the benefits.

Use this opportunity to begin to teach him how to comb
and brush his own hair.

Tip #18 Remember to give your child a reward or bonus that he will enjoy.

Give your child a choice for their bonus.

A reward or bonus will show him that although we must do unpleasant things sometimes, at other times we get to do things that we enjoy.

Tip #19 At home, use this opportunity to teach other daily living skills, particularly hygiene and grooming.

For example, your child may learn how to undress/dress, shower or take a bath independently (run his own bath water at the right temperature, wash his body properly, determine how long to stay in the shower or tub, clean the shower/tub, put his dirty clothes away, use deodorant, choose an appropriate outfit to wear, etc.

Tip #20 Other lessons and tasks on daily living activities may be expanded in time as appropriate.

For example, your child may help put items away, clean and oil the clippers, sweep or vacuum hair off the floor, put their dirty clothes and towels in the hamper or washing machine.

Learn to sort laundry, load and wash his clothes, put clothes in the dryer, fold clothing, learn to iron, etc.

06:13AM (-07:00)

Health and Hygiene

As your autistic child gets older, he or she will want
more independence and you will undoubtedly want them to have it.

However, it is often difficult for the child with autism to learn the skills necessary for them to take care of their own personal hygiene.

This is an important skill for them to know, especially as they head to school.

You can work on individual goals to model and teach hygiene skills, but much of this can be frustrating for both the parent and the child.

"Taking Care of Myself" by Mary Wrobel is an excellent resource in this area.

To read more about it click the blue link below that says "Health and Hygiene"

Health and Hygiene

An experienced, certified teacher and speech-language pathologist Mary Wrobel has written this book to provide the necessary information on skills students need to live safe, healthy lives as independently as they are physically and mentally capable of living.

Throughout the book the stories are told in various points of views, either in the first, second or third person.

Visual cues, communication aides and assistive technology is shown within the chapters.

Mary also suggests starting self-care skills as young as three for brushing teeth and washing hands.

The fonts change throughout the book.

The pages that discuss developing a program and teaching various skills are presented in an easy to read manner, mostly for the adults teaching the curriculum.

The remaining pages are activities and social stories that have larger fonts that are in bold.
Health Care Needs

Autistic children often spend so much time with therapists and specialists that their routine healthcare needs don’t get met.

Nevertheless, your child should have a paediatrician or family doctor for regular checkups and for times your child is ill.

The biggest problem with autistic children and illness is that they often can’t tell you they’re in pain or are having some kind of discomfort.

Children, for example, with an ear ache may bang their heads against the wall or dig into their ear without specifically saying what is wrong.

Whenever your child changes abruptly, you need to think about the presence of pain as a factor and use your child’s doctor as a means to tell you whether or not your child has tonsillitis, an ear infection or other common source of pain in children.

Your child will also need regular doctor visits that include immunizations.

Immunizations are traumatic for all children but they need to be done to prevent some of the common childhood illnesses.
Because research has proven no link between immunizations and the development of autism, autistic children should receive the same number of immunizations as other children.

It’s best to use the same doctor for as long as possible in your child’s childhood years.

There may be some familiarity your child develops in going to the same clinic and seeing the same doctor.

You may also be giving your child’s doctor a chance to understand your child’s autism and learn how to communicate with your child.

The more your doctor sees your child, the better able is the doctor to determine when your child isn’t acting right.

Well child visits will also measure your child’s height and weight and will keep track of things like hearing and vision, if they can be determined, depending on the severity of your child’s autism.

It is also a time for you to ask questions of the doctor about normal child development and developmental issues with autistic children.

A paediatrician most likely has seen other autistic children and may be able to give you one on one advice that you can use to help your child meet developmental goals.
Home schooling

Homeschooling can be a benefit to children with autism, but takes a great deal of time and effort.

Homeschooling can provide the individualized setting and interaction that a child with autism frequently needs.

Homeschooling provides a stable and secure environment in which to work and play.

For instance, a child with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder functions best in an environment with fewer distractions and a schedule uniquely suited to his or her needs.

Homeschooling can provide that individualized setting.

An autistic child who is acutely sensitive to sound and has trouble interacting with others can be frustrated or even frightened by noisy hallways, school bells, and the frequent changing of classrooms and teachers.

At home, the parent can reduce these distractions.

In addition, a homeschooled child can work at his own rate and in the way he learns best.

The home environment also provides learning opportunities that your child may not find in public school.

A child can accompany Mum to the grocery store or to the library.

He can learn to make his bed, set the table, and prepare lunch.

He can plant and look after a garden and walk the dog.

Learning these basic skills, or even observing them in action, is valuable preparation for the child, whether or not he will one day live on his own.

Homeschooling requires a large commitment on the part
It is not only a matter of wanting to educate your child at home, but also having the time and resources to do it.

You need to be able to not only commit your time to teaching, but your time to completing the necessary research in order to be prepared to teach your child.

Further, you need to be able to meet the socialization needs of your child in the home environment.

Finally, if you have ever struggled to get your child to do homework, you need to be prepared with a plan that will meet that need on a daily basis.

06:15AM (-07:00)

Individual Educational Plan

Individual Educational Plan

There is perhaps no process as frustrating for parents and teachers alike as the IEP process.

As a team process, it is designed to help parents and teachers develop a program that is in the best interest of the child.

All too often, the schools experience a lack of resources or other challenges, and leaves the parents feeling that they are not receiving the support that they need.

The IEP process is critical to the educational success of the child, and with success can leave parents feeling empowered to make a difference in the life of their child.

Parents and teachers need to develop an IEP process that enables both parties to feel as though their concerns are heard, and the
A useful book on the subject which can be found on Amazon.com is called "Creating A Win-Win IEP for Students with Autism" by Beth Fouse.

This is a thorough & comprehensive guide for parents seeking greater involvement in their child's education, not just for the autistic child but for all who work in Special Education.

It explores various situations, citing examples & the legislation used to back it up.

It takes some of the confusion out of Special Education.

By explaining terms while instructing parents in the basic parameters of an IEP (Individual Education Plan).

It can also serve as a tool for parents who want services for their child but often don't know how to ask.

Parents need this type of support so that they are prepared for the IEP process.

06:16AM (-07:00)

Intensive Interaction

Some types of autistic children will respond to what's known as "intensive interaction".

This is a type of therapy designed for children who are in the earliest stages of communication or who can't communicate at all.

It is a method developed in the 1980s along with
of Geraint Ephraim PhD, who was a psychologist working at the long-stay hospitals affiliated with the Harperbury Hospital School in Herefordshire, England.

The basics of intensive interaction is that the therapist works with the child undergoing progressively developing enjoyable and relaxed interactive sequences between the autistic child and the interaction partner.

Gradually, the interactions are increased in complexity and sophistication until the child slowly learns and mimics the behavior and the communication style of the partner.

In intensive interaction, the activity is directed by the child and the teacher joins in and communicates simply with the child.

The goals are to learn to give brief attention to another person, to develop shared attention into “activities”, to take turns exchanging behavior, to have fun and play, to understand eye contact and understand facial expressions.

Autistic children can learn non-verbal communication such as gestures and body language.

Eventually, the child learns vocalizations that become increasingly meaningful.

Researchers have looked into intensive interaction in severely autistic children and have found that this naturalistic approach appears to be effective in enhancing sociability and communication in these children.

While it doesn’t seem to work for everyone, many children gain in communication from completely non-verbal and not associated with the world to being able to communicate through gestures, eye contact or even verbal communication.
One of the most pervasive myths that surround autism is that a child who has it will never show affection and can’t accept getting affection from anyone.

There have been literally piles of stories of parents taking their child to a psychologist and the doctor telling the parents that your child can’t possibly be autistic because he gives you a hug now and then.

While this opinion is just flat wrong, studies have shown that autistic children do process sensory touch differently than a non-autistic child and that this is where the myth that autistic children don’t like to be touched comes from.

Autism and the way it affects kids really runs the gamut from light to severe.

An excellent point to remember when dealing with an autistic child is that every single autistic child is different and will react to almost everything differently.

Here are some tips for showing your autistic child affection, and remember, your experience may vary.

• Trial and error.

For some kids with more severe autism, a simple, random hug can be sensory overload.

They can become agitated, upset and even violent if they are touched without prior warning.

You will probably need to have a trial and error approach when it comes to hugging and touching your autistic child.

Some methods may be responded to in a positive way, other ways won’t be.

You just have to try and see.
• Let the child come to you.

If you think your autistic child needs a hug, instead of rushing into his personal space and just taking one, speak to the child, bend down to his/her level and open your arms.

Smile and let the child know that they are loved and see what the response is.

If they don’t come running in for a hug, don’t be offended, it may just not have been the right time for the child.

• Try hand signals.

If your child is too sensitive to hugs or touches to show affection, you can try positive reinforcement in addition to hand singles.

Things like a simple thumbs up accompanied by a smile and some positive comments can let the child know they are loved and what they did was good.

You can also offer the child a chance to hug during these situations and they might just take you up on it.

• Make sure everyone is on the same page.

If you, the parents, are starting to make progress on getting your autistic child to be more affectionate, you don’t need a sibling, teacher or grandparent who doesn’t know or understand your child’s boundaries messing up all of your hard work.

If you’ve begun to implement an affection program with your autistic child, make sure everyone who would possibly try to hug or touch him/her knows the rules.

Consistency and repetition are crucial to autistic kids, and this applies to a situation like this, as well.

Trying to figure out a puzzling condition like autism can be a lifelong challenge.

For many parents, the affection issue may be the
biggest.

But with patience and learning to go by the child’s cues and not your own, you will be able to connect with your child in a deep and meaningful way.

06:17AM (-07:00)

Making Learning Fun

Autism is a disorder of the brain that is biological in function.

It causes anywhere from mild to severe social impairment and an inability to function normally in society.

However, there are ways to treat many of the cases of autism.

Autistic children can learn and excel and if certain teaching methods are used, their progress can be nothing short of fantastic.

One of the most important things to realize in making learning fun for autistic children is the fact that they learn in different ways than children without autism.

Autistic children generally have a disability in social skills.
Sometimes this difficulty in communication involves language skills.

However, there are a number of ways to make learning these important skills more than just a chore.

By injecting fun into learning, it has been shown that autistic children learn at a faster pace.

Actually, fun and learning work well for all types of children, but autistic children are special and require more tailored methods.

Children with autism seem to learn best when the instructional material is presented in visual form.

In this case it might be worthwhile to try different educational programs via a computer.

Using a computer is a fun way to learn.

The majority of educational programs are highly visual.

Many of the games available involve storylines, plots, and realistic human behaviors.

Some of the skills autistic children can learn from carefully selected video games are language skills, reading and math skills, and social skills.

Visual learning devices are highly effective and can be accompanied by various rewards to reinforce what is being learned.

For instance, food and extended leisure activities can be used as rewards that will encourage the child to want
to learn.

In addition, the use of positive reinforcement will help develop a bond between student and teacher, and create a sense of trust that will help strengthen the learning environment.

Social stories are another way to make learning fun for children with autism.

Since one of the aspects of autism is the inability to interact normally in a social situation, social stories can be utilized in a variety of different ways in order to model appropriate behavior.

Autism education pioneer Carol Gray developed this approach in 1991.

By using engaging stories, children with autism can learn appropriate and inappropriate responses to situations.

The level of fun, of course, is up to the way social stories are used.

Usually, the stories are tailored to the child.

By modeling situations familiar to an autistic child, they can be better prepared to react in a socially appropriate to those same situations in the future.

Social stories usually have three distinct ways of addressing a particular situation.

The first describes who, what, where and why in relation to the situation.

The second is a perspective sentence that illuminates how others react to the situation being discussed.
Finally, the third sentence tries
to model an appropriate response.

Sometimes the use of social stories can be accompanied by music and pictures.

In terms of making the process a bit more fun rewards can be used when a situation is properly addressed.

Children with autism require special education needs to address their social difficulties.

It is really important to make these activities as much fun as possible so the student will stay motivated.

It is not easy for an autistic child to change his or her response to
various situations, so it is imperative that the activities be non-threatening and highly interesting.

It has been demonstrated that over time the use of visual aids and social stories are two of the most effective ways to help
autistic children overcome social situations they feel are threatening.

To most of us, these situations are normal, everyday occurrences, but to children with autism they can sometimes be
terrifying moments that they do not have the skills
to deal with.

These teaching methods, while entertaining and fun, can help children adapt and manage their perceptions of social
interactions.
Music therapy

Music therapy has been used in conjunction with other therapies for many learning disorders.

As it turns out, music therapy can help autistic children as well.

Because music therapy is non-verbal and non-threatening, it has a special place in the treatment of autistic children.

It also improves the child’s ability, when used with other therapies, to be successful at things that are more social, such as tossing a ball to music or using sticks or cymbals to help the child modulate his or her interpretation of sound.

Therapists can use the child’s preferred music as a reward or as a way to soothe the autistic child.

Music therapy helps children speak better as well.

They tend to be able to learn words and to hold onto those words longer when music is associated with the learning of the words.

Music, when taught to both autistic children and non-autistic children at the same time, is a great way to integrate autistic children into the social aspect of being around other children.

Few adjustments need to be made to the music class and the kids can mimic the behavior of non-autistic
In many situations, it’s been found that autistic children can exhibit great musical ability. Some have perfect pitch while others learn to play musical instruments and can be competitive with other children in their musical abilities. This is probably one of the best reasons that parents should have their autistic child in music class. They may have abilities beyond that which a parent can know that can improve the child’s self esteem greatly.

In addition, some children are mute in the spoken voice but can communicate through their singing voice. This can be a great help to the child who needs to communicate somehow with their caregivers and teachers. Autistic children can learn meaningful responses when incorporated into a song. Music therapy is one of the most advantageous types of therapy an autistic child can have. From improved communication to improved socialization, many aspects of the child’s life can be maximized.

One of the best resources for children with autism is occupational therapy. Of the different types of therapy, occupational therapy is one of the more practical and easy to understand
therapies a child can benefit from.

Autistic children often lack basic skills, such as self care, dressing themselves, eating skills and other life skills that occupational therapy can address.

Often, occupational therapy uses play therapy and other kinds of skills to address areas involving fine motor and gross motor skills.

One of the advantages of occupational therapy is that it is very practical and can be tailored directly to the child’s specific needs.

The therapist initially does an assessment on the child and decides what areas of self care and activities of daily living need to be addressed.

A treatment plan is made up and, through play and practice; the child can learn skills like brushing one’s teeth, combing one’s hair and dressing with clothing.

These things have a direct impact on the child’s life skills.

Unlike physical therapy, occupational therapy has goals that directly affect activities the child might do during a given day.

It can make a big difference in what the parent has to do for the child when the child can learn to do those things for him or herself.

Occupational therapy can be done in specific outpatient clinics or as departments within a hospital setting.

You’ll want to choose an occupational therapist that has experience with children and with autistic children in particular.

You’ll want to make sure the environment is relatively quiet with few distractions so that the therapist can work directly with the child in an environment that is not over stimulating.
Any time a child with autism is lacking in basic life skills, consider enrolling your child in a course of occupational therapy.

Results are usually seen in just a few weeks and can last a lifetime.

06:19AM (-07:00)

Parental Relationship Help

Having a child with autism has the potential to place a great deal of strain on a family and particularly on a couple.

Couples struggle with issues of blame, whose fault is it, and guilt.

Daily routines are a constant challenge.

A special needs child often comes with additional financial costs to the family.

Dealing with the school can seem like a full-time job.

The time that it takes to care for a special needs child can leave other family relationships with no attention.

All of this can add up to a number of problems that need to be looked at.

In order to cope with the stress that comes with a child with special needs, it will be necessary to be willing to talk about your feelings with your spouse.

Seek the assistance of a therapist if you have the ability and resources to do so.

There are also good relationship books out there to help you understand more about supporting one another.
"Men are from Mars and Women are from Venus" By Dr. John Gray is a great starting point.

Also try to locate a local support group.

Learn as much as you can about the diagnosis and options that are available to you and your child.

Try to maintain a consistent routine within the home to reduce additional stressors to both your child and yourself.

We also have a free ebook with more tips for helping your relationship at our sister site called "7 Tips for Parenting Autistic Children".

Click Here to get to the free ebook.

06:19AM (-07:00)

Picture Exchange Communication System

Picture Exchange Communication System

Communication by any means is an important aspect of working with an autistic child.

One such communication system is called PECS or Picture Exchange Communication System.

PECS provides a functional way for an autistic child to communicate with those around him or her.

PECS is a good system to use when an autistic child is completely nonverbal or who speaks with limited effectiveness.

PECS is an inexpensive card system that involves cards on which pictures or sentences are placed that have meaning to the child and can communicate for the child.
Once learned, every exchange in PECS is intentional by the child and is readily understood by the child and the adult.

Once a card is given, the needs of the child are quickly understood and the need is met.

The communication is initiated by the child so that there are no memorization skills required.

The child is reinforced to use the system by having their needs met immediately.

Parents can draw their own PECS cards that become meaningful to both the child and the adults around them.

The picture can be elaborate or just be a symbol that the child attaches meaning to.

If the child is ready to learn the PECS system, they are first enticed with something they want and are taught the picture or symbolization that goes with it.

The vocabulary is gradually increased so that many pictures are available in the communication process.

One of the values of this system is that it’s not exactly sign language so that anyone who can interpret a simple picture can learn what it takes to help the child get his or her needs met.

It can be used at home as well as in school.

One of the disadvantages is that, while it is a portable system, the cards can get weighty if the child learns a lot of different pictures or symbols and the communication can become slower as a result.

06:20AM (-07:00)
Play therapy

Through play therapy children are able to learn and practice new skills in safe environments.

Sensory motor play teaches children how to interact with their environment.

Through the use of physical play, including rough and tumble play, children are able to learn gross motor skills.

Social play provides the opportunity to learn about social relationships.

Play provides a learning opportunity medium that cannot be matched in other circumstances.

Children with autism need play therapy, because they do not normally interact with their environment or others the way they need to in order to learn.

Improving the play skills of children with autism gives increases their pleasure and their motivation to play, increasing their sociability and interaction with others.

Play therapy can provide the autistic child with the opportunity to express themselves with words and actions, which can be difficult for the autistic child.

For young children with autism, sensory motor play allows the child to learn more than their verbal capacity allows.

For children, play provides an opportunity to work through social roles, fears, and relationships.

Play therapy is used to help the child manipulate the world on a smaller scale, which cannot normally be done in their environment.

Play therapy can be used as a form of behavior modification and can be used to improve emotional development, improving social skills and learning.
Social stories can also be used as part of play therapy to help improve social skills.

Stories should be designed to help autistic patients understand the feelings, ideas, and points of view of others, or to suggest an alternate response to a particular situation.

It is important to visit some sites and see which one/s you feel comfortable with.

06:21AM (-07:00)

**Puberty**

**Puberty**

Puberty is a challenge for everyone, but especially for those who are developmentally disabled, such as autistic individuals.

As a parent, you need to prepare yourself and your child for this event.

Talking about sexuality with an autistic child needs to be straight forward.

Autistic individuals do not pick up on social cues, therefore when talking about sexuality it is important to use concrete terms.

Use real terms to describe what you are talking about.

Expect that your child will be a sexual being, and understand that with a diagnosis of autism often comes an inability to control impulse behaviors.

It is important to be proactive when preparing yourself and your child for puberty.
Teach them it is okay to be a sexual being, but this is also a private time.

Teach them about good touch/bad touch so that they are not vulnerable.

Let them know that you are comfortable (and work at it if you are not) with this type of conversation so that they can be comfortable too.

It is often difficult to accept this reality in our children, especially when they have a developmental disability.

It is difficult to accept the reality of the expression of sexual needs in people with autism.

They need to understand their right to express their sexuality through masturbation, but also need to understand the importance of privacy.

They also need to understand that sexuality, while a social behavior, is constrained by social rules.

They need skills to enable them to behave acceptably in open society.

06:22AM (-07:00)

Reward and Punishment

Reward and Punishment

One of the most difficult challenges of dealing with an autistic child is determining how to reward them when they've done a good job and how to punish them when they exhibit an undesirable behavior.

Parents of autistic children are often reluctant to use any form of punishment and the usual reward systems don't often work for autistic children.
As an example, autistic children don’t respond as well to praise or hugs as other children do.

Instead, they might respond to things like a favorite treat, a favorite toy or preferred music as a way of showing them they’ve done something good.

While the natural response is to lavish a child with praise, it may be over stimulating to an autistic child and may not alter their behavior.

It’s up to the parent to determine which things are preferred by the child so that those can be used in a sort of reward system.

The usual punishments tend to be those that don’t work for autistic children.

Things like “time out” work well with children who thrive on contact with others but don’t work on autistic children who don’t have the same drive to be with other children.

Taking away a preferred toy or preferred item may be the best way to show your dissatisfaction with something the autistic child is doing.

Because this may lead to further unwanted behavior, the parent needs to explain to the child what the preferred behavior is so that they can begin to shape their behavior toward what is expected of them.

Corporal punishment, like spanking, etc., tends not to be very helpful to autistic children.

Not to mention a very morally and legally unethical practice for parents in the 21st Century.

They have skewed perceptions of sensation and may either respond not at all to this kind of punishment or may have an exaggerated response to corporal punishment, which only serves to upset the child without giving them an idea of what behavior is expected of them.

Punishment and reward systems are a part of
raising children, autistic or not.

With autistic children, the punishments and rewards have to be geared toward the developmental state the child is in and to which things are preferred or not preferred by the child.

While this takes some trial and error, finding the right way to show appreciation or dissatisfaction are worth the effort and will go a long way toward getting your child to behave in a positive way.

06:22AM (-07:00)

Schedules

Schedules

Autistic children thrive on routine and structure.

As your child begins to recognize structure in his or her life, this may be the time to make a visual schedule to help your child recognize when certain events are happening in his or her day.

A visual schedule works better than a written schedule for obvious reasons as your child may not be able to read and thus may not get the benefit of the visual cue.

To make such a visual schedule, you can use a white board on which you put the hours of the day and a space at the top for the day of the week.

Purchase strips of Velcro that have a sticky back and place a small square of Velcro in each time slot.

Using thick card, draw the different aspects of
your day in visual form.

For example, you can draw pictures of food for the times of the day that you eat.

You can also draw a picture of a bed for the times your child sleeps.

Each day, pin up the pictorial representation of your day and put the day of the week at the top.

When your child wakes up, bring him or her to the board and talk about when different things will happen.

When it comes time for the various events in the day, have the child tear off the pictorial representation and talk about what it is you’re going to be doing.

Put the pictorial representation in a nearby box for the next day.

This technique will help your child appreciate structure in his or her day.

It leaves no question as to what will happen and it involves, in a way, the completion of tasks—something autistic children like to do.

By using Velcro squares, you can alter the schedule every day for things like shopping and doctor’s visits.

Each day can look the way it’s supposed to on the board and will give the autistic child a lesser degree of confusion about the things that he or she will be doing that day.

06:23AM (-07:00)
How to cope with your child with Autism if they self-injure

How to cope with your child with Autism if they self-injure

As frightening as it can be sometimes for parents, self-injury for children with autism is not all that uncommon.

Not all self-injury means the same thing on every occasion nor is it the same in every child with autism.

The first thing a parent should do is decide if it is giving the child with autism some pleasure from the act of injuring or if the injury is a way of trying to tell the parent something.

For example, your child may repetitively bang his or her head against the wall as a sign that an ear infection is going on.

It can often be triggered by excessive arousal.

This becomes the caregiver’s job to reduce the external noise and other arousal issues that can trigger the onset of self-injurious behavior in a child with autism.

Certain frequencies of sound will trigger the behavior more so than others.

On the other hand, the child with autism may be using the behavior to bring on a heightened sense of stimulation to the body.

A child like this needs training in sensory integration to normalize the senses.

Other kids with autism will engage in self-injury as a social means of getting attention or as a means of avoiding doing a task.

For example, the attention-getting behavior should be ignored and the child who uses the behaviors to avoid getting out of a task should be encouraged to finish the task.

The trick to any unusual behavior is to do a functional analysis.
In other words, what happens before the behavior and also afterwards to the child with autism?

Also is this a routine behavior (i.e. something learned)?

Secondly, what, if anything controlled the behavior in the child with autism?

Answering these questions will give you a means of managing the behavior in many cases.

06:23AM (-07:00)

Dealing with Self-Stimulation Behaviors

Most of our "leisure activities" are nothing more than self-stimulation behaviors that have become highly ritualized over time and made socially acceptable.

There is nothing intrinsically valuable or reasonable about leisure pursuits such as bungee jumping, playing cards, dancing, playing video games, listening to music, smoking, etc.

People participate in these different activities because they find them to be pleasurable and because the activities alter their physical state.

Each activity provides us with a particular type of sensory input.

There is not necessarily a great difference in so-called self-stimulation behaviors and some of these activities, beyond the fact that some are more socially acceptable and "normal" in appearance than others.

Each of us, even those of us with more intact central nervous systems, tolerates differing degrees of
Most parents find that their child is more likely to participate in self-stimulatory behaviors when he/she is idle or stressed.

Interacting with your child in some way may break up the self-stimulation.

If the behavior appears in response to stress, finding ways to help him relax (e.g., massage, being wrapped up in a quilt, etc.) may reduce the amount of time spent in the behavior you find inappropriate or harmful.

If your child is left alone; however, it is likely he/she will re-engage in this activity as soon as the opportunity presents itself.

Some behaviors may present problems because they are considered socially inappropriate.

These behaviors can be used as a way to explore the individual's preferred sensory channels for receiving information from the world.

With this information we may identify preferred sensory experiences around which we can develop more "mainstream" leisure activities that our children will also come to view as "leisure."

For example, if a child enjoys the visual sensation of lights we can find age-appropriate toys that might be motivating to him.

Take time to observe the types of self-stimulation that your child participates in and when this behavior occurs.

Watch him/her and make notes about what you see and when you see it. Then try to see if there is any pattern to these behaviors that would give you insight to the type or types of stimulation he/she prefers and the purpose it serves.

At the same time note what types of activities he/she finds aversive.

When you have a good understanding about his/her preferences, begin to brainstorm ways that you can offer
other stimulatory activities, modify or expand on the preferred self-stimulation.

Ask for help from your child's teacher, physio therapist, occupational therapist, and others.

Look at children of the same age, and try to find toys or activities that may make the self-stimulatory behavior appear more "normal."

Sometimes your child's favorite self-stimulation activity can be modified or expanded in a way that will make it more socially acceptable.

06:24AM (-07:00)

**Sensory Motor Integration**

**Sensory Motor Integration**

Children with autism often have a secondary diagnosis of sensory dysfunction.

This may be found in the child who cannot get enough sensory input, and needs to touch everything, jump on things, and simply craves input.

Or it may be the child that can't stand touch, doesn't like certain clothing because it irritates them, and cannot handle sounds.

Sensory integration allows us to take in information, and know how to store it for future use.

Working with an occupational therapist can help a child and help develop their senses so that they are not hyper-sensitive or hypo-sensitive.

Doing so may help to reduce behaviour problems, and help them focus when they need to.

There is a useful resource about Sensory Integration that
you may be interested in called "Learn to Move, Move to Learn!"

Click Here to read more details about this book.

The author of the book is a paediatric Occupational Therapist called Jenny Clark Brack with over 14 years’ experience in school settings.

Learn to Move, Move to Learn! is based on her experiences working with teams of therapists and teachers in early childhood settings.

Each of the creative theme-based group lessons in this practical resource, follows a sensory-integrated developmental sequence consisting of seven activities, all related to the theme.

This program can be modified to the needs of the child, and provides instructions for how to develop additional lessons.

A chapter on school readiness skills shows how the lessons prepare children for later success in school.

To read more about this resource Click Here

06:25AM (-07:00)

**Sensory stimulation**

**Sensory stimulation**

Children with autism need sensory stimulation.

Providing a sensory room, or area, can be very effective.

Be as creative as you can when providing sensory stimulation for your child.

There are many things you can purchase, but you
can also make many things within your home.

What you use, should in part be determined by what your child enjoys, or is seeking.

Some ideas are:

Fill a tub with sand, navy beans, or other similar item that they can play in.

Find different scents of potpourri that they can use for deep breathing.

String blinking Christmas lights around the room.

A mini trampoline can provide physical exercise and sensory input.

Use a hammock for the child to lay in and receive deep pressure.

Hang a swing from your ceiling, if it is reinforced. Use a variety of lotions for both scent and touch.

Create a touch board, and attach a variety of materials, from sand paper, to carpet.

Have music playing that your child enjoys - this can be calming music or vigorous music.

Use play dough for touch activities.

Use a vibrating massager for deep touch.

Foot massagers are great for waking up the feet.

The purpose of this room is to waken your child's senses and also calm them down.

It is most effective to create a schedule of when they will be provided free time in this room.

It is probably not best to give them free access to their sensory area, as their will be other things that they need to participate in.

Use this area at transition times, to provide a smooth transition.
This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child's behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:26AM (-07:00)

Sexual behaviors

Sexual behaviors

Individuals with autism are sexual beings, just as everyone else is.

However, because of their inability to control all of their impulses, they may display behaviors that are inappropriate in public.

This can be particularly difficult to deal with as it can be embarrassing for parents to deal with.

This is something you will need to be direct and proactive about.

There are social aspects of sexuality that will need to be dealt with.

You can use social stories to teach about sexuality as well as many other things. It is important that your child understand good touch/bad touch.

They can be vulnerable in this area and you want them to be prepared in order to reduce their risk.

In order to be proactive, you will need to think ahead, and decide what is appropriate to teach your child at each stage of development.

When talking about sexuality, use real terms.
Individuals with autism do not pick up on social cues, so they need concrete terms about what you are talking about.

Reinforce appropriate behavior, and when inappropriate behavior occurs (masturbating in public) redirect.

Plan ahead before going into the community.

Let them know exactly what is expected of them while they are in the community.

Masturbating in public is inappropriate.

If your child is young and doesn't seem to comprehend, give them something else to keep their hands busy.

Using behavior modification techniques can be effective.

For older children, adolescents, let them know that it is okay to do that, but it needs to be done in private.

You need to decide that you will address the issue, and not avoid it.

Set aside some time with your child to talk about sexuality.

If you only respond when an incident occurs you may be sending the wrong message to your child.

Find out what your child knows about sexuality, again using direct questions.

Find out if your child has concerns or fears about sexuality.

Talk about what is "normal" sexual behavior, but also let them know what is inappropriate.

Try to let your child know that you are comfortable and that it is okay to have sexual feelings and it is OK to talk about them.

If you still have concerns, talk to your child's school.

They may have some programs that can be helpful in teaching more about sexuality.
Or you can seek the advice of a professional outside of the school.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:26AM (-07:00)

Shopping Trips with Your Autistic Child

Shopping with any child can be extremely hectic and more than just a little bit difficult at times.

Shopping places are filled with attention-grabbing advertisements that stimulate children even without the disability of autism.

The last thing you want is to need to overpower a screaming kid while trying to shop.

If possible, shop during the off hours (calmer hours) and make your behavioral expectations clear to your child before entering the store.

Know exactly what you want by keeping a list and know where you are going while inside the store.

Remain calm and in control!

If your child has a favorite distracting toy, try to bring it along with you.

If not, you may find an inexpensive item that your child is attracted to that you could buy to distract him or her during the shopping experience.

Don’t be afraid to have a time-out, either in the
bathroom of the store or just outside the store while the store watches your items.

Remember, parents of children without autism deal with this all the time so that a little noise and difficulty are to be expected.

If the child is young enough, use the child seats in some stores, including those for older children as well.

Buckle your child in carefully and encourage the child to remain buckled throughout the ride through the store.

Some children are soothed by the action of the cart while others are over stimulated by it.

Choose your “driving patterns” depending on how your child responds to it.

Don’t increase the stimulation by removing the safety restraint on the child or having the child walk freely throughout the store with you.

It’s too easy for your child to get lost or to destroy an ad display.

If there are no trolleys and your child is too big to carry, then a firm hold on the hand may have to be your best option.

Shopping doesn’t have to be a nightmare if you plan accordingly.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:27AM (-07:00)
Sleep Problems

Many autistic children have problems sleeping through the night, or getting to sleep.

This may be in part due to the fact that autistic children have difficult regulating their excitement level and have difficulty calming down on their own.

Sensory dysfunction is typically an issue for autistic children.

Many parents are forced to try medications, or natural supplements to try to regulate sleep patterns.

This may be beneficial.

Using sensory integration techniques can also be helpful so that the child can learn to regulate his or her activity level.

An excellent resource in this area is “Sleep Better! A Guide to Improving Sleep for Children with Special Needs” written by V. Mark Durand.

To read about it click the blue link below that says "Sleep":

This is an excellent resource for professionals who work with special needs children and their families.

The book also contains many wonderful step by step suggestions for parents on how to deal with various sleep difficulties.

This book is unique, as there are no other books specifically on coping with sleep problems in children with special needs, even though they are unusually prone to developing sleep problems.

Durand's advice is built on a solid foundation of research, but written clearly, so that the lay person can understand and use the information.
The book describes a number of different methods, giving the pros and cons of each, so that parents can make an informed decision about what is likely to work with their child.

Click here to find more about this excellent resource.

06:27AM (-07:00)

**Social Skills**

Children with autism struggle with the development of social skills.

They are generally unable to pick up on social cues.

Like many other skills, social skills for children with Autism must often be taught directly.

This is because children with autism do not easily acquire those skills naturally from their environment, like their typically developing peers.

It is also because autistic children have greater difficulty reading subtle social cues, which makes interpreting meaning challenging.

There are many different ways to teach social skills, but perhaps the most effective is through modeling and role play.

Autistic children need to be prepared for events and know what to expect.

Changes in their routine are difficult, challenging, and modeling and role play helps them prepare for these events.

An organisation called Model Me Kids provides a series of videos that aid in teaching autistic children
social skills.

You can view free samples on their website clicking the blue link below that says "Social Skills Video":

Social Skills Video

The videos are intended as a teaching tool.

It is beneficial to participate with your child so that you can explain, answer questions and take an active role in teaching using the videos as support.

Watching the video with the child will help demonstrate the rules both visually and with narration.

You may want to start by focusing on the skills in one or two chapters at a time, depending on the abilities of the particular child.

Click Here to see the video samples.

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06:28AM (-07:00)

Social Stories

Social Stories

Children with autism struggle with social skills.

The long held notion that individuals with autism spectrum disorders lack an interest in social interactions is often inaccurate.

Many individuals with ASD do indeed desire social involvement, but lack the necessary skills to interact effectively.

This lack of “know-how” could also lead to feelings of social anxiety in some children.

For individuals with autism, it often results in the avoidance of social situations, and subsequently, the development of
social skill deficits.

Children with autism need to be taught social skills.

One of the most widely respected authors in this field is Carol Gray.

She has devised the concept of "social stories" to help autistic children in this area.

Autistic children need to understand what may happen in social situations so that they are prepared, and do not become overwhelmed or withdraw from social settings.

Social stories provide children with autism a manner of improving their social skills and understanding what is expected of them in social situations.

Social Stories also give individuals some perspective on the thoughts, emotions, and behaviors of others.

Social stories also present information on social situations in a structured and consistent manner.

Because Social Stories occur in a discrete teaching situation without the stresses of the social situation, they give the child a chance to practice the skills often and in a safe environment.

To help people learn about social stories Carol filmed a DVD of an actual workshop that she gave all about social stories.

If you want to learn more about the DVD click the blue link below that says Social Stories.

Social Stories

In the DVD Carol explains the background to her concept and directs the audience through exercises where they can write their own social stories.

In the DVD, you are told to pause the video while you complete the exercise and then continue when you are done.

You can complete this workshop at your own pace. To learn more Click Here
Sibling Relationships

Sibling relationships can be challenging when one child has autism.

Siblings often do not and cannot understand autism and the challenges that it creates.

The child with autism may take attention away from the other children.

The child with autism may embarrass the other children because of their inappropriate behavior.

The family as a whole will face challenges beyond those of the typical family.

Don't be afraid to talk about autism and the effects it is having on your family.

Siblings need to understand autism to the extent that they can, based on their developmental stages.

Sibling rivalry can be a healthy sign, as it is common in all families and indicates that the child with the disability is being treated as any other sibling would.

However, recognizing that the child with autism can present some very real, and challenging behaviors, it is important to prevent aggressive behaviors.

Monitor your children's behaviors and try to implement strategies that will prevent unnecessary behavior.

An excellent book on the subject is

Sibling Stories: Reflections on Life with a Brother or Sister on the Autism Spectrum by Lynne Stern Feiges and Mary
Jane Weiss.

To find out more click the Blue Link below that says "Sibling Stories": Sibling Stories

It is a unique book that provides insight into the sibling relationship.

Feiges provides 20 stories of individuals who voice their insights to various components of coping with a sibling on the Autism spectrum.

The book is presented in a combination of narrative and first person interviews.

This is not a book written by a professional, claiming to have all the answers to your problems.

It is a book about real sibling relationships with individuals who have autism.

A chapter devoted to coping strategies is enhanced by end-of-chapter professional advice on how to maximize the sibling relationship.

Feiges demonstrates compassion, realism and hope to anyone who is a sibling to an individual with a lifelong disability.

Further, it provides families with a compilation of resources.

This book is certain to reaffirm and help understand the emotions of siblings and their relationship with the child with autism.

Sibling Stories: Reflections on Life with a Brother or Sister on the Autism Spectrum by Lynne Stern Feiges and Mary Jane Weiss.

To find out more about the book Click Here
Son Rise Program

I recently attended a live 3 hour event hosted by Raun F. Kauffman who speaks around the globe about the Son Rise program.

For those of you unfamiliar with this treatment program; it started off in the United States and is now in a number of countries around the world.

It began from when it is claimed that Raun himself was diagnosed as severely autistic at 18 months old and “cured” of autism by the intensive teachings and input of his parents in his early years.

From this experience the family launched The Son Rise Program which has worked with over 22,000 families and professionals in the world of autism since.

There has been a great deal of cynicism and controversy about the program’s claims.

One of the major issues being the accuracy of Raun’s original diagnosis (i.e. was he really autistic).

A second issue is the apparent lack of outside studies as to the success of the program (although in a recent telephone conversation one of their staff ensured me that such a study is currently being conducted).

My personal take is that the program seems to use a great deal of common sense behavioral techniques, psychological techniques and dietary approaches that will certainly help the autistic child and parents.

But to be honest a lot of it isn't rocket science and it can be found elsewhere.

They do though offer it in a very intensive and focussed way which I guess makes them pretty unique.

As they admit in their literature they will not “cure” every child but always make some improvements in every child.
Which seems fair enough.

The other point I would make is that it really is an intensive program that involves the parents doing a great deal of work with the children over many months and probably years.

For parents who have got the time, energy and ability to do this I would certainly say they should look at it further for themselves and decide if it looks right for them.

But clearly for many parents who do not have all of these abilities I would say that it will probably be just a pipedream that would be unlikely to help.

And it may even give unfair and unrealistic expectations, which can only add further heartbreak.

Because the crux is that for it to work (like anything really) you must follow the teachings accurately and consistently.

It is no overnight miracle and, to be fair, is not billed as this either by the Son Rise people.

My other problem with it is the language of "curing autism".

Whilst I know that for parents it can be extremely frustrating and challenging to have a child with autism.

I just don’t like the language of "disease" and "cure".

My point being that autistic children are just "different" and not "wrong" or "ill" and to talk about" curing autism" indicates that autistic children must be "wrong" or "ill" and need a cure.

Which just isn't the case.

Whilst I am 100% behind any genuine approaches to help both the child and parents to improve their quality of life, I also think that every individual child should get the love and respect that they deserve for who they are as children and young people.

They are individuals and part of society just as you and I and certainly don't deserve the label of being "diseased" and in need of a "cure".
This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child's behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:30AM (-07:00)

Speech Therapy

Speech Therapy

Speech therapy can be important in working with autistic children as up to fifty percent can be non-verbal or minimally verbal.

Speech therapy is more than just working out how to say the right words.

Speech therapy focuses on what the child wants or needs rather than simply on verbal communication.

Components of speech therapy include understanding body language, understanding tone of voice, using facial or manual gestures and understanding body orientation.

These are ways that a parent and an autistic can learn to communicate with one another.

One controversial way of teaching communication is through the use of facilitated communication.

The autistic child uses a board with pictures or letters on them and is aided in communication with a facilitator.

The child is taken by the hand of the facilitator and is supposed to direct the facilitator to certain pictures, etc.

Critics say that facilitated communication happens
more at the hand of the facilitator than the autistic child.

Others say it allows a nonverbal child a chance to have his or her needs met in the absence of verbal communication.

Speech therapy can help parents, too.

Parents can learn to read body language and facial expressions and will learn to connect those expressions to specific needs.

Some of this is picked up by the parent by chance and exposure to the child.

Other expressions can be taught or can be made more obvious to fill in the lack of verbal communication autistic children often suffer from.

Speech therapy can be taught at school or through the outpatient department of a hospital.

Children’s hospitals often have good speech therapy departments that can work with both parents and children to maximize communication using the skills the child can work with, even though they may not be verbal.

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06:30AM (~07:00)

Supplementation

Supplements have become an important part of the health industry.
There are literally thousands of products on the market that can give your body the added nutrients it needs.

People with autism are especially prone to nutritional difficulties and it is important that they take supplements to achieve a balanced nutritional state.

The first step toward addressing autism and supplementation is to adopt a gluten and casein free diet.

These proteins have been found to potentially worsen the symptoms of autism.

In fact, gluten and casein, in many autistic children, have been found to help the brain produce natural opiates, making foods that contain them practically addictive!

Another important step is the implementation of a balanced and healthy diet.

Remember, autistic children are influenced by routines, so if a healthy diet is instituted early and followed, autistic children will likely adhere to it.

It is also important to have the input of a doctor to determine if your autistic child is absorbing the proper amount of nutrients.

Simple blood tests can determine nutrient levels and from this data a diet can be successfully adjusted to address any shortfalls.

Defeat Autism Now! (DAN!) medical professionals are a good place to start because they have been especially trained to understand the challenges facing autistic children.

There is a list of common supplements that autistic children are often lacking or simply do not have at optimum levels.

Selenium, calcium, magnesium, zinc, folinic acids, vitamins C and E, essential fatty acid, cod liver oil, taurine, and various amino acids.

When beginning a regimen of supplements, it is important to work them in slowly. It is equally important to document changes in behavior.

Pay close attention to the effects of supplements on your
Note any differences and prepare to discuss them with your doctor or nutritionist.

In terms of positive and negative effects that can result from the use of supplements, and a change in diet – they will not be easy to miss.

Positive changes can include a reduction in the severity of behaviors.

Many autistic children can show improvement in managing behaviors and social interaction.

It is equally important to note regressions in behavior.

If negative behaviors are observed, the supplement added should be reduced or eliminated.

For the most part, negotiating the diet and supplementation of an autistic child is a trial and error undertaking.

It is recommended that when first purchasing supplements you start with small packages.

Buying in bulk can save you money in the long run, but if you buy a ton of a supplement that produces undesired results, you are stuck with useless product.

Should you chose to add supplements to your child’s diet, you will need to do so in a controlled manner.

Don’t just dole out supplements on an experimental basis.

Work with a doctor or a nutritionist to come up with a specific plan that is geared toward your child’s success.

This regiment should include frequent tests for metal toxicity, stool analysis, and tests for various amino acids and peptides.

There is a lot to consider when choosing supplements for your child.

This process is very important and can improve the overall quality of their life.
Do not rush into the process and make sure you cover all the bases before proceeding.

Give supplements time to work.

Oftentimes, it takes time for the body to accurately process nutrients and for you to see any changes in behavior.

06:31AM (-07:00)

**Temper tantrums in public**

**Temper tantrums in public**

All parents have experienced the temper tantrum in the grocery store or the restaurant.

While children with autism may have tantrums that seem larger than life at times, they are still tantrums.

Prior to going on community outings, it is important that your child is prepared for what is going to take place.

You may want to have your child engage in some physical activity and play, so that they are calm for the outing.

You also want to establish what the expectations are for their behavior during the outing.

You will need to keep in mind their age when giving expectations.
Don't overload them with rules, but be consistent.

Monitor your child's behavior on the outing.

If you sense that they are becoming overwhelmed, intervene at that point.

Tantrums are not only embarrassing for you, but for your child as well.

They don't want to behave this way, so if you can help them avoid it you should.

Be consistent!!

If you are going to be in the community for an extended period of time, prepare for it.

Bring with you activities or things that your child enjoys to keep them occupied.

If they don't function well in the community, then start with brief periods of time.

Go on an outing for 5-10 minutes, and if all goes well, reinforce that behavior.

Then gradually increase that time period.

However, if the outing is not for their benefit, don't ask them to engage in an activity for extended periods of time.

Don't expect them to sit quietly for hours while you shop, it's unfair to any child.

When a tantrum occurs, leave.

Try not to create more tension by making a big deal of it.

Just remove them from the area.

This may mean just leaving for a few minutes until their behavior becomes calm.

If that is ineffective, then take them home.
Tell them what was inappropriate, and why you are leaving.

Try not to continue the discussion about their behavior once you are home.

It is over!

06:32AM (-07:00)

**TEACCH**

TEACCH is a program that is sometimes used in school systems to deal with mainstreamed autistic children.

It involves the use of strictly adhered-to charts that dictate every aspect of the child’s day and plays off of the need many autistic children have for structure and task completion.

Critics say that the over-emphasis of charts and task completion have the child so focused on completing the tasks that they don’t get the mainstreaming time they need.

Some children actually worsen their behavior because they become agitated when the charts aren’t strictly adhered to.

It appears that mildly autistic children do worse with this system than more severely autistic children.

Another potential problem with TEACCH is that it discourages the concept of change—something that everyone must learn to some extent.

Because the chart is invariable, the child doesn’t learn that some things change.

Their behavior can reflect their lack of learning of the reality of change.
TEACCH was developed in the early 1970s by Eric Schopler.

Its proponents believe that TEACCH focuses on the individual and develops a program around the individual’s skills, interests and needs.

Because autistic children have an innate focus on task completion, using this strategy provides a perfect way of enticing the child to learn.

Each child’s specific skills and needs are incorporated into the making of the charts so that the child can function at his or her best level.

As a parent, it may be worth it to try the TEACCH system in your child’s school.

If it works for the child and the child actually learns without distress, then it is a good system for your child.

If it cuts into valuable mainstream time or distresses your child more, then it may not be the teaching system for you.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:33AM (-07:00)

Toddlers and Autism

Dealing with the behavior of any toddler can be challenging, but when that toddler has
developmental disabilities, the stress load increases.

With autistic children, they may begin to use verbal communication and then that skill can gradually disappear, often around the age of 3.

Autistic children are wired differently and early intervention can be the key to success.

This is an opportunity for parents to establish some ground rules, create some lines of communication, and learn what areas your child struggles in.

Pay attention to when behavior problems occur and what the circumstances are.

There are generally clues to behavior, but sometimes we need to really work hard at working out what exactly those clues are.

Children with autism need routine, thrive on routine, and need to be prepared for transitions.

This should be established from a very young age.

While you monitor your child's behavior, you should be observing what occurs immediately preceding the behavior.

For the child with autism, behavior often occurs because they are overwhelmed and are unable to control their emotional response to what is occurring.

Over time, you may detect a pattern in their behavior.

Once you establish why those behaviors are occurring, you can begin to intervene prior to the behavior.

Be consistent with your response to behavior.

Even though your child may be non-verbal, you should continue to use your words.

Much of the inappropriate behavior of autistic children is due to sensory dysfunction.
Their senses don't function smoothly to help them interpret the world around them.

It would be appropriate to try to obtain a formal assessment by an occupational therapist.

This assessment would help identify if your child has sensory dysfunction and help to establish some techniques to help them integrate their senses.

With the use of sensory integration techniques, you can help your child learn to interact with the world around them in an appropriate manner.

For some children, this can be done by providing sensory input on a routine schedule throughout the day, perhaps every 2 hours initially and also at transition times.

Using a variety of techniques, this can help a child go through transitions smoothly and calmly.

There are a variety of sensory toys available.

For the child who craves sensory stimulation, this is the child who likes to bump and crash into things, this provides them with an outlet for all of that energy.

For the child who avoids sensory input, doesn't like to be touched, this can desensitize him or her, so that they can tolerate touch.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child's behaviors that feature in my new book "The Parenting Autism Resource Guide".
Tips for Teachers

As your autistic child becomes old enough to go to school, there is one expert you’ll want to have in your child’s teacher’s life: YOU.

You have become an expert on your child and his or her autism and are in the best position to help the teacher best teach your child.

There are several things your teacher will need to know.

The first is your child’s strengths and preferred events.

If your child likes music, let the teacher know.

If your child learns by doing things with his or her hands, that may help your teacher as well.

Your child’s teacher will want to know how your child best communicates.

If your child uses facilitated communication, this must be gone over.

If your child is slow to communicate with others but gradually gains communication confidence, that will be something the child’s teacher must know.

The teacher should know if your child has any triggers and how the child deals with classroom stimulation.

If the child throws temper tantrums, it is worthwhile knowing how long they last and if anything seems to help bring your child out of them.

If your child has had any previous schooling or therapy, the scope of this should be known to the teacher.
This will give the teacher a baseline with which to continue the educational process.

Tell your child’s teacher if anything soothes the child, such as preferred music or a preferred book or toy.

All of the school environment will be foreign to the child so that he or she may need to have soothing things around to help make the transition easier.

Eventually, your child’s teacher will be an expert on your child’s autism, too.

This means that there should be two-way communication throughout your child’s education.

With two-way communication, you and your teacher can be part of an educational team that reinforces what the child is taught at school in the home environment.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:34AM (-07:00)

Weighted Blankets

Weighted Blankets

Children with autism often have a secondary diagnosis of sensory dysfunction.

This can present in a variety of ways.

Some children crave deep pressure, and seek out sensory input, by touching everything that they can.
Some children avoid touch, don't like the feeling of their clothing and need some therapy to become desensitized to touch.

Using tools to help integrate their senses can help them to calm themselves when needed, or awake their senses.

There are a variety of products available to assist with sensory integration.

These can vary from simple toys, the use of potpourri and scented lotions, to weighted blankets.

The use of these products can help to develop sensory integration and help your child's body work in tune.

You can get colorful, wonderful, weighted geckos that can help children with sensory issues to relax and calm.

The gecko is about 32" long and weighs about five pounds.

To find out more about these friendly Geckos visit sensoryresources.com

They can be used when your child needs to calm down, either because of behavioral needs, or simply when it is time to quiet down and get ready for bed.

Discuss the use of this or any weighted blanket with your child's occupational therapist in order to ensure the proper amount of weight is being used, and to develop a consistent plan for your child.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child's behaviors that feature in my new book “The Parenting Autism Resource Guide”.
Coping with Transitions

Transitions are very difficult for children with autism.

It is an interruption to their day and a change in their schedule.

In order to minimize difficulty in transition, try to keep their schedule as routine as possible.

Always let them know ahead of time that a transition in routine is coming.

Using sensory integration techniques can be very helpful for some children.

It is best to have an occupational therapist work with you to first determine if your child is hypersensitive or hyposensitive.

Do they crave movement and the feeling of different textures and stimulation or do they avoid movement and textures.

For example, a young autistic boy who had a great deal of difficulty with the transition from home to school, and with transitions that occurred in his school day.
The school created a sensory room that was just his.

He craved movement, running and jumping on furniture, loved to feel his saliva against smooth surfaces, loved strong odors.

In his sensory room, there was a large hammock for him to lie in, that would hold him tight.

The ceiling was lined with Christmas lights. There were boxes with potpourri for him to smell.

He would spend 20 minutes in this room at the beginning of his school day, 20 minutes before lunch, and 20 minutes before returning home.

While he was in the room, he was encouraged to take in as much sensory information as he could.

Once he left the room, he was calm and ready to learn.

This won’t work for every child, but demonstrates how some creative thinking can benefit even the most challenging behaviors.

Prior to the intervention of the sensory room, the school was ready to exclude him.

With the sensory room in place, he became much more compliant, calm, and willing to work with other people.

The important thing is to remember what works for your child, and incorporate that into their daily routine.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:35AM (-07:00)
Toilet Training part two

**Toilet Training part two** Physical Environment

When beginning the toilet training of a child with autism, you want to help the child learn that this set of behaviors (elimination) is associated with a particular place (the toilet).

Moving all changing, cleaning, and toileting-related dressing to this setting helps the child realize the purpose of this room.

A second goal for creating clear physical structure to assist in toilet training is to create an environment that is secure and not over-stimulating. The child will be calmer and more responsive with good physical support for his body.

Think about adding foot support, side rails, or other physical supports.

Think also about the plumbing noises and echoes of many bathrooms.

Many children appreciate soft music playing or the addition of sound-absorbent materials.

**Using Visual Supports**

For the autistic child, it may be helpful to provide pictures to demonstrate the sequence of events that occur surrounding toilet training.

At the most basic level, a transition object may be used to let the child know that the toilet routine is beginning.

An object that is associated with toileting may be given to the child to serve as the transition object that takes the child to the correct location.

Once the transition to the toilet area has been made, it is important to continue to visually support each step of the toileting routine.

We need to let the child know each step he is to accomplish, when the sequence will be finished, and what will happen when
the sequence is finished.

Again, using an object sequence, a picture sequence, or a written list are all ways to communicate this information to the child.

Trouble Shooting

Once you have begun the process, you may notice areas that are more challenging.

Below are some common solutions: If you child resists sitting on the toilet:

- allow them to sit on the toilet without removing clothes

- allow to sit with toilet covered (cardboard under the seat, gradually cutting larger hole, or towel under the seat, gradually removed)

- use potty seat on the floor rather than up high

- take turns sitting, or use doll for model

- sit together

- add physical support

- help him understand how long to sit (sing potty song, length of 1 song on tape player, set timer 1 minute, etc.)

- as he gradually begins to tolerate sitting, provide with entertainment

If your child is afraid of flushing:

- don’t flush until there is something to flush

- start flush with child away from toilet

- give advance warning of flush

- allow him to flush Only want to flush

- physically cover toilet handle to remove from sight
• give something else to hold and keep them busy

• use visual sequence to show when to flush (after replacing clothing, for example)

• when time to flush, give child a sticker that matches to a sticker on toilet handle

Plays in the water

• give him a toy as distraction

• use a padded lap desk while seated

• cover the seat until ready to use

• put a visual cue of where to stand

Plays with toilet paper

• remove it

• roll out amount ahead of time

• give visual cue for how much

Resists being cleaned

• try different materials (wet wipes, cloth, sponge)

• consider temperature of above material

• take turns with doll

Bad aim

• supply a "target" in the water, such as a Cheerio

• larger target as toilet insert (contact papered or laminated cardboard with target drawn on it), gradually moved down

• add food coloring in the water to draw attention

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book "The Parenting Autism Resource Guide".

A Complete Resource Guide For Parents Who
Toilet Training part one

Even for the normal child, toilet training is often a difficult skill to master.

For the autistic child, there are additional factors that may inhibit toilet training.

The things that would encourage the average child may not be effective with the autistic child.

Social motivation is a critical factor in determining "readiness" for toilet training.

An autistic child may not be motivated by the opportunity to wear "big boy pants," or "big girl pants.

The autistic child may not understand what is expected of him.

Following all the steps necessary for toilet training may be difficult for the autistic child.

Changes in the child’s routine may also be a challenge.

An autistic child may not be aware of the need to use the toilet.

The first step in toilet training your autistic child will be to determine their level of readiness.

Assessment

• Establish a positive and meaningful routine around toileting and collect data about your autistic child's readiness for schedule training or for independent toileting.

• Use a simple chart to collect the data needed about the child's readiness. On a routine basis, the child is taken to the bathroom for a "quick check" every 30 minutes and data
is recorded on each occasion.

• Over a period of 1 or 2 weeks, patterns of data begin to emerge.

1. Is the child dry for significant periods of time?

2. Is there some regularity in his wetting/soiling?

3. Does the child show any indication that he/she is aware of being wet/soiled?

4. Does the child pause while wetting/soiling?

• If the answer to all of these questions is no, it may not be time to toilet train the child.

• During this trial period, assess other aspects of the process of toilet training.

1. Is the child beginning to pick up on the routine involved?

2. Does the child have dressing skills?

3. Are there any fears associated with the process of toileting?

4. What is the child’s attention span?

It may be beneficial to develop a task analysis of the steps of toileting.

This can provide a picture of all the skills needed, and also let us you see where specific trouble areas may be.

The task analysis can be very general or very specific, including everything from entering the bathroom, to flushing the toilet and leaving the bathroom.
Aspergers Checklist: Narrow Range of Interests and Insistence on Set Routines.

III. Narrow Range of Interests and Insistence on Set Routines. This refers to the individual's rigidity, obsessions, perseverations, and need for structure/routine/order.

A. Rules are very important as the world is seen as black or white.

1. Takes perfectionism to an extreme — one wrong answer is not tolerable and the individual must do things perfectly.

2. Has difficulty with any changes in the established routine.

3. Has a set routine for how activities are to be done.

4. Has rules for most activities, which must be followed (this can be extended to all involved).

B. The individual has few interests, but those present are unusual and treated as obsessions.
1. Patterns, routines, and rituals are evident and interfere with daily functioning (this is driven by the individual’s anxiety: the world is confusing for her, she is unsure what to do and how to do it — if she can impose structure she begins to have a feeling of control)

2. Has developed narrow and specific interests; the interests tend to be atypical (this gives a feeling of competence and order). Involvement with the area of special interest becomes all-consuming.

3. Displays rigid behavior.
   a. Has unusual fears.
   b. Has narrow food preferences.
   c. Carries a specific object.
   d. Plays games or completes activities in a repetitive manner or makes own rules for them.
   e. Insists on driving a specific route.
   f. Arranges toys/objects/furniture in a specific way.
   g. Is unable to accept environmental changes (must always go to the same restaurant, same vacation spot).
   h. Is unable to change the way she has been taught to complete a task.
   i. Needs to be first in line, first selected, etc.
   j. Erases over and over to make the letters just right.
   k. Colors with so much pressure the crayons break (in order to cover all the white).
   l. Only sits in one specific chair or one specific location.
   m. Cannot extend the allotted time for an activity; activities must start and end at the times specified.
   n. Selects play choices/interests not commonly shared by others (electricity, weather, advanced computer skills, scores of various sporting events [but not interested in the actual play; this could also be true for music, movies, and books]).
   o. Has narrow clothing preferences.
   p. Feels need to complete projects in one sitting, has difficulty with projects completed over time.
C. Failure to follow rules and routines results in behavioral difficulties. These can include:

1. Anxiety.

2. Tantrums/meltdowns (crying, aggression, property destruction, screaming,


4. Increase in perseverative/obsessive/rigid/ritualistic behaviors or preoccupation with area of special interest, engaging in nonsense talk.

5. Inability to prevent or lessen extreme behavioral reactions, inability to use coping or calming techniques.

6. Emotional responses out of proportion to the situation, emotional responses that are more intense and tend to be negative (glass half-empty).

12:14PM (-07:00)

Aspergers Checklist: Motor Clumsiness

IV. Motor Clumsiness. This refers to difficulties with motor functioning and planning. The Asperger individual can have difficulty with both gross and fine motor skills.

A. Difficulties with gross motor skills.

1. An awkward gait when walking or running.

2. Poor balance.

3. Difficulty when throwing or catching a ball (appears afraid of the ball).

4. Difficulty coordinating different extremities, motor planning (shoe tying, bike riding).

5. Difficulty with motor imitation skills.

6. Difficulty with rhythm copying.

7. Difficulty with skipping.

B. Difficulties with fine motor skills

1. Difficulty with handwriting/cutting/coloring skills.
2. An unusual pencil/pen grasp.

3. Rushes through fine motor tasks.

4. Difficulty applying sufficient pressure when writing, drawing, or coloring.

5. Difficulty with independently seeing sequential steps to complete finished product.

6. Frustration if writing samples are not perfectly identical to the presented model.

07:16AM (-07:00)

Asperger’s child in the teenage years...

I would like to know what to expect from an Asperger’s child in the teenage years. My son was diagnosed 6 years ago. I know they say that they can suffer from this and that, but what is the long term goal, what can we expect, what not to expect?

Young people with Asperger’s Syndrome often have a difficult time between the ages of 12 and 19. They may be socially excluded and face rejection by their peers if they act differently from others. They want to be accepted and liked, but often don’t know how to behave and communicate appropriately. School is demanding and they long for friends. The goal for your Asperger’s child is to make it through the teen years with: his self-esteem intact, at least a friend or two, knowledge that his family loves him, and a high school diploma.

There are some teens that manage to navigate these years successfully because they don’t care about peer pressure and focus on a special interest of their own, such as chess or computers. So, encouraging your son to develop a special interest may help him at this time of life. A special interest may encourage friendships with other teens that have the same interest as well, making it easier to talk to and make friends with others.

A big problem for Asperger’s teens is that often they don’t care about fads, clothing, celebrities, and teen communication devices such as cell phones or MySpace. Your son’s interests may be more appropriate for younger children. Boys may be rejected if they are not interested in sports. Some of these issues can be resolved.

Help your son become aware of teen fads and how to talk about sports, celebrities, rituals, and school events. Encourage him to leave phone messages for and arrange social engagements with peers. Perhaps he could join school clubs, especially those that focus on his special interest. Explain to your teen that he does not have to tell everyone that he has Asperger’s. Your son may enjoy talking with other Asperger’s teens in internet chat rooms.
Your son may ignore personal hygiene and wear clothes and a hair cut that are not in style. Find a same sex friend who will help your teen choose appropriate clothes to wear. Monitor your teen’s hygiene and create reminder notes or charts for him about daily bathing, tooth brushing, etc. Reward him for good hygiene, if that’s what it takes!

“Aspie” teens are sometimes not very well-informed about sex and dating. Boys may be very naïve or too forward with girls. Hormones cause rampant emotions, which Aspie teens can’t handle. If they get angry, they may physically attack others or have a “melt down.”

You must teach your teen about sex. Provide books for him to read. Choose books that aren’t overly “clinical.” Be specific and detailed about safe sex. Never be judgmental or punish him when he confides in you; counsel him. Boys need to be told that masturbating should take place only at home, in private. Aspies often respond to “rules” by obeying them. Establish some rules for your son, such as: “We have a rule in our house that teenagers should not have sex because they are too young to handle the emotions and problems that may occur.”

Some Aspie teens develop problems with drugs and alcohol because they are eager to do what other teens do. They are not able to determine a “good” crowd from a “bad” crowd. Other teens may take advantage of your son’s eagerness to be liked and convince him to buy and/or take alcohol or drugs. You must always know where your son is, who he is with, what they are supposed to be doing, and the characters of the other teens he hangs around. Emphasize that drugs and alcohol are illegal. Since Aspies are rule-oriented, this may help your son avoid problems.

Asperger’s teens may have school problems because of the difficulty in dealing with more than one teacher. Each classroom is a different environment which is confusing. Some teachers may be hostile. Some assignments may be overwhelming. Keep in close touch with your son’s teachers. A placement into Special Education may be necessary when an Aspie teen enters middle school. Some Aspies need special classes even though they didn’t before. Make sure your son has a “safe place” at school where he can share emotions with a teacher, nurse, guidance counsellor, or psychologist. If your son experiences harassment and/or rejection at school and the staff does not help, a special education placement or a therapeutic boarding school can give professionals a chance to assist your teen academically and socially.

Suicide may become a possibility for some teens with Asperger’s. If you have any worries about this, get help immediately from a psychologist or psychiatrist.

Use reasoning and negotiation with your son, instead of orders. If possible, give him two choices rather than telling him what he must do in a situation. He will have more control over his life and feel less resentment. He will be less likely to listen to you (like all teens!) at this age and may exhibit anger and impatience. He may hate school and resist everything you want him to do. Depression is common. If these problems occur, your son may need counselling.

Most Aspies learn to drive successfully because they obey the rules! Have your son
carry a cell phone and a card that explains Asperger’s. Teach him to call you in a crisis and to give the card to any police officer who stops him or her. Role play with him so he knows what to do and say if stopped by an officer.

Some Aspies do well in summer jobs in an area of special interest or with little contact with the public. Occupational therapy will help your son get ready for adulthood. Special programs are available that teach job and living skills. This will reduce his dependence on you.

Above all, ask for help from professionals when you or your son need it.

05:04AM (-07:00)

**Aspergers Checklist: Cognitive Issues**

V. Cognitive Issues

A. Mindblindness (theory of mind). This refers to the individual’s ability to predict relationships between external and internal states. It is the ability to make inferences about what another person is thinking.

1. Is unaware that others have thoughts, beliefs, and desires that influence their behavior.

2. Views the world in black and white (admits to breaking a rule even when there is no chance of getting caught).

3. Is unaware that others have intentions or viewpoints different from her own; when engaging in off-topic conversation, does not realize the listener is having great difficulty following the conversation.

4. Displays a lack of empathy for others and their emotions (takes another person’s belongings).

5. Is unaware she can say something that will hurt someone else’s feelings or that an apology would make a person feel better (tells another person their story is boring).


7. Has impaired reading comprehension; word recognition is more advanced (difficulty understanding characters in stories, why they do or do not do something).

8. Displays difficulty with inferential thinking and problem solving (completing a multistep task that is novel).
B. Lack of cognitive flexibility. This refers to the individual’s ability to problem solve, to engage in and maintain mental planning, to exert impulse control, to be flexible in thoughts and actions, and to stay focused on a goal until its completion. Note if there are differences displayed in individual and small and large group settings.

1. Is distractable, has difficulty sustaining attention.
   a. Has difficulty with organizational skills (What do I need to do, and how do I go about implementing it?)
   b. Has difficulty with sequencing (What is the order used to complete a particular task?).
   c. Has difficulty with task initiation.
   d. Has difficulty with task completion.
   e. Has difficulty with direction following.
   f. Has difficulty when novel material is presented without visual support.
   g. Engages in competing behaviors (vocalizations, noises, plays with an object, sits incorrectly, looks in wrong direction).

2. Has poor impulse control, displays difficulty monitoring own behavior, is not aware of the consequences of her own behavior.

3. Displays rigidity in thoughts and actions.
   a. Sows a strong desire to control the environment.
   b. Has difficulty with transitions.
   c. Has difficulty incorporating new information with previously acquired information (information processing, concept formation, analyzing/synthesizing information), is unable to generalize learning from one situation to another, may behave quite differently in different settings and with different individuals.
   d. Engages in repetitive/stereotypic behaviors.
   e. Displays a strong need for perfection, wants to complete activities/assignments perfectly (her standards are very high — noncompliance may stem from avoidance of a task she feels she cannot complete perfectly).

4. Displays inflexible thinking, not learning from past mistakes (this is why consequences often appear ineffective).

5. Can only focus on one way to solve a problem, though this solution may be ineffective.
a. Does not ask for help with a problem.

b. Does not ask a peer or adult for needed materials.

c. Continues to engage in an ineffective behavior, rather than thinking of alternatives.

d. Is able to name all the presidents, but not sure what a president does.

e. Is unable to focus on group goals when she is a member of a group.

C. Impaired imaginative play. This refers to the ability to create and act out novel play scenarios. While the Asperger individual may seem to engage in imaginative play, a closer look reveals play that appears to have an imaginary theme (in terms of characters and topics), but is actually very rigid and repetitive. It is important to observe free play/free time choices. Is the play really novel or is it a retelling of a TV show or video? If the play is novel, can it be changed, can playmates alter it, or is the same play repeated over and over?

1. Uses limited play themes and/or toys.

2. Uses toys in an unusual manner.

3. Attempts to control all aspects of the play activity; any attempts by others to vary the play are met with firm resistance.

4. Follows a predetermined script in play.

5. Engages in play that, although it may seem imaginary in nature, is often a retelling of a favorite movie/TV show/book (this maintains rigidity in thoughts, language, and actions).

6. Focuses on special interests such that they dominate play and activity choices.

D. Visual learning strength. This refers to being able to learn most successfully through visual modes. This is especially true for the Asperger individual. Visual information remains stable over time, allowing the individual to process, respond, and remember the information (I don’t have to worry about forgetting, I can take my time, the information is still there). Not only is this person a visual learner, but she is also a visual thinker. Visual learning compensates for many of the person’s areas of need.

1. Benefits from schedules, signs, cue cards.

   a. Uses visual information to help focus attention (I know what to look at).

   b. Uses visual information as a “backup” (I have something to look at when I forget), especially when new information is presented.

   c. Uses visual information to provide external organization and structure, replacing the
individual’s lack of internal structure (I know how it is done, I know the sequence).

d. Uses visual information to make concepts more concrete.

e. Uses visual information as a prompt.

E. Specific strengths in cognitive areas.

1. Displays average or above average intellectual ability.

2. Displays average or above average receptive and expressive language skills

3. Has an extensive fund of factual information.

4. Has an excellent rote memory.

5. Displays high moral standard (does not know how to lie).

6. Displays strong letter recognition skills.

7. Displays strong number recognition skills.

8. Displays strong word recognition skills.

9. Displays strong oral reading skills, though expression and comprehension are limited.

10. Displays strong spelling skills.

08:10AM (-07:00)

**Aspergers Checklist: Sensory Sensitivities**

VI. Sensory Sensitivities. This refers to any abnormalities of the senses an individual may have.

A. Abnormalities in sight, sound, smell, touch, or taste. The Asperger individual generally has difficulty in at least one of these areas, though the degree will vary from person to person. Some individuals may have difficulty in multiple or even all areas. He perceives ordinary sensations as unbearably intense. He will begin to anticipate these experiences, feeling anxious well before the experience occurs. It will be very important to determine if the response is due to sensory or behavioral (learned) difficulties. Often a behavior may initially stem from sensory difficulties, but then become a learned behavior (habit). How you address the behavior will depend on which it is.
1. Has difficulty in visual areas.
   a. Engages in intense staring.
   b. Avoids eye contact.
   c. Stands too close to objects or people.
   d. Displays discomfort/anxiety when looking at certain pictures (the individual feels as if the visual experience is closing in on him).

2. Has difficulty in auditory areas.
   a. Covers ears when certain sounds are made.
   b. Displays extreme fear when unexpected noises occur.
   c. Displays an inability to focus when surrounded by multiple sounds (shopping mall, airport, party).
   d. Purposely withdraws to avoid noises.
   e. Is fearful of the sounds particular objects make (vacuum, blender, DustBuster).

3. Has difficulty in olfactory areas.
   a. Finds some smells so overpowering or unpleasant that he becomes nauseated.
   b. Displays a strong olfactory memory.
   c. Can recognize smells before others.
   d. Needs to smell foods before eating them.
   e. Needs to smell materials before using them.

4. Has difficulty in tactile areas.
   a. Has difficulty when touched by others, even lightly (especially shoulders and head).
   b. Displays anxiety when touched unexpectedly.
   c. Complains of clothing feeling like sandpaper.
   d. Has difficulty accepting new clothing (including for change of seasons).
   e. Has difficulty with clothing seams or tags.
f. Does not respond to temperature appropriately.

g. Underreacts to pain.

h. Overreacts to pain.

i. Has difficulty using particular materials (glue, paint, clay).

j. Complains of a small amount of wetness (from the water fountain, a small spill).

5. Has difficulty in gustatory areas.

a. Makes limited food choices.

b. Will only tolerate foods of a particular texture or color.

c. Needs to touch foods before eating them.

d. Displays unusual chewing and swallowing behaviors.

e. Has rigidity issues tied in with limited food preferences (this is the food I always have — it is always this brand and it is always prepared and presented in this way).

f. Cannot allow foods to touch each other on the plate.

g. Must eat each individual food in its entirety before the next.

h. Has an easily activated gag/vomit reflex.


7. Is oversensitive to environmental stimulation (changes in light, sound, smell, location of objects).

8. Is undersensitive to environmental stimulation (changes in light, sound, smell, location of objects).

08:18AM (-07:00)

**Characteristics of Aspergers—**

1. Cognitive Issues— Mindblindness, or the inability to make inferences about what another person is thinking, is a core disability for those with Aspergers. Because of this, they have difficulty empathizing with others, and will often say what they think without
considering another's feelings. The kid will often assume that everyone is thinking the same thing he is. For him, the world exists not in shades of gray, but only in black and white. This rigidity in thought (lack of cognitive flexibility) interferes with problem solving, mental planning, impulse control, flexibility in thoughts and actions, and the ability to stay focused on a task until completion. The rigidity also makes it difficult for an Asperger kid to engage in imaginative play. His interest in play materials, themes, and choices will be narrow, and he will attempt to control the play situation.

2. Difficulty with Reciprocal Social Interactions-- Those with Aspergers display varying difficulties when interacting with others. Some kids and adolescents have no desire to interact, while others simply do not know how. More specifically, they do not comprehend the give-and-take nature of social interactions. They may want to lecture you about the Titanic or they may leave the room in the midst of playing with another kid. They do not comprehend the verbal and nonverbal cues used to further our understanding in typical social interactions. These include eye contact, facial expressions, body language, conversational turn-taking, perspective taking, and matching conversational and nonverbal responses to the interaction.

3. Impairments in Language Skills-- Those with Aspergers have very specific problems with language, especially with pragmatic use of language, which is the social aspect. That is, they see language as a way to share facts and information (especially about special interests), not as a way to share thoughts, feelings, and emotions. The kid will display difficulty in many areas of a conversation processing verbal information, initiation, maintenance, ending, topic appropriateness, sustaining attention, and turn taking. The kid's prosody (pitch, stress, rhythm, or melody of speech) can also be impaired. Conversations may often appear scripted or ritualistic. That is, it may be dialogue from a TV show or a movie. They may also have difficulty problem solving, analyzing or synthesizing information, and understanding language beyond the literal level.

4. Motor Clumsiness-- Many individuals with Aspergers have difficulty with both gross and fine motor skills. The difficulty is often not just the task itself, but the motor planning involved in completing the task. Typical difficulties include handwriting, riding a bike, and ball skills.

5. Narrow Range of Interests and Insistence on Set Routines-- Due to the an Asperger kid's anxiety, his interactions will be ruled by rigidity, obsessions, and perseverations (repetitious behaviors or language) transitions and changes can cause. Generally, he will have few interests, but those interests will often dominate. The need for structure and routine will be most important. He may develop his own rules to live by that barely coincide with the rest of society.

6. Sensory Sensitivities-- Many Asperger kids have sensory issues. These can occur in one or all of the senses (sight, sound, smell, touch, or taste). The degree of difficulty varies from one individual to another. Most frequently, the kid will perceive ordinary sensations as quite intense or may even be under-reactive to a sensation. Often, the challenge in this area will be to determine if the kid's response to a sensation is actually a sensory reaction or if it is a learned behavior, driven mainly by rigidity and anxiety.
Your Asperger Child: How to Change Thinking—

In all discussions with a child about a situation, there will be two aspects:

1) the selling of an idea (your part);

and 2) the buying of an idea (your kid's role).

Both parts must always be considered together. The best "sales pitch" is incomplete if the new idea is not accepted, or "bought." This process requires constant monitoring of progress by the "salesperson," who should look and ask for feedback from the "buyer" regarding this step-by-step approach. A cardinal rule is to never move ahead to the next step without checking to see if the "buyer" is moving with you. If he is not, repeat the last step in another way.

For your Aspergers kid, this means that you need to convince her that there is a better way to look at and react to a situation than what she has shown you. She needs to hear what you are saying, maybe even see it, and then accept it if a better behavior is to occur. But you must realize that new thinking cannot occur easily, because your Aspergers kid is not a blank slate. She already has a competitive version of your idea. Different stories and interpretations are present in her that will compete with your new story or mindset. If the new mindset or thinking is to succeed, it must replace, suppress, complement, or outweigh every other story or competing version or idea. Only the most powerful argument will win out.

Your prior history with your Aspergers kid is a very powerful force in this equation. All previous unproductive discussions and interventions that you have had with her will make your job that much harder, and must be replaced as well. To deal with these factors, you must be persistent, stick to the point, not allow irrelevant items to be brought into the conversation, and finally, provide the reasons for the new thinking.

Aspergers Subtypes—

It is important to recognize that each Aspergers kid is different, with his own unique set of issues. No two are exactly the same. However, there are three main subtypes: the Rule-Oriented Child, the Logic-Oriented Child, and the Emotion-Oriented Child, each with its
own basic set of issues and several individual subtypes. It is very important to clarify each kid’s issues, because each type demands a different kind of response from you. Choosing the right Strategy is crucial if changes are to occur. By determining your kid’s type you will be able to identify his most important characteristics and learn what his core issues are. This helps to determine where to begin the treatment program. Once the type is identified, the basic issues for each will become clear and the course of action can be specified. The course of action consists of teaching the various skills that are lacking or replacing those skills that are inappropriate.

Although Aspergers kids differ from others by their worldview and many other ways we’ve already discussed, the primary issue to be determined is his individual coping strategy. Each Aspergers child has developed a very specific way to deal with problem situations, and his particular strategy determines the subtype to which he belongs.

The Rule-Oriented Child—

Having a set of rules to live by is the most important issue for this type. Once he has a set of rules to follow, there tend to be few, if any, concerns, except in areas where you have not yet established rules. If there is a void where a rule has not been established, the Rule-Oriented Child is not happy; because he doesn't know what to do in that situation, he makes up his own rules. Any situation that has too few rules will be a bad one for this type of child. He must have rules to live by and he will create his own if you don't provide them, which will probably not match what others are thinking. This will cause conflict and upset until someone prevails and the rules are clarified. This child respects authority figures and does well when it is perfectly clear who is in charge and who makes the rules. This child can often be fine in school but a real problem at home, because the rules are not clear enough in the latter situation. It is not unusual for parents of this type to be quite surprised to hear how well behaved their child is in school. There are two main subtypes of Rule-Oriented Child – the innocent/passive and the over-controlled – but not everyone has all of the characteristics listed below.

Innocent/Passive Child:
This child or teen is often seen as a teacher's delight. Everywhere he goes, others remark how well behaved he is. He is never a discipline problem, never a disruption. However, at home his behaviors can be terrible. He can be quite bossy and controlling. Tantrums, yelling, and arguing can be a daily occurrence. The key to recognizing this type is the behavior differences between home and school. If he is poorly behaved in school as well, he is not a Rule-Oriented Child.

The Rule-Oriented Child wants to please others. He doesn't want anyone mad at him. He is very cooperative with authority figures and is very obedient, often to a fault. He can be too naive and taken advantage of because he will be reluctant to stand up for himself or be assertive. He tries to "fly under the radar." He does not want to stand out. While his behavior is unusually good, he can become distressed by others who do not follow the rules. Often, these kids monitor others' actions and will "tell on them," becoming the "rule police." Clearly, these kids have anxiety, but it is not overwhelming for them. They manage their anxiety by following the rules and making sure others do as well. Problems only occur for them when rules are absent or vague and the person in charge lacks
authority in their eyes.

**Recommended Strategy:** Structure, routines, schedules, and prompting cards are some of the tools used to create a new set of appropriate rules for this child in every difficult setting no matter how small the situation might be. There is no such thing as a situation that is too small to have rules. Going to a store, taking a bath, deciding where to eat dinner— all need rules. You need to supply a set of rules regarding appropriate behaviors to be demonstrated in each problem situation, and state them like this: "The rule is . . ." Don't hesitate to also explain why you are doing what you are doing. This will help generalize these skills later on.

For example, you would say, "The rule is, when we take a bath we can only put ten toys in the tub" (or whatever number you think is right). "We'll stay in the tub for twenty minutes, and when the buzzer goes off it's time to get out and we'll go in your room and put your pjs on. We'll go back in the bathroom and brush your teeth for two minutes and then get back in bed and we'll read one book before we shut the lights out and go to bed." These rules can be modified to suit your particular situation, but it should give you an idea of the details that may be needed for your child.

Highly structured classrooms run by authority figures won't need to do much of this. Instead, they will be trying to help the Rule-Oriented Child be less rule bound and have greater tolerance for ambiguity.

**Over-controlled Child:**
This is another type of Rule-Oriented Child, who is very similar to the above subtype, except his behavior is good at home as well as at school. He is also rule bound, with rules for everything. He has learned to control outbursts, sometimes too much, in all situations. In this case, he sees his parents, who have created many rules for him to follow at home, as authority figures just like his teachers. There are no situations that don't have rules for him to follow. All other characteristics from above are similar, and he, too, is far and away overly obedient. He needs to become more flexible.

**Recommended Strategy:** You won't have to worry about rules with this girl or child. You need to begin a crash course in flexibility to help him see the world as less black-and-white. He will need to learn much more about the reasons behind actions and how the world works, with less emphasis on obedience. Don't throw out the rules altogether, but slowly help him to learn decision-making and problem-solving skills so he can become a more independent thinker.

**The Logic-Oriented Child—**

This child or teen needs to know the reasons for the rules before he is okay. Blindly accepting your rules is not the way he operates. He wants to know the reasons behind your actions, why something is done a certain way, and it has to make sense to him. If it seems too arbitrary, it's not an adequate reason in his mind, and he won't listen. His coping strategy is to try to make sense of the world through logic, reasoning, and rational thought. He wants the world to be a place with order and rationality to it. This reduces his anxiety. He may ask lots of questions about how the world works. He uses his very well-
developed logical mind to understand what is going on, and you need to give him the reasoning behind a decision or an action.

He is often a very bright child with a high IQ. He usually becomes more flexible when he knows the reason for something. The rule alone is not sufficient. After you have explained the reason for your request, many behavioral issues decrease. However, he may not accept your logic unless it is quite convincing, because he may very well have his own reasons and explanations. His view of the world is based on logic and reasons, which can also cause him to become over-analytical. In this case, he often cannot function appropriately because he never gets past the analysis stage to the action stage. He suffers from "analysis paralysis." Remember, not every Logic-Oriented Child has all of these characteristics.

**Recommended Strategy:** You will need to explain why something needs to be done or why it can't be done before you will get compliance. For the Logic-Oriented Child, understanding precedes cooperation. If your explanations provide him with information he didn't have, might have overlooked, or didn't understand, you will have helped him clarify the way the world works and how a desired action is beneficial to him. As these kids become older, you will need to do much more explaining because rules by themselves will have less impact. As you explain things to these kids, always match your explanation to their cognitive and emotional level. Don't overestimate how much they know because they have a large vocabulary. Always make sure they understand you as you move step by step. As you explain something from a new angle you will help them see it differently. For those who overanalyze, you will have to help them reduce the amount of analysis by helping them see how it is unproductive. Let's look at an example:

Eric was an eight-year-old who always came home from school hungry. Each day he walked in the front door and began to argue with his mother about dinner. He wanted it right away and couldn't wait for her to finish it. These battles led to knock-down, drag-out fights, culminating in Mom pinning Eric to the floor. After going through this struggle on a daily basis, Mom sought help. As always, we discussed the particulars, gathered information, listened to all sides of the problem, and then began our discussion. It went something like this:

Dr. G.: So, Eric, it seems you come into the house pretty hungry, don't you? Eric: Yes, I do.

Dr. G.: And after arguing with Mom, it becomes a real fight, with you guys rolling around on the floor. Kicking and screaming.

Eric: That sounds like it.

Dr. G.: When Mom is down on the floor with you, she's of course still stirring and mixing and working on preparing dinner, isn't she?

Eric: (A long pause) Oh, I get it. Of course not. She's on the floor with me.
Dr. G.: You mean that wrestling with her doesn't get your dinner finished any quicker?

Eric: How can it?

Dr. G.: Well, that's the point, Eric. It can't, can it? It probably causes a real delay in getting dinner ready instead. Just what you didn't want.

Eric: I guess it doesn't help.

Dr. G.: You guess it doesn't help? Let me spell it out for you. Choice one: You come in the house and calmly and quickly work out a solution with Mom about your hunger and she can finish getting dinner ready. Choice two: You come in and fight with her. Dinner is not done quickly, but instead takes even longer to get ready. You wind up upset, without food, and having to wait even longer for it to be ready. Hmmm. Sounds like a really tough choice to make.

Eric: I get this, but what am I supposed to do when I come home and I'm really hungry?

Dr. G.: How about if the three of us come up with a list of foods you could eat then that won't ruin your appetite and will allow mom to finish dinner?

Eric: Okay.

Dr. G.: Let's write up this list and call it "a little something." That way, when you come home and you're hungry, Mom can say, "Eric, why don't you take "a little something' to eat?" and you'll both know what this means without arguing.

Eric: This sounds like a good idea.

We then drew up a written list on a three-by-five-inch index card, which he took home (and which we reviewed the next week to see if it worked it did). And the fighting ended.

The Emotion-Oriented Child—

This is the most difficult type to deal with because rules and reasons mean much less to him or her. Many of the Asperger kids fall into one of the emotion types. Their emotions control their behaviors. If you do not recognize and deal with their emotions, your success is diminished. This group has many more tantrums, is less available, easily disengages, or is more prone to acting out. Those dealing with the Emotion-Oriented Child can often find themselves in a state of frustration at best and a crisis state at worst. The vast majority of this group will end upon medications for their issues because their coping strategies are poorly developed and inadequate to meet the demands of the world. Fortunately, the right medication and an effective behavioral plan can do wonders.

Paranoid Child:

By far, this is the most difficult type. Fortunately, their numbers are small. Some other subtypes may have characteristics similar to this type, but not all. He sees the world from an adversarial point of view. The world is against him. Everyone is out to get him and no
one can be trusted. The only coping strategy he has is to maintain a good "offense" and so he attacks before others do or say anything. Even the slightest issue is a source of provocation. Once he begins his attack he can be relentless, and keep coming at you until he is exhausted. If he is younger, you might have the stamina to deal with this. If he is older, the police are often called. These kids are unusually bright. Their thinking involves violent themes and their actions are hostile and aggressive to others. They want to "fire, murder, devour, shoot, destroy" people who go against them in any situation, no matter how trivial. Typically, they receive multiple diagnoses, often oppositional defiant disorder or some other psychiatric condition such as bipolar disorder.

**Recommended Strategy:** Since this is the most difficult type by far, you must take extraordinary means to help these kids. Placating your child or "walking on eggshells" will only give you a momentary reprieve. Most parents of these kids refrain from physical interventions, but may be using a good deal of restraining techniques. This again is a temporary solution. To begin with, you must seek professional help, in terms of both medication and behavioral interventions. You must maintain calmness in your interactions with these kids. Only the most powerful reinforcers may be of some use. A highly structured environment with firmness is needed, along with great persistence and patience. Dealing with this type is something you don't do alone.

**ADHD, OCD, and Fantasy Kids**

The factors marking these three subtypes – attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), and preoccupation with a fantasy world – are very closely related, even intertwined. In all three, the child is often described as being inattentive, but there are a number of reasons for the inattention. If he is an ADHD child, he is inattentive because he is *nowhere*. He is not focused on any one thing for very long. He is distracted by anything new or different that passes in front of his eyes, and his interest moves from one thing to another and he cannot easily control his focus. He has many of the other signs of ADHD as well. He is easily distracted, disorganized, forgetful, and impulsive. He may or may not be hyperactive.

The OCD child, on the other hand, is inattentive because he is *somewhere else*. He is not so much distracted as preoccupied with something else that is of greater interest to him, usually related to some preferred activity such as videos, numbers, or how things are placed in his environment. Some kids have one or the other, ADHD or OCD, and most have both to varying degrees. Since symptoms of both disorders can exist at the same time and to varying degrees, it can be difficult to tell which is which at times. In either case, the result is a lack of awareness of what is going on around him. However, it is important to distinguish between the two and decide how much each contributes to the inattention, because your Strategy for each will be different. Under-focusing (predominantly ADHD) and over-focusing (predominantly OCD) are important variables that must be addressed, as well as the child who dwells in a fantasy world.

**Predominately ADHD**

This child is very unfocused and has difficulty attending to and processing information on a consistent basis. He is easily distracted and forgetful, loses things, and has significant difficulty keeping track of school assignments. He wanders around in the classroom and may not be able to stay in his seat at home and in school. Conversations are difficult
because he is always looking around the room at something else, but doesn't stay focused on any one thing very long.

**Recommended Strategy:** Medication is very important to deal with inattention and impulsiveness. Careful monitoring of all tasks and situations, along with powerful reinforcers, is sometimes helpful. He will find it hard to stay focused on most tasks. Frequent breaks, structured tasks, and supervision are all necessary. If you find the right medication, the inattention reduces significantly, but may not disappear.

**Predominately OCD**
This child has many obsessions that take him elsewhere, away from the here and now. Although he appears inattentive, in reality, he has other issues that he is dealing with instead. For example, are his shoelaces tied the way he likes them? Is everything around him exactly where it belongs? How many dots are in that ceiling tile over his head? Did he ask the question that he wanted to in the right way? And so on. The list can be endless. But no matter what is on his list, it usually takes precedence over anything that is on your list. He is often a perfectionist, and everything has to go a certain way. If it doesn't, it's the end of the world. There is no middle ground; everything is black or white. It is either perfect or it is terrible.

He may have completion rituals where things must be finished before he moves on. And there are many rituals or routines in this child's life. For example, he can't shut off his Game Child until he reaches a certain level or he can't shut off the TV until the program is totally and completely over. All of this and more can be going on in his head and cause him to disengage from reality and become unavailable.

Let's look at an example: David, age eight, only wants to play his video games. He always plays them after dinner until bedtime. When he is playing them, he finds it very hard to stop. He argues, whines, and may even have a tantrum when asked to try an alternative to video game playing. He has certain requirements for getting ready for bed and an order to them. He changes his clothes under his covers, even though there is no one else in his room. He brushes his teeth for 120 seconds. Mom has to kiss him good night first, Dad is next, and then he gets a story that he always picks from the books on his shelf. He has to have his radio on in order to fall asleep because he has to hear the music and have the light from the radio shining in his room. David has lots of rules about how things are supposed to go in his world. He is an OCD child. Now, it may seem like he is a Rule-Oriented Child with all of these rules, but there is a difference. The Rule-Oriented Child will typically follow others' rules once they are spelled out to him. The OCD child makes up his own rules about everything and only wants to follow his own rules, no one else's. The OCD child is compelled by his anxiety to follow his own dictates: he must be in control. The Rule-Oriented Child's anxiety compels him to follow everyone else's: he must obey. Each has a different motivation and therefore a different response.

**Recommended Strategy:** You must gain control over his obsessions. There must be limits and restrictions on certain activities. Rituals and routines are addressed through sabotage. You must teach him how to be more flexible by changing routines. You must expand his repertoire of interests, teach him shades of gray, and have him develop a balance in his life. Obsessions will remain, but you can use them as reinforcers as long
as you limit the amount of time spent on the obsessions. Each of these things is discussed later on.

**Predominately Fantasy**
This child is very similar to the OCD type except his distractions primarily involve his preoccupations with fantasy. This means Game Child, Nintendo, Xbox, video games, Pokémon, Yu-Gi-Oh!, the Cartoon Network, TV shows, Japanese animé, fantasy books, show tunes – the list is endless, but often involves electronics in some way. Not only does he obsess over the use of the electronic equipment, but the fantasy reoccurs without it as well. If the fantasy involves books or music, he doesn't need the actual object to experience its pleasure. So he replays, re-creates, or in some way engages in the obsession in his head. As he is eating dinner, sitting in class, doing his homework, or talking to you, there is another tape playing in his head. And this tape is all about fantasy. He does word-for-word scripting of dialogue and scenes in his head, combines different ones together, or makes up his own based on something he has seen or read. He may have many other obsessions, but the strongest are about fantasies. These fantasies serve many functions – besides being very enjoyable, they remove him from the unpleasantness of the real world, demands are reduced, and everything goes just the way he wants. As a result, reality is avoided, interactions with others don't occur, and life goes on without him. This is how he copes with stress and reality. Interfere with his preoccupations and you will experience his wrath. Leave him to his preoccupations and he can amuse himself for hours.

**Recommended Strategy:** Everything we said about the OCD type applies here. Additionally, you must go beyond those techniques to include teaching him the difference between reality and fantasy – how to recognize it, what constitutes each, and how to be in the here and now. You must limit fantasy time and help him to develop the ability to enjoy non-fantasy activities. If he can't enjoy the real world, he won't want to be a part of it. Medication is almost always necessary.

**Anxiety Child**
This child differs from all other types because he has no coping strategy. While every other type experiences anxiety to some degree, they cope with it through rules, rituals, obsessions, or fantasy. The Anxiety Child has never figured out how to deal with problems. As a result, his anxiety overwhelms him and he shuts down, hides under furniture, cries, wants to stay at home, acts silly, wants to stay inside, and tries to avoid people and places outside of his small comfort zone. In other words, he becomes a mess. He is very rigid but doesn't really know the rules of the world. His anxiety comes from his confusion and lack of understanding of how the world works. He just doesn't get it.

He usually needs much more time to handle even the smallest issue. You cannot give him too many issues to deal with at once, even if they are all small, or he will be overwhelmed. Bigger issues are too much as well and he falls apart. Sometimes the issues are so small that you think they cannot possibly cause a problem. Not true. Even the smallest change can result in upset if his anxiety is too big. The degree of anxiety varies, and not all kids have the same amount, and not all situations produce the same degree of upset. He can be upset if it's picture day at school, his teacher is absent,
someone comes to visit his parents at home, he has to get his hair cut, you give him the orange cheese and not the yellow cheese – this list can be longer than any other list we’ve talked about because everything has the potential to be upsetting. You’ll know you have an Anxiety Child because he cries quite a bit, clings to you in new situations or with new people, doesn’t want to leave his house, and when away from home often tells you he wants to go back home immediately. His tantrums end when he is allowed to be alone in his room under the covers. Once he gets used to something he can often do better. So once he is desensitized to school, he can be okay if he sees it as a structured, calm, and safe place. He, too, may then act better at school than at home, or he may be the same in both places.

**Recommended Strategy:** This child or girl needs a great deal of structure, routine, and explanation about every possible troublesome situation. You need to explain the rules of each situation, including what to do and what not to do, before he experiences the situation. You need to give him lots of warning on what is going to happen, preparing him for change. Never overwhelm him. Go slowly and don’t try to accomplish too much at one time. Help him get past each issue that has occurred, to “get over it” and move on, or they will build up and the next small one will cause him to fall apart. These are the prevention aspects of dealing with anxiety. That is, you will try to prevent situations from overwhelming him. However, that will never be sufficient and he will need to learn how to cope with it as well. Teach stress management skills: stress resiliency, stress immunity, learned optimism, and “theory of mind.” Teach him emotional regulation skills: anxiety management, self-calming, being okay, and the like. Medication may be needed if these skills are difficult for him to learn.

**Angry/Resistant Child**

This child or teen may look similar to the paranoid type, but he is less adversarial and less intense. He is also easier to deal with if and when he feels safer. He argues about everything, and almost anything can lead to a tantrum of some size. At times, he can be violent and physical or will destroy property. He wants things to go his way. He wants to control situations and has his own rules about the world and how things are supposed to be. He is often diagnosed with oppositional defiant disorder (ODD). This is another child who doesn't understand the way the world works and becomes anxious as a result. He feels threatened by others and thinks they are trying to control him or are being unfair and arbitrary. He needs to fight with them to gain control and get things straightened out to his way of thinking. However, his arguing does nothing but further aggravate the situation. His rigidity, lack of understanding, and disuse of logic prevent him from seeing this clearly. His emotions determine his actions.

**Recommended Strategy:** Try to avoid power struggles. Do not show much emotion in your responses and try to be matter-of-fact. Stay focused on a particular issue and don't get sidetracked as you have a discussion with this child. It's very easy for the discussion to get off track and become nonproductive. Try to see his arguing as a sign of anxiety and not purposeful misbehavior. Try to get him to see you as a helper or problem solver rather than an adversary or problem causer. Don't over-focus on the content of a discussion, but rather on the process; that is, what is going on behind the content of the discussion.
For example, a discussion may begin around what he is going to get from you for Christmas. Before you know it, you are being accused of buying others bigger and better presents. Or perhaps the accusation is that you never buy him what he really wants. Rather than debate the merits of this argument, which will only escalate further, you should discuss how he is stuck on certain ideas that will only lead to greater upset, and the impact his actions have on himself and others. He must begin to see his role in what is going on and stop blaming others for what occurs. You will need to teach him how to stay focused and how to self-calm, as well as how to compromise and negotiate. But most of all, he needs to see you as trying to help him solve his problems, not making them worse.

**Negative Child**

This child or teen tends to be more of an annoyance than anything else. He does a lot of complaining and whining about doing things that are not preferred activities because he only enjoys preferred activities. As a result of his actions, there can be a good deal of arguing and refusals. He usually sees the world in a negative way—"the glass is half empty"—and rarely sees the good aspects of an event or situation, no matter how much good has occurred. Tantrums, bossiness, rituals, and rules are not issues. He may even be fairly cooperative at times. The major concern regarding this child is that he is more prone to future depression than any other type.

**Recommended Strategy:** He must learn to be okay with non-preferred activities and that it is better to "say nothing than be negative." You need to teach her how to use positive commenting and responses. Direct instruction in how to have a "positive attitude" and "learned optimism" is needed. Each child can have many issues that make him unique. You have begun to sort out those factors that make your child who he is. It is his uniqueness that tells you what subtype he is and what techniques you need to use. When you understand your child and his interaction with the world, you will be better able to help him reach his full potential. If you still are not sure of the subtype characteristics your child demonstrates, at least provide the two things every Asperger child needs: structure and predictability.

08:44AM (-07:00)

**Aspergers Child: Diagnosis**

When parents seek help for their kid, they encounter varied opinions – he'll outgrow it, leave him alone, it's no big deal, he just wants attention, and so on. Many professionals try to work with the Aspergers kid as if his disorder is like other developmental disorders, but it is quite different. In most cases, there is a great misunderstanding by many people of the needs of these special individuals.

For the inexperienced, recognizing the six defining characteristics of Aspergers as outlined in the introduction can be difficult, and misdiagnoses are quite common. This is further complicated by the fact that an Aspergers kid or teen has many of the same characteristics found in other disorders. These various characteristics are often misinterpreted, overlooked, underemphasized, or overemphasized. As a result, a kid may receive many different diagnoses over time or from different professionals.
For example, if a kid with Aspergers demonstrates a high degree of attention deficit hyperactivity disorder (ADHD), that might be the only diagnosis he receives. However, this is a common characteristic of Aspergers kids. The same holds true if obsessive or compulsive behaviors are displayed — the kid gets labeled with obsessive-compulsive disorder (OCD) instead of Aspergers. The following traits are also commonly seen in those with Aspergers in varying degrees. However, just because these traits are there, it doesn't mean that the kid should be diagnosed differently; these traits should be noted as significant features of Aspergers:

- Anxiety
- Difficulty with pragmatic language skills
- Hyperlexia (advanced word recognition skills)
- Motor deficits
- Oppositional defiant disorder (ODD)
- Sensory difficulties
- Social skills deficits

As mentioned, professionals who do not have much experience with Aspergers have a hard time identifying the defining characteristics. For example, social skill deficits may be noted by a professional, but then they are often downplayed because the kid or adolescent appears to be having appropriate conversations with others or seems to be interested in other people. But with an Aspergers kid, the conversations are not generally reciprocal, so the kid must be carefully observed to see whether or not there is true back-and-forth interaction. Also, many Aspergers kids have an interest in others, but you need to clarify if the objects of their interest are age appropriate. Do they interact with peers in an age-appropriate fashion? Can they maintain friendships over a period of time or do
they end as the novelty wears off? These are the types of observations and questions that must be asked in order to ensure a proper diagnosis.

Another example of an overlooked area is the narrow routines or rituals that are supposed to be present. This does not always manifest as obsessive-compulsive behavior in the typical sense, such as repeated hand washing or neatness, but rather in the insistence on the need for rules about many issues and situations. These kids may not throw tantrums over their need for rules, but may require them just as much as the person who has a meltdown when a rule is violated. In essence, there is no single profile of the typical Aspergers individual. They are not all the same, as you will see in later chapters.

Because of these subtleties and nuances, the single most important consideration in diagnosis is that the person making the initial diagnosis be familiar with autistic spectrum disorders – in particular, Aspergers. They should have previously diagnosed numerous kids. To make a proper, initial diagnosis requires the following:

1. It is important to include a speech and language evaluation, as those with Aspergers will display impairments in the pragmatics and semantics of language, despite having adequate receptive and expressive language. This will also serve to make parents aware of any unusual language patterns the kid displays that will interfere in later social situations. Again, these oddities may not be recognized if the evaluator is not familiar with Aspergers.
1. The kid should see a neurologist or developmental pediatrician (again, someone familiar with autistic spectrum disorders) for a thorough neurological exam to rule out other medical conditions and to assess the need for medication. The physician may suggest additional medical testing (blood, urine, fragile X, hearing).
1. You (both parents) and your kid should have sessions with a psychologist where your kid is carefully observed to see how he responds in various situations. This is done through play or talk sessions in the psychologist's office and by discussions with both parents. The psychologist may ask you to complete checklists or questionnaires to gain a better understanding of the kid's behaviors at home and/or school. If the kid is in school, the psychologist may call the kid's teacher or ask her to complete additional checklists. The checklists or questionnaires used should be ones that are appropriate for individuals with Aspergers. It is important to determine the IQ level of your kid as well. An average or above-average IQ is necessary for a diagnosis of Aspergers.
1. An evaluation by an occupational therapist familiar with sensory integration difficulties may provide additional and valuable information.

07:10AM (-07:00)
Aspergers Child: Crisis Intervention Tips

Crisis Intervention:

1. A step isn't completed until the child has given you his verbal consent to the conditions of the step. Be prepared to repeat steps if additional meltdowns occur before moving on to the next step.

2. Allow the child, whenever possible, to make choices as you move through the crisis intervention steps; however, do not offer choices if they would compromise what you are trying to achieve.

3. Have a calm voice and demeanor, but convey firmness.

4. Help the child to see you as a problem solver. Let him know that you are aware of how difficult the situation is for him. Tell him your job is to help with this difficulty. Explain clearly that your help does not mean avoiding the situation or doing it for the child, but rather helping him to do it. E.g., "You have a problem and I am here to help you solve it."

5. Ignore or interrupt irrelevant comments. Respond with: "That doesn't make sense, I can't pay attention to that," or "That is off the topic, so I will have to ignore what you are saying," or "I can't help you with your problem while you are talking nonsense."

6. Keep your goal in mind as you go through the crisis intervention steps: creating new rules for responding in the future.

7. Make it clear to the child that you are in control; don't plead or make second requests.

8. Practice/rehearse what has been decided as the appropriate solution to the problem; this may involve completing an activity or sabotage, accepting a change, or restoring the environment after a meltdown.

9. Say what you mean and mean what you say at all times during the crisis.

10. Stay on topic during the crisis. The child may bring up extraneous or unrelated issues to try to justify his behavior.
Technology and Aspergers Children

What specific technology is available to help the Asperger’s child in school (especially one with gross/fine motor issues)?

Like most children, those with Asperger’s Syndrome have a strong interest in computers and video technology. As a result, both computers and video recording should be integrated into the academic curriculum for a child with Asperger’s Syndrome. The technology of computers and video recording will provide an Asperger’s child with a consistent form of learning, as well as being entertaining.

Computers-
Computers now have hardware that can be adapted to the needs of a child with Asperger’s Syndrome. These devices will help the child focus on computer-generated tasks, and they increase a child’s motor skills.

Computers with touch windows give the child the ability to navigate through a program with ease. In addition, the child can interact with a program without having to rely on a computer mouse. A touch screen decreases the hardware required to operate the computer, and the child can directly relate his or her actions to the action shown on the computer screen.

The standard computer keyboard can be replaced by an alternative keyboard known as Big Keys. This is a keyboard that has been designed for younger children, and each key is one-inch square. In addition, the letters are colour coded to assist the child in finding a specific letter. For example, vowels and consonants are colour coded separately. The Big Keys keyboard is produced by Greystone Digital, and their website can be accessed at www.bigkeys.com

Video Technology-
A child with Asperger’s Syndrome will enjoy video technology due to the repetitive nature and predictability of video recording. Repeated viewing of a video results in learning a variety of skills and knowledge.

Video technology can teach writing skills (letters, words, sentences) as well as language comprehension skills (syntax, object names, shapes, sizes). Also, task-oriented behaviour, such as closing a door or making a bed, can be taught with a step-by-step video demonstration.

It is important to note that the technology found in computers and video recording need to be tailored to a child with Asperger’s Syndrome. Some of the basic concepts of the computer, such as typing and disc storage, might need to be slowly and patiently explained and demonstrated. In addition, a video camera needs to be focused and adjusted before use. A child with Asperger’s will want to push buttons or turn lenses at random. Video recording needs to be taught very slowly so that the child acquires
knowledge and mastery over the tasks and doesn’t experience frustration.

An Asperger’s child is an individual and any learning experience must be individualized to meet the child’s needs. Using computer and video technology will contribute to independent functioning and decrease the child’s reliance on other people to complete a learning task. Above all, when teaching any child a step-by-step process, the adult must be patient with the child’s learning process and also be willing to explain the mistakes that a child might make while mastering a learning task.

Teaching The Aspergers Mind

I’d love to see some information about how to teach in a way that an Asperger’s mind will absorb, particularly rote facts such as math measurements and such. I’d also love more information about teaching basic social skills, manners, and social graces.

Asperger’s children have excellent rote memories and often show intense interest in one or two intellectual areas, such as math, transportation, history, or the characters in a television series. Sometimes the special interest is so absorbing that they ignore all other subjects. They learn every fact about the chosen topic and talk about it endlessly, whether or not their listeners are interested. The child may have little understanding of the meaning of these facts. But, if you can tie rote information into the area of interest, you may find it easy to teach him or her and the learning will be remembered. For example, if the child is interested in transportation, you might be able to involve him in measuring the length of railroad tracks or distances airplanes travel on various routes.

Often using a computer and rote learning computer games helps Aspies retain factual information. Surprisingly, Aspies often respond well to flash cards and other rote teaching methods also. Some Aspies are very good with visual memory and remember things they read or see on charts very well.

Etiquette and social graces are like a foreign language to Aspies. Social skills, such as saying “Hi” or “Good morning” or looking others in the eyes when conversing, are often taught by communication specialists or in social training groups. Imitating and practicing new skills in situations which are as realistic as possible is very effective. Skills’ training includes:

a. Learning nonverbal behaviours, such as using appropriate hand gestures, smiling, and verbal behaviours;

b. Interpretation of nonverbal behaviours of others;

c. Processing of visual information with auditory information;
d. Social awareness.

There are video lessons that teach social skills. Consider using "Model Me Conversation Cues" and "Model Me Friendship" videos, part of a set of videos that focus on social skills activities. You can find the Model Me Kids Videos at www.modelmekids.com

There is a Skillstreaming Curriculum that may help with social skills.

Another idea for teaching social skills is to set a weekly or monthly goal. The goal is to learn a specific skill and be able to apply it in a variety of situations. Here is the procedure.

Decide which skill you would like the child to learn, for example responding to the question "What's new?"

- Teach the child the question/skill and several possible responses. Explain that there are many ways to respond. Model lots of options.
- Involve family, friends, and school staff in setting up situations that require practicing the skill.
- Develop a plan for how the questioner should prompt or respond, if the child doesn’t respond correctly.
- Keep track of the child’s responses to see if the child uses the skill consistently.
- Use a lot of praise for appropriate behaviour, especially when it is used without prompting.

The AS child may form friendships with others who share his interests. Computer or math clubs, science fairs, Star Trek clubs, etc. are possible avenues to consider. Many of these children will develop coping and social interaction skills, and the ability to "fit in" as a result. For those that don’t, counselling and social “training” may help.

Asperger’s Syndrome - Practical Strategies for the Classroom; A Teacher’s Guide is a great place to learn more on the subject. You can see more about this book by Clicking Here

This guide explains the difficulties underlying Asperger’s Syndrome and how it causes problems in school. The book provides practical, common sense management suggestions. While focusing on “making sense” of the difficulties, common behaviours are discussed and “things to try” are recommended.
How would you start explaining sex...

My son is 15, he knows he is different from other children, he wants to know why? And how would you start explaining sex, and changes his body is going through?

Why am I different? This is a difficult question to answer, but at 15, your son is ready for some explanation of his condition. No one knows for sure how anyone gets Asperger’s Syndrome. We do know it is not a disease, and you can’t catch it from anyone.

Here is a guideline for you to follow when you answer your son’s question:

Lots of people have problems and challenges in life to deal with. Some of them can be seen and some cannot. You have a condition known as Asperger’s Syndrome. We don’t know why you have it. Sometimes it is inherited from other people in a family. Asperger’s Syndrome has something to do with the genes that are in our bodies and something may have happened to some of them before you were born. Kids have Asperger’s Syndrome from the time they are born, but some kids are going to school before the doctors diagnose Asperger’s Syndrome. More and more people are being diagnosed with Asperger’s, but that’s probably because doctors and psychiatrists know more about Asperger’s and what to look for than they did in the past. You are not the only teenager with Asperger’s; a lot of kids have it, so you are not alone.

Here are some websites for teenagers with Asperger’s and maybe you can find some information for yourself. The first one is Asperger’s Teens at www.aspergerfriends.com/AspergersTeens.html. Also, try WrongPlanet.Net at www.wrongplanet.net/. These two websites can help you understand Asperger’s and convince you that you can do well in life. Also, you might be able to meet other kids your age who have Asperger’s online and talk with them.

Groups of children and adolescents can be very cruel to someone who doesn’t act, talk, or think like them, and a child can easily take that to mean that they aren’t as good as or “cool” enough to be with a particular group of people. It is important for you to stress to your child that “different” does not mean inferior.

In addition to giving him your support and referring him to the internet, you might want to read the book Aspergers Syndrome and Adolescence: Practical Solutions for School Success by Brenda Smith Myles (Author) and Diane Adreon. This book contains many tips on how to help children transition from childhood to adulthood. The book addresses adolescent sexuality as well as how to disclose an Asperger’s diagnosis to peers.

One of the most important aspects of your relationship with your child at this age is for you to be open-minded and available to answer his questions regarding Asperger’s and how it affects him. If there is an adult male role model available, he should also provide counseling and support for your child. Your son will be most successful if he knows that you and your mate are supportive and available to him.
How can we get him to change his eating habits?

Question

My grandson has Asperger’s. He is age 7. His diet consists of cheese, eggs, bread, milk, juice, wieners, fish, hamburgers, chicken, mashed or French fried potatoes and, on occasion, chocolate and bananas. He will eat no pasta, vegetables, or any other fruit. Does this eating problem go along with Asperger’s? How can we get him to change his eating habits?

Answer

Your grandson’s Asperger’s Syndrome may cause unusual reactions to new foods and he may not want to eat them. To him, they may taste bitter, salty, or just awful. They may smell bad (to him). He may dislike the textures of new foods. Consequently, he doesn’t want to eat foods that cause these reactions. Surprisingly, your grandson’s diet isn’t terrible as it is now.

He gets protein from eggs, milk, cheese, wieners, fish, hamburger, and chicken.

He gets grains, which provide B vitamins, from bread and hamburger and hot dog buns.

He gets some vitamins and minerals, including vitamin C, from juice, potatoes, chocolate, and bananas.

He gets calcium and vitamin D from milk and cheese.

All in all, his diet could be worse and is not much different from what many children eat. However, his diet would be more nutritious if he ate more fruits, vegetables, and grains. Perhaps he would try some whole grain cereals.
Many children like Life cereal or Cheerios.

See if he likes popcorn (a whole grain). Don’t load it up with a lot of butter, though.

Try whole grain breads, hamburger and hot dog buns; he may eat them. He might like whole grain rice.

Try it mixed in a cheese and chicken casserole.

Most children like macaroni and cheese. See if he does.

Try tacos made with whole grain tortillas, hamburger, and cheese. You might be able to sneak in some chopped tomato and onion. Use low fat hamburger and 1% milk.

See if he will drink different types of fruit juices.

There are new ones on the market that are delicious and have a serving of fruit and one of vegetables in each glass.

Many fruits may taste sour to him.

If he likes cereal, slice a ½ banana on it.

Canned peaches and pears are sweet and may appeal to him. Cut up fruits into bite sized pieces so they are easy to eat.

Don’t chastise him if he doesn’t eat them; maybe in the future he will. Make small apple or blueberry muffins. He might like them, too.

Yoghurt with fruit is an option you could try.

As far as vegetables are concerned, it may be an uphill road!

But, sometimes vegetables can be hidden in other foods, for example, in those juices mentioned above.

How about putting some onion in his hamburger?

Potatoes are vegetables and he likes them! Try oven frying the French fries instead of frying in oil.
Blend some cooked cauliflower into his mashed potatoes. He may not notice the difference.

He may like sweet potatoes. He might like creamed corn or cornbread. Does he eat any soup, such as pea soup or vegetable?

You could try tomato soup made with milk; he might like it.

If you put finely chopped, frozen carrots and peas in a chicken/cheese casserole, he might eat them.

Avocado has a bland taste and you could mix it into his hamburger patties. It’s very important not to make “a big deal” about what he doesn’t eat.

If you do, eating will become a power struggle. Offer various new foods along with ones he likes. If he doesn’t like them, don’t make an issue of it.

Some battles aren’t worth constant fighting, especially when his diet isn’t too bad to begin with.

Keep serving some new foods along with the old ones.

Avoid serving soda pop and sweets so he doesn’t fixate on them. My last suggestion is to make sure he has a multivitamin each day. Get one that is chewable, tastes good, and has a cute shape.

Also, drinking Ensure or Pediasure is a good way to supplement his diet with vitamins and minerals.

06:54AM - (07:00)
Toddlers and Autism

Dealing with the behavior of any toddler can be challenging, but when that toddler has developmental disabilities, the stress load increases.

With autistic children, they may begin to use verbal communication and then that skill can gradually disappear, often around the age of 3.

Autistic children are wired differently and early intervention can be the key to success.

This is an opportunity for parents to establish some ground rules, create some lines of communication, and learn what areas your child struggles in.

Pay attention to when behavior problems occur and what the circumstances are.

There are generally clues to behavior, but sometimes we need to really work hard at working out what exactly those clues are.

Children with autism need routine, thrive on routine, and need to be prepared for transitions.

This should be established from a very young age.

While you monitor your child's behavior, you should be observing what occurs immediately preceding the behavior.

For the child with autism, behavior often occurs because they are overwhelmed and are unable to control their emotional response to what is occurring.

Over time, you may detect a pattern in their behavior.

Once you establish why those behaviors are occurring, you can begin to intervene prior to the behavior.
Be consistent with your response to behavior.

Even though your child may be non-verbal, you should continue to use your words.

Much of the inappropriate behavior of autistic children is due to sensory dysfunction.

Their senses don't function smoothly to help them interpret the world around them.

It would be appropriate to try to obtain a formal assessment by an occupational therapist.

This assessment would help identify if your child has sensory dysfunction and help to establish some techniques to help them integrate their senses.

With the use of sensory integration techniques, you can help your learn to interact with the world around them in an appropriate manner.

For some children, this can be done by providing sensory input on a routine schedule throughout the day, perhaps every 2 hours initially and also at transition times.

Using a variety of techniques, this can help a child go through transitions smoothly and calmly.

There are a variety of sensory toys available.

For the child who craves sensory stimulation, this is the child who likes to bump and crash into things, this provides them with an outlet for all of that energy.

For the child who avoids sensory input, doesn't like to be touched, this can desensitize him or her, so that they can tolerate touch.
Aspergers - Sexual behaviors

Individuals with autism are sexual beings, just as everyone else is.

However, because of their inability to control all of their impulses, they may display behaviors that are inappropriate in public.

This can be particularly difficult to deal with as it can be embarrassing for parents to deal with.

This is something you will need to be direct and proactive about.

There are social aspects of sexuality that will need to be dealt with.

You can use social stories to teach about sexuality as well as many other things. It is important that your child understand good touch/bad touch.

They can be vulnerable in this area and you want them to be prepared in order to reduce their risk.

In order to be proactive, you will need to think ahead, and decide what is appropriate to teach your child at each stage of development.

When talking about sexuality, use real terms.
Individuals with autism do not pick up on social cues, so they need concrete terms about what you are talking about.

Reinforce appropriate behavior, and when inappropriate behavior occurs (masturbating in public) redirect.

Plan ahead before going into the community.

Let them know exactly what is expected of them while they are in the community.

Masturbating in public is inappropriate.

If your child is young and doesn't seem to comprehend, give them something else to keep their hands busy.

Using behavior modification techniques can be effective.

For older children, adolescents, let them know that it is okay to do that, but it needs to be done in private.

You need to decide that you will address the issue, and not avoid it.

Set aside some time with your child to talk about sexuality.

If you only respond when an incident occurs you may be sending the wrong message to your child.

Find out what your child knows about sexuality, again using direct questions.

Find out if your child has concerns or fears about sexuality.

Talk about what is "normal" sexual behavior, but also let them know what is inappropriate.

Try to let your child know that you are comfortable and that it is okay to have sexual feelings and it is OK to talk about them.

If you still have concerns, talk to your child's school.

They may have some programs that can be helpful in teaching
more about sexuality.

Or you can seek the advice of a professional outside of the school.

This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

06:28AM (-07:00)

All of a sudden he is acting out...

My son is now 13, he was diagnosed at the age of 8. All of a sudden he is acting out, cussing all the time, lying, etc. Are these years the hardest, or is this just the beginning? When he finally hits puberty, will things get better?

Yes, the teen years are the hardest, whether your son has Asperger’s Syndrome or not! I think he probably has “hit” puberty, but it’s just beginning. Raging hormones and frustration with social interactions at school can cause a lot of anger and bad behavior during the teen years. Many teens need counseling to negotiate this time in their lives successfully. Consider counseling for your son, starting now.

Your son is exhibiting rebellious behavior; i.e., inappropriate, and this type of behavior fulfills the child’s needs. Your son may have the need to:

- Avoid responsibility – Attending school, obeying parents
- Get something – His way in a decision, your attention, control over a situation
- Manage pain – Physical and/or emotional stress that must be alleviated
- Fulfill sensory needs – Relief from heat, cold, or to satisfy thirst

Your son is unlikely to identify with your feelings or comprehend others’ objections to his behaviour. The only explanation you should use with him is to specifically state that the objectionable behavior is not permitted. Your son needs to follow rules, and following rules can help to focus and modify his rebellious behavior.

Behavior modification is a therapeutic approach that can change your son’s behaviour. You need to determine the need that his rebellion/aggression fulfills and teach him an acceptable replacement behavior. For example, your son can be taught to ask for, point to, or show an emotion card to indicate the need that he is trying to fulfill. Sometimes,
self-stimulating behaviours such as rocking or pacing are taught as replacement behaviours, but it will take time for your son to integrate these behaviours into his daily activities. If your son is severely out of control, he needs to be physically removed from the situation. Granted, this may be easier said than done, and you may need someone to help you; yet, behaviour modification can be helpful, and it must be started as soon as possible.

For children and adolescents with Asperger’s Syndrome, the importance of maintaining a daily routine cannot be stressed enough. A daily routine produces behavioral stability and psychological comfort for Asperger’s children. Also, it lessens their need to make demands. When you establish a daily routine, you eliminate some of the situations in which your son’s behaviour becomes demanding. For example, by building in regular times to give him attention, he may have less need to show aggression to try to get that attention.

Ideally over time, your child will learn to recognize and communicate the causes of his aggression and get his needs met by using communication. Unfortunately, children who get their needs met due to aggression or violence are very likely to continue and escalate this oppositional behavior.

A behavior therapy program may help your son; however an individualized program has to be designed for your son because children and adolescents with Asperger’s Syndrome vary greatly in their handicaps and/or family circumstances. Treatment approaches that work well with other diagnoses may not work with Asperger’s. Consult a psychiatrist who can oversee a treatment plan as well as any medication regimen that your son may be need.

12:46PM (-07:00)

An Interview with a Speech-Language Pathologist

1.) Who are you and why are you qualified to talk about children with Aspergers children?

I am Caroline L. Bias, M.S., CCC-SLP, Speech-Language Pathologist. I am qualified to talk about children with Asperger’s because I work with children with various ASDs and their families on communication, play, and social interaction skills.

2.) How did you get started working in this area?

I became interested in this area during my early work experience in a school comprised completely of children with exceptional needs. During graduate school I worked for the
Center for Autism and Related Disorders.

3.) What type of formal education do you have in this area?

Master of Science Speech-Language Pathology, Florida State University, 1998. Bachelor of Science Speech-Language Pathology, Oklahoma State University, 1995

I take continuing education courses about Autistic Spectrum Disorders and read a lot to stay abreast of current research. After earning my Bachelor of Science degree in Speech-Language Pathology from Oklahoma State University, I began my career as a bachelor’s level speech teacher in a public school exclusively for students with exceptional needs.

After getting a fast, hands on, real life education, I attended graduate school at Florida State University where I took courses from Dr. Amy Wetherby. While at Florida State University I worked at the Center for Autism and Related Disorders on grant funded projects related to Autistic Spectrum Disorders. I made learning materials, created effective visual supports, and developed ways to help the child be fully included in society.

After earning my Master of Science degree, I moved to Texas and worked in an Early Intervention (birth to three) program where I initiated the development of an Autism team and was involved in the evaluation and treatment of many newly diagnosed and not yet diagnosed children with Autistic Spectrum Disorders. I subsequently went into private practice and provided evaluation and treatment services to preschool and school age children.

In 2004 I moved to Florida and established a private practice in Orlando. I see many children with Autistic Spectrum Disorders for evaluation and some for ongoing treatment.

4.) What are the 5 biggest mistakes that you see families or parents of Asperger’s children making?

1) Waiting too long to take action.

a) I have worked with children who were diagnosed very early with ASD’s and looked like severe Autism (banging head into the wall, screaming, and flapping arms all day with no initiation of communication) at ages 2 and 3 but with early intervention and treatment looked like mild Asperger’s or even normally developing by the time they were five. When I first see children who are already early elementary school aged and never had services because people thought they were just late talkers, they have missed the optimal time for intervention and the prognosis for improvement is not as good.

b) Early Intervention is the best thing we can do for children.

We absolutely must catch them when they are very young and provide treatment. We need to get the message out that it is better to help kids who would have been fine either way than to overlook kids because we think they will “grow out of it”. Time and again I get
kids who are 5 years old and the parents have known something was not coming together right for years. We have to get rid of the stigma/fear and show people that getting help early works and is worth stepping through the fear and advocating for the services their child needs.

2) Overlooking the benefits of routines and consistency.

   a) Example: Johnny wakes up one morning and eats breakfast, brushes teeth, gets dressed, then goes to school. The next morning Johnny wakes up and is surprised to find that he has to take a bath before getting dressed. Johnny has a tantrum and becomes aggressive, hitting, putting holes in walls, and the whole family is late to school and work and stressed out.

   b) Building predictability into Johnny’s day is critical.

       If you don’t build in the predictability where it is possible, he has to find ways to cope and you might not like his preferred coping mechanisms (rocking, flapping, withdrawing, tantrum). Certainly, we cannot predict every situation in life, but having a core routine within the family is usually very helpful for the child with Asperger’s. Preparing a child for changes in the routine is also helpful.

       In Johnny’s case, perhaps the water was not working the night before and you had to get the bath before school. If Johnny retains verbal information it is important to tell Johnny the night before what to expect the next morning. Ideally you would make a schedule (written, pictures, photos depending on his abilities) so he can visually see what to expect out of the day.

       This is so helpful when changes in routines are necessary. That being said, it is also possible to OVER schedule the routine. I have found that children with Asperger’s are often so dependent on their routines that it can be very disruptive to alter them when life happens. For this reason, many parents have found it helpful to build adaptations and variations into their regular routines. They teach their child to cope with the many changes in routines that happen all the time.

3) Friendship Failure

   a) Failing friendships are a challenge some higher functioning children with Asperger’s can face.

       For example, Jane, a 7 year old, is friends with Leanne. Jane has Asperger’s and does not like to be in large groups of people. Leanne is also 7 and is the daughter of Jane’s mother’s best friend. Jane likes to swim, Leanne likes to talk to her friends. Jane often becomes frustrated and is not sure what to say when Leanne is around. She doesn’t read her social cues and does not know how to get into the conversation, nor does she have a desire to talk about what Leanne and her friends are talking about.

   b) Find activities that your child is truly interested in and help them cultivate friendships within those activities. In Jane’s case, she enjoys swimming so finding a swimming team
or class that she can attend regularly and then role playing and coaching her to help her with social skills related to those relationships will evolve into people who know Jane and share an interest with her. Ideally, in the future those friendships will turn into a network of advocates and friends who will share Jane’s interests and appreciate who she is as a human being.

4) Expecting the child to know what to expect when they don’t, this is particularly true in social situations.
   a) Imagine how a birthday party must seem to a child who has never been to one.

People singing while a large bright colored blob that is on fire is brought out in the dark (the cake with candles). Imagine how it would feel to go to your first day of Kindergarten when you don’t know where to go to use the toilet, are not sure how to ask other people if you can play with them, and don’t particularly care much for being in a room full of people.

   b) I find that children with social skills challenges do best when placed first into social situations that interest them AND have lots of structure. For instance, even an uncoordinated child will often enjoy non-competitive group sports when the rules are very clear.

   Ideally as they age you expose the child to more social situations and provide them with information about what to expect and how to behave. For instance, if they are meeting their teacher, you let them know that they will be meeting the teacher and what it involves. Meeting the teacher involves going to the school, walking into the classroom, saying “Hello, my name is Joe”, making eye contact, and shaking the teacher’s hand. It also involves listening to the teacher introduce themselves, and answering a question or two if the teacher asks. Joe might also have questions about the class that can be answered then, but his parents must be familiar enough with his needs to help him know what to ask. Carol Gray’s Social Stories are a great resource for children learning to interact socially and role playing is often helpful.

5) Jumping on the latest thing instead of analyzing their child’s needs and finding the right tools to help them as an individual.
   a) Sarah’s family is well educated and has the means to provide her with whatever she needs. They see many specialists and try every new thing that comes out to “fix” Sarah.

   b) It is critical to really think about what you know about your child before selecting different treatment options. Each child is so different and certainly there will be some trial and error, but there are often clues/indicators of what will work best for a particular child. Parents often disregard their parental instincts because they have heard something worked for someone they know and the child got much better.

   The families I see who have the most success seem to be the families who know their child’s strengths and needs and have found a combination of strategies that are a good match for their child.
5.) What advice would you give to a parent who had just found out that their child had Aspergers?

I advise new parents to find support online and in person and refer them to various support groups and books.

6.) If you had to choose your career all over again would you still do the same thing?

YES, I love what I do. My greatest love professionally is getting children who are preverbal/non-verbal and giving them the desire and skill to talk and interact with other people. I have a firework on my business car to represent the “communication burst” that I love to progress “non-verbal” children to and through.

7.) What do you think are the five biggest issues facing people today working professionally in the area of Aspergers?

Keeping current on new research and information. Keeping up to date on new treatment techniques and who they are useful for. Helping people with Aspergers integrate into their community, educational setting, and workplace. Finding the right balance between Early Identification and creating unneeded concern. Networking and sharing information between disciplines.

8.) What educational resources do you look for in keeping abreast of developments in the area of Aspergers (eg journals, websites, authors).

I read books, magazine articles, journal articles, conference notes, and websites. Parents are always finding new things and I am constantly reading. In addition to more scholarly articles and resources, I like to read the more generic magazine articles as well as watching TV programs so that I can then review the research and data on whatever the program or magazine brought up since inevitably parents have seen the show and have questions or want to try it with their child.

9.) What changes do you see in the future that will affect things for parents and their children with Aspergers?

I think the increasing awareness is helping and I hope that as we learn more about Asperger’s and other ASDs we can get better at identifying and differentiating them in very young children so that we can begin teaching them the needed social skills for living in our society earlier. I also think that as we move to a more technologically advanced world you will see some of the milder social skills issues begin to look more normal and easily accepted or worked around.

10.) What 5 tips or techniques could you give us to help parents who are struggling to cope with their children who have Aspergers?

Visual supports, calendars, routines! Role Play Social Skills. Teach them when social skills matter and when they don’t. Seek out friendships with people who share their interests regardless of age differences. Get a comprehensive evaluation so that you
know what other things may co-exist with the Asperger's, such as Oppositional Defiant Disorder, know what you are treating. Learn to help your child cope with their feelings and diffuse aggression.

11.) What advice would you give to siblings or other family members of a child with Asperger's to help them understand and be better at connecting with the child?

As with anyone, you have to meet the child where they are at. You absolutely are not going to connect to a child who is obsessively interested in trains by taking the trains away. If you are not interested in what he is interested in and can’t get interested in what he is interested in, find something related (perhaps you like to paint and you could paint trains together) to do together.

12.) What are your thoughts on why children with Aspergers have particular obsessions (e.g. collecting toy trains) and the fact that they will often tell people about them in huge detail which can become very boring for the other person?

I love to talk about what interests me and I have met people who bore me to tears even though they don’t have Asperger’s so I’m not convinced the obsession itself is the challenge. Understanding the social cues and knowing what to do about them is the challenge. I believe what kids with Asperger’s don’t understand is a) how to know when someone has lost interest, and b) what to do about it.

I’m not typically out to change who a person is at the core. I believe if they are madly obsessed with trains then we let them be but we find ways to expand that love to include other people and expand that love to include other things related to that obsession. We also need to teach them how to know when someone doesn’t want to hear about what they have to say and to provide them with other ways to interact with those people while seeking out people who share their interests.

13.) If there was one thing out there that would enhance your work with parents of Aspergers children or the children themselves, some magic wand or tool, what would it be?

I would make the whole world more tolerant of people’s more visible social differences. Unfortunately, that is a very gradual shift.

14.) Can you give any examples of success stories when working with parents to help their children with social difficulties, for example saying inappropriate comments out loud or the importance of personal hygiene?

What I like about working with many children with Asperger’s is that they so often do well with rules and routines. I have success with personal hygiene because I work with very young children and it is part of their daily routine, they just do it because it is part of their day and on their schedule. In the instance of saying inappropriate comments I once had a child whose mother was terribly offended by this. She began to anticipate and cringe and even apologize before he had it out of his mouth.
Since she was so good at anticipating these comments, we set up a system where she cued him… at first it was a touch cue, she put her hand on his shoulder, then we removed the touch and had her just put her hand to her lips in a “be quiet” motion. Obviously there is a difference between when a 4 year old says “oh mom, that lady is really fat” and when a 15 year old says “look at that fat lady, she smells nasty”. In those situations teaching empathy is so important. E.g., “How do you feel when people say things about you, even if they are true…. How do you think she feels when you say she smells nasty, even if it is true?

They don’t get it at first or even for the first few years you teach empathy…it is a process for every human being, but it has to be repeated. In the meantime, I have seen cueing and practice with social skills to be very helpful. I like Carol Gray’s work with Comic Strip Conversations and Social Stories.

06:51AM (-07:00)

7 Tips for Parenting Autistic Children

In this social work report I am going to share with you the 7 most useful tips and techniques that I have picked up when working with families as a social worker over the past 11 years:

1. Coping with the grieving process

For all families who have a child with Autism/Aspergers, or any disability come to that, there are always some feelings of grief or loss. This is not because you are rejecting your child or in any way being negative about them. But it’s just that when you plan for a family, spend 9 months in labor and then begin to raise your child you have a certain dream/ideal life planned out.

This is just human nature and one of the things that divides us from animals. We have the ability to see our future in our heads and we like to plan it. Particularly these days when there are so many shows, in fact whole TV channels, dedicated to having babies, family planning, pregnancy etc. There are shows on “taming toddlers”, home improvement shows teaching you how to make the “perfect nursery”, adverts for all the latest baby kit and gadgets.

So it’s little wonder that you have such dreams and ambitions, and have the perfect little family in your mind. Having a child with aspergers can often destroy that particular dream. You may well spend time slowly realising that perhaps “something is not quite right” with your child. Some time after that you will get a clinical diagnosis and learn that your child has aspergers syndrome.

With this knowledge a grieving process will begin. This is a grieving process for the
“perfect” child and “perfect” life that you were dreaming of. This is a perfectly natural and understandable process. It doesn’t mean that you don’t love your child or think anything negatively about them.

It’s just that your child is different to what you expected. Now just look at that word “different” the dictionary definition is “differing from all others”, and is that so bad? So it’s not a good thing or a bad thing, just a different thing.

A really great way of looking at this is in the short story by Emily Perl Kingsley which you can read at http://www.aboutautism.org.uk/holland.htm

But for many parents this can be a hugely difficult thing to get through. Often there is guilt attached to these feelings of grief. This may be guilt that you feel that you don’t truly love your child as you are feeling this sense of loss. Or perhaps guilt as a parent that somehow it is your fault that your child has aspergers syndrome.

So often with feelings of guilt, just like other painful feelings, you can choose to avoid those feelings.

So instead of talking about those feelings and starting to understand them, and eventually come to terms with them, you stuff them away somewhere in your brain.

Just like we can all do with painful thoughts and memories. Often you may choose patterns of behavior that can be destructive such as overeating, drinking more alcohol, spending more money than usual to cope (or retail therapy as it is now called).

You may not do these destructive things though. You may overcompensate by trying to be “super mum” or “super dad” to your children, at the expense of all else.

But the bottom line is that if you do avoid these feelings then they are not going to simply go away forever.

Now again let me be clear on this I am in no way making you a bad person for this.

As we all try to avoid negative feelings and thoughts if we can. In fact our brains are wired up to try to get us out of pain as quickly as they can. But such intense feelings of grief, loss, bereavement call them what you want won’t just go away.

They will show themselves in a variety of damaging other ways. For instance you may adopt a very blaming approach to all kinds of people involved in your child’s care. This could be teachers, paediatricians, psychologists, social workers etc.

In this way all of your anger and grief is being directed at other people. This can cause problems in building relationships with people who are there to help you.

It also will mean that such negativity will stay with you for years, like a big weight on your shoulders. By expressing your emotions in this way it won’t make you feel better or allow you to heal psychologically in the long term. In fact it will set up an endless cycle of
negativity towards others that will further deplete and drain you emotionally. Another way that your grief may show itself is, if you are not able to deal with it, maybe in some degree of mental illness. Conditions like depression or anxiety can be quite common ways in which your unresolved grief may appear.

Obviously none of these are conditions that are helpful to you when trying to understand and become a good parent to your aspergers child.

Those are just a few examples of the problems that you could encounter by not openly expressing your feelings. Physical illness can be another side effect. As you may well be aware your physical emotions can be very acidic in your body’s system. Think for a minute of how tight your stomach can feel or how cold your blood can feel when you get really anxious or worried about something.

That is acid being physically built up in your system and clearly excess acid in your system can do all kind of damage to your internal organs. Add to this the impact that it may have on your immune system, which may make you much more susceptible to a whole host of diseases. So failing to tackle your emotions can put you at a disadvantage both mentally and physically.

Now that’s quite a bleak scenario. But what I want to do is give you help and hope, not scare the heck out of you. So the secret of this is simply to talk about it.

Talk about those feelings of loss that you have and you can avoid these undesirable scenarios. If you feel at times that you have been cheated of a “normal” healthy child who will do all of the “normal” healthy things in life you need to talk about it.

I use the word “normal” in speech marks as clearly for the aspersers child what he or she does is normal – and everything that you and I do will seem abnormal and weird. So “nearly” is clearly a very relative term. But I digress…………….. and at risk of repeating myself you must talk about it.

Now the next question may be who should I talk to? Well that is going to be dependent on you and your personal circumstances. Clearly a trained counsellor or relevant social/health care professional should hopefully have the skills to really help you to open up and talk about this stuff. Now dependent on which country you live in you may have free access to this service, or you may be required to pay for such a service. But it doesn’t have to be a professional though.

A sympathetic and understanding friend or family member could be of great help.

Providing that they are not a person who will spend the entire time talking about themselves, judging you on what you say, making you feel in anyway bad or offering you endless opinion on what you must do. At first it may be difficult and give you a whole variety of emotions (some good, some bad) but you need to stick with it, in order to move yourself forward. A good way of explaining this that I was told by counsellor once is that it’s like having a gaping wound in your leg after you have just fallen over and damaged it.
So you have a painful wound with blood, filled with dirt and muck. To heal the wound you have to rake all of the muck and clean it up. This is exactly what you must do with your feelings of loss, guilt, anger etc. In order to heal yourself you must get those feelings that can appear unclean, dirty or tainted out in the open and then they can be dealt with. Allowing you to move on more positively in your life. So the one thing for you to take from this is that you have to talk about your feelings to help yourself.

2. Look after yourself

Another important issue is making sure that you do look after yourself.

You need to look after yourself to help you enjoy your every day life and be the best parent you can be.

If you expend every single ounce of time and energy on others, and none on yourself, then you will soon be left with nothing left to give.

You cannot consistently do your best as a parent, or really expect to feel happy and unfulfilled as a person, if you do this.

Using the simple idea of a car – it runs best when it is full of fuel. And obviously the opposite of this is that when it has no fuel it stops completely. This is just like you as a parent – and the way that you ’refuel’ is by looking after yourself. This is a mental and physical process and I will talk about both of these soon.

I know that the big problem for most parents is finding the spare time or energy to take for yourself.

But if you really look hard enough at your life you can always find the time. More about this in a little while also.

First of all I am talking about looking after yourself physically. Now don’t worry I am not going to start saying that you should go on 6 mile runs on a daily basis, or punishing yourself physically for hours down the gym. I am talking about firstly being aware of your ’refuelling habits’ or, in other words, what you eat and drink.

If you drink excessive coffee, alcohol and sugary drinks. And also eat a diet largely based on processed foods, sugary foods, fatty foods and salty foods then the chances are that you may have some problems. Living a lifestyle like this can obviously contribute to weight problems, energy problems and physical ailments.

As well as this it can seriously affect your moods; perhaps making you feel tired, depressed and utterly lethargic.

Now this isn’t a healthy lifestyle resource so I am not going in depth into this here. But I have written a book on that subject, so email me if you want to know more.

But common sense tells you that if you look and feel overweight, lack energy and are
prone to feelings of depression; then your quality of life and ability to parent will suffer.

The key to improving this area is to re-fuel much more on non-processed natural foods such as water, fruit, vegetables, fish, nuts, brown rice, pulses etc. Again I am not suggesting a whole lifestyle change – but this is something that you could start adjusting in your life and track your own results in how it improves your life. In addition to this aerobic exercise is another quick and easy way of making you feel better.

Like I said earlier this isn’t intended to cause you physical damage; so you need to do it to whatever level you are at. And always consult your physician before embarking on any course of fitness – as the adverts always tell you! The only thing I would say is that you need to do 20-30 minutes minimum at least 4 days per week to really feel the results.

If you are at the level of slow walking then great do that and build up. If you are able to jog, swim, cycle, rollerblade etc. that’s great too. Exercise will help you lose weight, secrete endorphins (little chemicals in your brain that make you feel good) and generally improve your ability to cope with things.

At first it may be very tiring and seem unnatural but in order to have more energy in your life; you need to exercise. One of the problems for many of us is that we are so stationary in life and we were not built to be like that. One of my all time favourite quotes from Tony Robbins (the famous US Life Coach guy) is that "emotion comes from motion". By engaging your body more you do feel better.

I can honestly swear by this through personal experience. I now exercise 7 days a week and feel phenomenal afterwards. He also advises first thing in the morning as the best time to exercise as it turns on your metabolism to burn fat for the whole day. And it gets your day off to a great start with a “victory”.

But it's not essential; you can do this any time of the day and still benefit. So for those of you pressed for time try setting the alarm 5 minutes earlier each morning for a week. Voila – you have 35 extra minutes each morning after 7 days; with which to look after yourself.

On the mental side it's important to look after yourself by having people to turn to and talk to. This can be on serious issues as well as the enjoyment of just a good old chat! This can be friends, close family, relatives, support groups etc. I think another thing that really helps is to have something that is “just for you”. Not part of your role as a parent, wife/husband, friend, worker but YOU. Whether this means spending time reading a favorite book, playing an instrument, tending your garden, attending a college class.

It doesn't matter what it is – if you want to do it and it's important to you; find a way to do it! You may have to be very creative to find the time but generally if you look hard enough, there is a way around every challenge in life. It will help you to have this specialist interest of your own in the world, and provide you with emotional strength/respite.

3. Adapt your lifestyle/routines
As you are probably well aware children with aspergers tend to thrive on routines and consistency. And they really struggle when things are unpredictable and liable to change without warning. In addition you will soon learn, by trial and error, which type of environments suit your child and which ones don’t. So the key to a happier family life in many cases lies with both understanding and accepting this.

Many families run into trouble when they try to simply slot their aspergers child into the normal routine. For example they go out for the day when the parents feel like it (rather than at a set agreed time). They have to go to the crowded soccer field with their mom to watch their brother play, or go the busy store to help with the weekly food shopping.

At this point many parents wonder why their child is shouting, screaming, aggressive or generally upset. This in turn is seen as some kind of “bad” behaviour, or as some unavoidable consequence of aspergers.

In actual fact if the schedule for the day had been run differently to suit the aspergers child it could all very well have been avoidable. Now I know many parents like to be laid back and not have to make definite plans (it’s one of the privileges of being an adult right?) and also practically struggle to juggle domestic/child care duties. So I am not saying that this stuff is easy. But equally doing things without proper regard to the impact on you and your child helps no-one.

So for potentially difficult events like the busy soccer crowd or the supermarket – is it really necessary for your child to go? At times there are probably other options.

But if not then some pre-planning can also help in the form of explaining what may happen at the event, how to react to certain possible situations and possible “escape” strategies if it gets too much to cope with for the child.

Similarly try to plan/schedule events so that your child has a clear idea as to what will happen in the day ahead and so be expecting it. This will greatly cut down on the difficulties that you can at times experience with your aspergers child.

Unfortunately the world is an unpredictable place so you cannot plan for every eventuality. But just putting a little thought into the need for consistency and structure in the aspergers child can bring some surprisingly good results all around.

4. Arm yourself with knowledge

The very fact that you are reading this short book of tips shows that you are aware of the importance of this point. So I won’t labor it too much! But the world is a fast-changing place these days and new ideas, research, viewpoints etc. are frequently coming out on a daily basis. And the world of aspergers is no exception! The internet is by far the easiest, most up-to-date and cheapest place to get this information.

Every day people are posting ideas on forums, adding content to their websites or writing stories about new developments.
One really helpful tip to keep on top of all the new content on the web is a little free feature called Google Alerts. I am sure that most of you are familiar with Google.

For those of you who are not they are THE biggest search engine on the internet. Estimates say that at about 70-80% of people who search online use Google.

So to get to Google’s home page you need to type in www.google.com into your internet browser (or just click the blue link I just gave you!). Then click on “More” and then “Alerts” then enter the word “Aspergers” in the “Search Terms” box and your email address and then you are away!

5. Get Support

Now all of us need support from time to time to encourage us and help us get through testing times in life. Many parents are fortunate that they can get support from each other, other family members or friends. But there are situations when this is not necessarily the best choice. Sometimes being able to talk to other people in the same situation (i.e. parents of other aspergers children) can really make the difference. This can be really helpful for letting off steam in an environment where you don’t feel judged or that you cannot say what you really think for fear of upsetting your husband/best friend/mom.

It is also a great way of picking up little tips or bits of advice that only other parents might now about. This could be particular approaches to helping your child, the name of a good therapist or a local event that’s going on.

Now support groups are traditionally held in public places such as church halls, recreational centers or school buildings after hours.

People come together to talk about different issues and there are often social spin-offs like trips out, coffee mornings and other such gatherings. But nowadays there are many different “virtual” support groups available on the internet.

You can access these without leaving the house and there are often people around 24 hours per day to interact with, due to the different time zones around the world.

I would recommend using both local and internet based support groups to get the best of both worlds. But ultimately the decision is down to you and what best suits your personal circumstances.

Support is also available from different professionals who may well be involved with you, your child and your family. This will often be just as helpful but in different ways. Teachers, social workers, health workers, psychologists can all offer a great deal of advice, techniques and insights into various aspects of aspergers. Most professionals in these fields are also trained, and develop through experience, the ability to be supportive, non-judgemental and empathic to your situation. So be sure to maximise these sources of support too. And never be afraid to pick up the phone to ask them for support.

6. What’s the reason?
One of the most important things that I can suggest for parents when confronted with any behaviour by your child is to always think “what’s the reason?” I know that this is easier said than done when your child is suddenly shouting, screaming or having a fully blown tantrum in a very public place. But whenever possible the most effective method is to quickly look at what the reason for the behaviour is – rather than an automatic reaction. Without wanting to baffle you with psycho-babble; an excellent technique that I use as a social worker is the “pain/pleasure” principle.

Now I am not going to take credit for this idea – as it is a concept that I have adopted from Tony Robbins (the life coach expert I mentioned earlier).

In fact this is slightly off-topic but if you want to equip yourself with some amazing tools and techniques to change every area of your life (your finances, emotions, physical fitness, health and spirituality) then check out his website at www.TonyRobbins.com

He comes with my highest endorsement; using his stuff his improved every area of my life infinitely over the past 4 years. Anyway I digress – the “pain/pleasure” principle is a basic way of understanding what motivates all human behaviour.

As human beings all of our behaviour can be explained at a most basic level as either helping us to get out of pain or get into pleasure.

For example over-eating gets you out of the pain of boredom/discomfort and also gives you the sensory pleasure of eating the food. Similarly smoking can get you out of the pain of a situation (for that short period when you inhale and exhale) and give you the pleasure of a comforting, soothing habit.

So OK can I really apply this to my child? Absolutely – any behaviour that your child may display can be seen at this basic level. So if your son starts to suddenly freak out in the store and shout noisily what does this mean? Well in all likelihood they will be getting out of the pain of a situation (maybe it’s a sensory problem of too much light, noise or people) by controlling their immediate environment through the noise that they are making. And similarly to the cigarette example there is probably some pleasure that they are getting from being able to instantly manipulate and control their environment.

So what to do next?

Well the key to this now is to help your child find a more appropriate way of gaining pleasure or getting out of pain, than shouting.

So maybe there is a song they like that you could sing to them, a familiar topic/discussion that you can have with them.

Or alternatively if you are sure that it’s a particular part of the environment that they are in, then get them out of the environment. Don’t persist with the situation, shout back or think of your child as bad/naughty. Remember that all behaviour has a reason and once you find out what that is you are half way there.
7. Prepare For Meetings

I know that many parents find meetings with professionals to be intimidating and daunting tasks. They needn't be in fact in my opinion they certainly shouldn't be.

One easy way of getting around this is to make sure that you don't go alone.

Take someone who can help, and if necessary act as an advocate for you and your child. This could be a relative, friend or professional advocate.

But make sure you choose someone who can be calm, objective and who will not let their own issues/agendas affect things. Another great tip is to make sure that you clearly have your own questions/agenda for discussion written up to take with you.

You can bet your bottom dollar that the professionals will have a written agenda, so it’s important for you to do the same.

I even go one step further when attending important meetings. I play them out in my head beforehand. That way I can “see” what will happen – and have chance to think of answers/questions, iron out any problems or difficulties that may arise.

Before they happen! I would advise you to do this and you will see what a difference this makes when it comes to your next meeting. But my most important piece of advice is to remember that 99% of all professionals who are working with your aspergers child are doing it for all the right reasons.

People in social and health care are drawn to this kind of work because they really want to help other people. So bear this in mind – that the people involved are here to help you and your child.

07:04AM (-07:00)

Does my Aspergers child know what’s right and what’s wrong?

Does my Aspergers child know what’s right and what’s wrong? It seems he does not really know the difference.

On the surface, the issue of right and wrong appears to be a complicated one for Asperger’s children, but it is not. Children with Asperger's Syndrome have very firm ideas of right and wrong, and they can become argumentative with adults and peers over issues of proper or improper behavior.

They are typically unable to consider shades of grey and will perceive issues in black or white terms; however, they can discuss those issues with an adult and come to an agreement when solutions are proposed to them.

The good news is that Asperger’s children are known for being able to follow clearly explained and set rules that are consistent, and this trait can be used to help them learn right from wrong.

As these children mature, they will learn right from wrong in a rote manner at first; but later they will develop a greater understanding of why something is right or wrong.

An important factor is that the rules, and the explanation for the rules, should be explained in a manner that they understand, and the rules should be consistently enforced.

In fact, their inclination to learn right from wrong can be so profound, it might seem that Asperger’s children are pre-programmed to detect right and wrong, and they might even bluntly announce that a request or activity is right or
wrong.

Also, they will take notice of others’ incorrect behavior, but not their own; this can be perceived as a double standard. In addition, they may not be able to show empathy for others, and this can lead to problems as they may do or say things that seem wrong because they may not be able to understand or empathize with another person’s feelings.

Children and adults who do not have a diagnosis of Asperger’s Syndrome can relate to other people and engage effectively in social interactions with others because they
are able to perceive things from another individual's point of view.

The ability to comprehend someone else's point of view is the result of correctly perceiving speech patterns, body language, tone of voice, facial movements, and the situation in which communication is taking place.

Children with Asperger's Syndrome and other autistic disorders can lack the capacity to relate to and understand others' feelings or behavioral nuances, particularly on an emotional level.

Also, the child's inability to interpret someone else's actions, whether deliberate or unintentional, can result in the child's experiencing paranoia. This can result in inappropriate behavior.

Children with Asperger's Syndrome may not exhibit traditionally moral feelings or behaviors because Asperger's denies them the ability to experience the capacity for emotion and introspection on which society's perceptions of morality are based.

These children do not experience the feelings associated with traditional right and wrong; yet, they may possess a sense of ethics as well as a cognitive understanding of right and wrong.

Asperger's Syndrome does not completely remove a child's awareness of correct and incorrect behavior; it does allow them to behave with a sense of socially acceptable morality if they are helped to do so.

08:05AM (-07:00)

**Temper tantrums in public...**

**Temper tantrums in public**

All parents have experienced the tempter tantrum in the grocery store or the restaurant.

While children with autism may have tantrums
that seem larger than life at times, they are still tantrums.

Prior to going on community outings, it is important that your child is prepared for what is going to take place.

You may want to have your child engage in some physical activity and play, so that they are calm for the outing.

You also want to establish what the expectations are for their behavior during the outing.

You will need to keep in mind their age when giving expectations.

Don't overload them with rules, but be consistent. Monitor your child's behavior on the outing.

If you sense that they are becoming overwhelmed, intervene at that point.

Tantrums are not only embarrassing for you, but for your child as well.

They don't want to behave this way, so if you can help them avoid it you should.

Be consistent!!

If you are going to be in the community for an extended period of time, prepare for it.

Bring with you activities or things that your child enjoys to keep them occupied.

If they don't function well in the community, then start with brief periods of time.

Go on an outing for 5-10 minutes, and if all goes well, reinforce that behavior.

Then gradually increase that time period.

However, if the outing is not for their benefit, don't ask them to engage in an activity
for extended periods of time.

Don't expect them to sit quietly for hours while you shop, it's unfair to any child.

When a tantrum occurs, leave.

Try not to create more tension by making a big deal of it.

Just remove them from the area.

This may mean just leaving for a few minutes until their behavior becomes calm.

If that is ineffective, then take them home.

Tell them what was inappropriate, and why you are leaving.

Try not to continue the discussion about their behavior once you are home.

It is over!

My Aspergers Child

07:14AM (-07:00)

Management of Autism

The main goals of treatment are to lessen associated deficits and family distress, and to increase quality of life and functional independence. No single treatment is best and treatment is typically tailored to the child's needs. Intensive, sustained special education programs and behavior therapy early in life can help kids acquire self-care, social, and job skills, and often improve functioning and decrease symptom severity and maladaptive behaviors; claims that intervention by age two to three years is crucial are not substantiated.

Available approaches include applied behavior analysis (ABA), developmental models, structured teaching, speech and language therapy, social skills therapy, and occupational therapy. Educational interventions have some effectiveness in kids: intensive ABA treatment has demonstrated effectiveness in enhancing global functioning in preschool kids and is well-established for improving intellectual performance of young kids. The limited research on the effectiveness of adult residential programs shows mixed results.
Many medications are used to treat problems associated with ASD. More than half of U.S. kids diagnosed with ASD are prescribed psychoactive drugs or anticonvulsants, with the most common drug classes being antidepressants, stimulants, and anti-psychotics. Aside from anti-psychotics, there is scant reliable research about the effectiveness or safety of drug treatments for adolescents and adults with ASD. A person with ASD may respond atypically to medications, the medications can have adverse effects, and no known medication relieves autism's core symptoms of social and communication impairments.

Although many alternative therapies and interventions are available, few are supported by scientific studies. Treatment approaches have little empirical support in quality-of-life contexts, and many programs focus on success measures that lack predictive validity and real-world relevance. Scientific evidence appears to matter less to service providers than program marketing, training availability, and parent requests. Though most alternative treatments, such as melatonin, have only mild adverse effects some may place the child at risk. A 2008 study found that compared to their peers, autistic boys have significantly thinner bones if on casein-free diets; in 2005, botched chelation therapy killed a five-year-old child with autism.

Treatment is expensive; indirect costs are more so. A U.S. study estimated an average cost of $3.2 million in 2003 U.S. dollars for someone born in 2000, with about 10% medical care, 30% extra education and other care, and 60% lost economic productivity. Publicly supported programs are often inadequate or inappropriate for a given child, and unreimbursed out-of-pocket medical or therapy expenses are associated with likelihood of family financial problems; one 2008 U.S. study found a 14% average loss of annual income in families of kids with ASD, and a related study found that ASD is associated with higher probability that child care problems will greatly affect parental employment. After childhood, key treatment issues include residential care, job training and placement, sexuality, social skills, and estate planning.

07:39AM (-07:00)

What is socially unacceptable and why...

*I have a ten-year-old boy with Asperger's Syndrome who is high functioning. We are consistent with making him aware of what is socially unacceptable and why. It seems to go in one ear and out the other though. For instance, at meal time we always tell him to eat with his mouth closed. He will do as we say for 20 seconds and then he's right back to chewing with his mouth open. We have sent him to eat in the other room, or we take away dessert if he continues after the fourth prompt. We have had no success for the
past 2 years! Do you have any ideas or do you think that it’s something he can’t help?”

Answer

This can be a “Catch-22” situation because, even though you want your son’s behavior to change in a positive manner, it might become more resistant or rigid if he is confronted or forced to behave in a manner that he finds disagreeable. This can become a long-term power struggle that can lead to your frustration and his feelings of failure.

In this case, giving your son rewards might have better results than imposing punishment. One possible solution would be “fun money” for your son. You can make or purchase “fun” (fake) money for your son to use when he behaves in a socially acceptable manner. The money can be spent for privileges, such as time spent with a video game, or other activities he enjoys. This money can be made from ordinary paper, or it can be purchased from the Lakeshore Company at www.lakeshorelearning.com Type in the words “Paper Money” when you are on this website. If your son behaves in an unacceptable manner, you can impose a financial penalty, and your son has to give a portion of the money back to you. However, if he has to give too much back, he might never earn the reward, so reserve the “fines” for very serious transgressions of the rules.

An effective economic-reward system is based on consistency in enforcing it and keeping the list of rewards/penalties attainable and short. Start this system with just one goal to earn reward and increase the goals as he gets a feel for how it works. Try using one standard-size piece of paper and list the rewards on the left-hand side and the penalties on the right-hand side. Your son will be able to comprehend this list without it overwhelming him. This way, when he is rewarded or punished, he will know that there are limits being set and he has a degree of control over how much he will receive or forfeit. Your son will feel a sense of empowerment with this system, and it will allow him to make choices; he will learn from both.

A structured reward system works well with Asperger’s children because they do extremely well with structure, consistency, and clarity. When there is no structure, the Asperger’s child feels that chaos is controlling his life. A reward system maintains structure for your son, and it eliminates chaos from his life.

Structure, consistency, and clarity will give your son a sense of mastery over his environment. Whether you incorporate the solution proposed above or one that you obtain elsewhere, you will be integrating predictability into your son’s life, and this leads to his being able to rely upon you as being supportive and fair in his upbringing. Children without Asperger’s Syndrome and within your son’s age range are coping with the beginning of adolescence. Children like your son are coping with the same thing, except they find that they have to deal with the Asperger’s diagnosis in addition to everything else.

You need to make sure that the consistency that we stress here is maintained for your son’s benefit. Do not let your feelings and emotions take precedence because of the stress that accompanies any child-discipline procedure. Stay calm and let him choose to earn reward or pay fines. Also, be willing and available to discuss discipline with your
son; it’s important regardless of any diagnosis that your son has. Above all, be truthful and sincere; your son will know that you love him and care about his well being.

Providing sensory stimulation for your autistic child...

Sensory stimulation

Children with autism need sensory stimulation.

Providing a sensory room, or area, can be very effective.

Be as creative as you can when providing sensory stimulation for your child.

There are many things you can purchase, but you can also make many things within your home.

What you use, should in part be determined by what your child enjoys, or is seeking.
Some ideas are:

Fill a tub with sand, navy beans, or other similar item that they can play in.

Find different scents of potpourri that they can use for deep breathing.

String blinking Christmas lights around the room.

A mini trampoline can provide physical exercise and sensory input.

Use a hammock for the child to lay in and receive deep pressure.

Hang a swing from your ceiling, if it is reinforced. Use a variety of lotions for both scent and touch.

Create a touch board, and attach a variety of materials, from sand paper, to carpet.

Have music playing that your child enjoys - this can be calming music or vigorous music.

Use play dough for touch activities.

Use a vibrating massager for deep touch.

Foot massagers are great for waking up the feet.

The purpose of this room is to waken your child's senses and also calm them down.

It is most effective to create a schedule of when they will be provided free time in this room.

It is probably not best to give them free access to their sensory area, as their will be other things that they need to participate in.

Use this area at transition times, to provide a smooth transition.

A Complete Resource Guide For Parents
Home Schooling a Child With Aspergers Syndrome

Steph, parent of a five-year-old, states that her daughter was already reading, had advanced verbal skills, and loved to learn about science, but wasn’t following simple directions and routines, putting away her things, or transitioning from one activity to another at school. She didn’t follow rules or play with other kids on the playground. This child was later identified as “gifted” and diagnosed with Asperger’s Syndrome and Non-Verbal Learning Disability.

Children with Aspergers are intelligent and have excellent verbal abilities. They struggle with social, motor, and organizational skills. “Reading” other people’s emotions, facial expressions, and body language is extremely hard, as is conversation. They are often physically uncoordinated. So this child had significant problems at school.

But, if Aspergers children can focus on their own interests, they accomplish amazing things. For this reason, the traditional scope and sequence of public education does not make sense for them. Since Steph’s daughter’s needs were not being met in a public school setting, even with an Individualized Education Plan (IEP), home schooling was a good choice for her. Instead of focusing on the things teachers wanted her to learn, she could concentrate on things that make sense in her life. Thus, her mother took on the task of homeschooling her.

But, what about social skills, you may ask? Social skills can be developed in the family, community, and among friends. Now, if she doesn’t feel comfortable with other kids on a playground, she does not have to stay. She is free to choose friends from among many people in the community and to build relationships at her own speed.

Now 13, this young lady has a life that focuses on her strengths and abilities rather than on her weaknesses.

To read the full article please go to: http://lifewithoutschool.typepad.com/lifewithoutschool/2008/05/home-schooling.html
People mentioned above as having Asperger Syndrome may or may not have actually have been diagnosed with it.

2. In the News – Kids With Aspergers Take up Journalism by Carnez Williams

For a few summer day camp kids with Asperger’s Syndrome, getting interviews, shooting video, and writing news stories are all in a day’s work. In Wichita, Kansas, USA, 60 preschool through high school students with Aspergers Syndrome are attending Camp SSTAR (Social Skills Technology Asperger Recreation) which focuses on journalism and is designed to help kids improve socialization and communication skills. The kids love the computers and doing research on particular topics. At the end of each week, a newscast is produced with the children doing the reporting, script writing, videotaping and anchoring. A DVD of the newscast is mailed to each camper. Important for many campers is spreading awareness about Aspergers. Christian, a 17-year-old Camp SSTAR intern with Aspergers, says he wants people to know having the disorder isn’t necessarily a bad thing. “We’re really unique, and you won’t find anybody like us,” Christian states. “I’m kind of glad I have it, and I’m glad I get to be around kids who do have it.”

To read the article go to: http://www.kansas.com/news/

People mentioned above as having Asperger Syndrome may or may not have actually have been diagnosed with it.

3. Parenting Tips - Homework, When is the Best Time for Homework? by Patricia Robinson, M.A., MFT

When kids should do their homework is a difficult question for many parents. Finishing homework right after school may not be realistic because many kids need a break after a long day at school. Food and exercise helps them prepare to focus. Have them eat a healthy snack and then go for a short walk or play outdoors for a few minutes. Set a time to begin with a warning bell or timer and use the timer to pace your child’s work. This helps the child learn how fast time passes. Children in grades K-2 can usually handle 10 to 30 minutes of homework per night; children in grades 3-6, up to 60 minutes. Remind your child to stay on task. If your child is taking longer to finish, discuss the issue with his or her teacher.
4. Prominent People Linked with ASD - Dan Aykroyd, Actor

Dan Ackroyd was born in 1952 in Canada. He became a film actor, comedian, singer, screenwriter, one of the famous Blues Brothers (along with Jim Belushi), and an original cast member of the Saturday Night Live TV show. He was made a Member of the Order of Canada in 2000. In a radio interview on Nov. 22, 2004, Aykroyd claimed to have been diagnosed as a child with Asperger and Tourette Syndromes, and he also mentioned schizophrenia. It is possible that during his childhood, in the early 1960s, his autism was erroneously thought to be "childhood schizophrenia." He was born with syndactyly, webbed toes, and heterochromia, two differently colored eyes. Of his Tourettes and "special interest," Dan has said, "Well, it was mostly physical tics, you know, and nervousness kind of thing, and that kind of thing, you know, like grunting and tics and the classic Tourette's type syndrome, that type of thing. But by the time I was 14 it was allayed and I really haven't had too much occurrence except on the Asperger's side, where I have a fascination with police, and I always have to have a badge with me. ... I have a fascination with law enforcement and the police. My grandfather was a Mountie and that. If I don't have a badge on me, I feel naked."

To see the full text of the article go to:
http://www.dr-bob.org/babble/psycho/20041113/msgs/419044.html

People mentioned above as having Asperger Syndrome may or may not have actually have been diagnosed with it.

06:03AM (-07:00)
Aspergers and Sexuality

Q: I need help in teaching my daughter appropriate sexual behavior. She will be 16 in June, has Asperger’s, and acts out sexually. She feels this is what she is “supposed” to do when she likes a boy, and I just can’t get her to feel moral values.

A: A 16-year-old girl with Asperger’s Syndrome will have a fully developed female body, but it is unlikely that she will have a full understanding of adolescent sexuality. Depending on her exposure to popular media, she may have formulated an impression of sexuality from the licentious “celebrities” that have become well-known for their use of drugs and alcohol and their fickle, promiscuous sexual behavior. Your daughter could very well believe that behaviors such as candid flirtation, physical sexual cues, sexual language, and sexual activity are what she, as you say, “Is supposed to do when she likes a boy.” The media sends this message loud and clear!

Your daughter needs the advice of a professional counselor now as she is exhibiting behavior that could lead to very severe consequences.

In addition to the negative effects of the media, teenagers with Asperger’s Syndrome do not acquire “street smarts” when it comes to dating or sex. As a result, they are naïve and misinformed about sex.

Your daughter is an adolescent and she wants to develop an identity separate from yours. One aspect of this development is challenging your thoughts and beliefs. When this happens, many parents feel that they have to be friends with their children in order to keep calm in the home. In doing so, they abdicate their parental responsibility, and children suffer in the process. Your daughter still needs to have clearly defined rules while she is living in your home. You know the possible negative consequences of overtly sexual behavior, she does not. Impose specific rules on her; she shouldn’t be alone with boys or be dating, considering the situation.

She may not understand why you are imposing rules; you need to stress that they are for her benefit, now and in the future, and explain why in very specific terms (i.e.; to protect her from sexual diseases, HIV/AIDS, and pregnancy). She needs to understand not just what the consequences of sexual activity are, but what will happen if she gets a venereal disease, HIV/AIDS, or gets pregnant. This will be far more meaningful to her than vague advice about “morality.”

It is imperative that you teach your daughter about sex. She needs specific details about responsible sexual behavior and the consequences of reckless intimacy. Start with basic sex education and move on from there. Freely expressing her sexual feelings because she thinks it is the only way to be accepted and loved must be countered with facts about sexual consequences and information on more appropriate ways to be accepted by boys.
For further information on this subject, consider reading the book http://Asperger's and Sexuality: Puberty and Beyond by Jerry and Mary Newport. Two adults who have been diagnosed with Asperger’s Syndrome wrote this book. They are a married couple, and their book provides information about young adults with Asperger’s and the issue of sexuality. The topics in this book include birth control, dating, disease prevention, sexuality, and taking personal responsibility for sexually related behavior.

In addition to the above book, go online and read “Sexuality and Autism.” It is posted at http://autism.about.com/od/transitioncollegejobs/f/sexed.htm

07:08AM (-07:00)

**Telling Others About My Aspergers Child**

**Question**

My 11 year old son has just been diagnosed with Asperger’s, and I’d like to know what to tell friends, neighbours, teachers, and extended family to help them understand his behaviour.

**Answer**

Asperger’s Syndrome was first noticed in 1944, and it was first seen in children that had been diagnosed with autistic personality disorder. A researcher by the name of Asperger worked with children and saw that they exhibited delays in social maturity, social reasoning, and social abilities. He found verbal- and non-verbal impairments in communication, especially when the children attempted to converse. Asperger also observed that the children had difficulties controlling emotions, but they could intellectualize their feelings.

Further research by Asperger found that the children became preoccupied with various interests and these would dominate their thought processes. Asperger also found that some of the children were having learning problems, difficulty with coordination, and that they exhibited a marked sensitivity to certain smells, sounds, and textures.

You can start sharing information by giving friends and relatives an introduction to Asperger’s Syndrome using the above paragraphs. This will provide them with some history and context. Sharing information on any illness or diagnosis requires tact and discretion. You might want to tell the people in your life on a “need-to-know” basis.

It is very important to stress that a diagnosis of Asperger’s Syndrome does not make your child “weird” or inferior. Make sure you stress the positive elements that can be found in people with Asperger’s Syndrome. There are actors, authors, researchers, and scientists who have been diagnosed with Asperger’s, and they have achieved seemingly insurmountable life goals. When your friends and relatives are aware of these facts, it will help dispel the mystery and confusion that surrounds Asperger’s.

When you discuss Asperger’s Syndrome with children, you can use classroom materials that have been developed to assist children in understanding this diagnosis. Go on the internet to a company called AAPC and you will find several books about Asperger’s. Also, look for a local group that helps people and their relatives cope with Asperger’s Syndrome.

One highly recommended book is Asperger’s Syndrome: A Guide for Parents and Professionals by Tony Attwood. Mr. Attwood is a leading expert on Asperger’s Syndrome,
and his book provides a wealth of information that you can use as discussion topics.

After you have shared some of the above information, ask the person/people you are talking with if they have any questions or concerns about anything that you have discussed. Let them know that any question or concern they may have is valid, and you are not going to be offended by their inquiries. Not only will this ease communications, it will prove you to be a mature, open-minded individual who loves your child and cares about friends and family.

10:14AM (-07:00)

Famous autistic people...

Famous autistic people-

Autism has no boundaries and is not prejudiced. It can occur in any family.

Many people have become very successful, despite a diagnosis of autism.

Dr. Temple Grandin is well known for her writings on autism, and "seeing in pictures" and for her inventions in the area of animal science.

Dr. Grandin understands the challenges of autism, but for herself, understands it more as a gift.

She believes it has given her the ability to visualize things that others could not.

Along the autism spectrum, there are many creative geniuses who are speculated to have had autistic tendencies or Asperger's syndrome.

Bill Gates, creator of the Microsoft corporation, is speculated to have personality characteristics similar to Asperger's syndrome.

Dylan Scott Pierce is an American born wildlife artist with autism. Donna Williams is a best selling author from Australia.

Her works include 'Nobody Nowhere' and 'Somebody Somewhere'.
Michelle Dawson is an autistic individual who actively works as an autism researcher and autism rights activist.

Lucy Blackman, Australian born, is a University educated author. Jonathan Lerman is an American born artist.

Some people, such as Temple Grandin, suggest that autism and genius are closely related.

Dr. Grandin believes that autistic individuals have an ability to see things beyond what the average person sees.

Because of this they have the ability to excel in areas that are commonly reserved for individuals who proven to be geniuses.

Certainly there are challenges in both communication and social skills for autistic individuals, but they have the ability to succeed.

08:25AM (-07:00)

Aspergers Summer Camps

Question

I am interested in summer camps or programs for teenagers with Asperger’s. Can you tell me where I can find out about them and what things I should consider before sending my son there? (He’s 15.)

Answer

Summer camps for children with Asperger’s Syndrome and/or other developmental disorders have been designed to provide enjoyable, educational experiences. You will want to consider many of the benefits that the camps offer. The camps provide help, safety, and education for children who also benefit from therapeutic recreation. At a summer camp, your child can build feelings of competency, success, confidence, and self-esteem. An ideal camp will have both indoor and outdoor activities for children, ideally in small groups.

Most camps now employ behavioral specialists to supervise and counsel the children about any issues that might arise during their tenure at the camp. They help with teaching
children life skills in an environment that reduces stress and encourages learning and self sufficiency. Their goal is to offer a learning experience while maintaining health and safety standards. These individuals are knowledgeable in adaptive therapeutic programs, and they assist the children with relational or motor activities. Noted courses include Adaptive Physical Education, Art Therapy, Group Therapy, Movement and Dance, and Literacy Development.

Academics are an important part of many camps. Children who have individual educational plans (IEPs) can work through the assignments and goals while enjoying themselves at the camp. The child can follow a curriculum that has been designed in conjunction with his teachers and parents. In a sense, the camp can act as a ‘summer school’ for the children, and they can get a head start studying subjects that they will focus on during the academic year. The child with Asperger's will acquire new skills and advance in cognitive abilities.

If your son has never experienced an extended vacation or camp experience, he will have many questions. He will want to know how long he will be gone, what will be expected of him, whom he will be meeting, how he will be expected to behave, and when he will be returning home.

When he is at camp, he might want to stay in contact with you. He can be given a cell phone to take with him, and most camps now have computers with internet access available to the children. He will want to know what days and times he can contact you and how long, if applicable, he can speak with you. Maintaining contact with you during his stay at camp will help minimize feelings of homesickness and dependency on you. This experience will be a significant step toward maturity and self sufficiency that all children must take.

For further information on UK summer camps for children with Asperger’s, go to the internet and log on to:


For a directory of summer camps located in the United States and Canada, log on to: CampResource.com:

www.campresource.com/camps/spec_needs_camps.cfm
When you access these sites, make note of phone numbers or email addresses. Contact the facility that you are interested in and have a list of questions ready to ask the camp consultants.

11:31AM (-07:00)

Aspergers & Obsessions

One of the hallmarks of Asperger's disorder (and certain other disorders) is a Asperger kid's tendency to be obsessed with particular topics. He might want to constantly talk about video games, racecars, cartoon characters, movies, or even bugs. It can be very frustrating for parents and teachers to deal with an obviously bright, articulate Asperger kid who is somehow "stuck" in one particular frame of reference. How can we break kids of these obsessive thoughts and ideas?

The honest answer is... we may not be able to entirely eliminate them. Some kids will gradually leave one special interest behind, only to quickly fixate on a new one.

According to Brenda Smith Myles, author of: Asperger's Syndrome and Adolescence: Practical Solutions for School Success, there are two ways to classify these thought- consuming interests. Some are considered "primary obsessions," and others are "secondary interests." Often it's difficult to tell which of the two you're dealing with.

Primary Obsessions are severe enough that it is very difficult to get the Asperger kid to think of anything else. The obsession monopolizes conversation and daily activities. It also interferes terribly with schoolwork. The Asperger kid is consumed by the thoughts. It is possible that certain medications, like those prescribed for OCD, could be helpful. Check with your Asperger kid's pediatrician.

Secondary Interests are a challenge, and are somewhat obsessive for the Asperger kid, but ultimately can be managed. Not only that, but secondary interests can be used as motivators, to help the Asperger kid succeed in school or improve behavior. Here are some suggestions:
1. Working with your Asperger kid's teacher, use the topic to promote learning. If your Asperger kid likes insects, apply them to math problems. "If there are five ladybugs and the seven more land nearby, how many bugs in all?" Art projects that teach different techniques could involve the topic. Science experiments could address the topic in some way. Reading can be promoted by providing the Asperger kid with books on the topic. Use the interest as a starting point, and then build upon it, slowly expanding the Asperger kid's areas of interest.

2. Use the topic to motivate good behaviors. Buy a book, toy, or game associated with the topic. Your son or daughter can play with it when homework is finished, or after sitting quietly. Perhaps allow her to watch the movie when she's completed a job around the house.

3. Reward the Asperger kid for making conversation, which is correctly related to what's going on. If you daughter looks at the sky and says, "I see an airplane," that's a comment which is appropriate and in the moment. Immediately respond with attention and praise. "You're right! I see it too! Look, it's very far away. You've got good eyes."

4. Give less of a response to random, meaningless comments about the obsession. If your Asperger kid mentions the obsessive topic when it has nothing to do with what's currently going on, either don't respond, or act confused. Gently reply, "We're not watching that movie right now," or "why are you talking about that?" If the Asperger kid becomes agitated, give a simple "ummm hmmm" with little eye contact. Then ask the Asperger kid a question, which requires him to engage in the present activity or conversation.

09:26AM (-07:00)

The Importance of Support for Parents with Autistic Children

Autism support groups

Support groups can be very helpful when dealing with any developmental disability.

We need professionals too, but professionals often don't understand the challenges of dealing with something like autism on a day-to-day basis.

You become the expert on your child as do other parents.

Support groups can provide the opportunity to learn from other parents, but also provide the opportunity to vent when you need to vent.
Support groups also provide the opportunity to learn about community events such as training for families, and provide some helpful information about the autism diagnosis, among others.

This provides an opportunity to talk about the challenges that you face daily and network with others who may have faced the same challenge and had success.

Further, online support groups give parents that 24/7 option that they frequently need. The following are a list of support groups available to parents of autistic children.

Just copy and paste the link into your internet browser (e.g. Internet Explorer) www.bbbautism.com


http://lrs.ed.uiuc.edu/students/ajk/support.html

These are just a few of the possibilities open to you.

It is important to visit some sites and see which one/s you feel comfortable with. This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.

08:34AM (-07:00)
Hospitalization statistics for Aspergers [in England]:

The following are statistics from various sources about hospitalizations and Aspergers (Hospital Episode Statistics, Department of Health, England, 2002-03):

• 0% of hospital consultant episodes for Aspergers occurred in people over 75 in England 2002-03
• 0% of hospital consultant episodes for Aspergers were single day episodes in England 2002-03
• 0.002% (259) of hospital consultant episodes were for Aspergers in England 2002-03
• 0.021% (11,053) of hospital bed days were for Aspergers in England 2002-03
• 19% of hospital consultant episodes for Aspergers required emergency hospital admission in England 2002-03
• 21 was the mean age of patients hospitalized for Aspergers in England 2002-03
• 26 days was the median length of stay in hospitals for Aspergers in England 2002-03
• 32% of hospital consultant episodes for Aspergers occurred in 15-59 year olds in England 2002-03
• 32% of hospital consultant episodes for Aspergers were for women in England 2002-03
• 68% of hospital consultant episodes for Aspergers were for men in England 2002-03
• 74.7 days was the mean length of stay in hospitals for Aspergers in England 2002-03
• 97% of hospital consultant episodes for Aspergers required hospital admission in England 2002-03

02:12PM (-07:00)

How to advise my son on social skills...

Question--

I would like to know how to advise my son on social skills, such as making friends without being insulting to others.

Answer--

One of the behavioural traits seen in children with Asperger’s Syndrome is a lack of empathy. They don’t realize that other people have thoughts and interests that are different from theirs. They’ll interrupt a conversation and start churning out facts about their pet interest - which could be something like medieval history, Star Wars’ trivia, or math - even if it has nothing to do with what the other children are talking about. This and
their lack of other social skills, such as looking others in the eyes when conversing, responding appropriately to greetings and questions, and understanding fads and the interests of peers makes making friends very difficult for Asperger’s children.

With some Asperger’s children, social abilities remain intact or aren’t really noticed until around age eight. It is around this time that their classmates begin perceiving them as “different.” The child is singled out for teasing. In addition, the child may be seen as oppositional because children with Asperger’s Syndrome take words and gestures very literally. Communication with Asperger’s children must be “concrete” (brief and easily understood).

Your son can be taught most of the same social skills that children without Asperger’s learn on their own. You can work with your son’s school to produce cards or posters with facial expressions that define feelings. Also, full-length mirrors can be used to make children aware of their facial expressions and overall body language. You and his teachers can role play social situations with him to help him learn appropriate responses and actions.

Speaking of schools, it is unfortunate that there are few schools fully equipped to help children with Asperger’s Syndrome. The number of schools with diagnostically appropriate services will increase when parents, doctors, and social service practitioners lobby educational institutions for assistance in teaching Asperger’s children.

Until the school provides more assistance with your son, there are a number of things that you can do at home. You can surround your son with friends and family so he will have familiar people around on a consistent basis. If your son is intimidated by a large number of people, just have one friend over at a time.

In addition to friends, you can train your son in appropriate social and perceptual skills. He can learn to perceive and interpret nonverbal behaviors, process visual and auditory information, and become aware of social/behavioral conventions.

To help you help your son, go on the internet and look for Asperger’s Syndrome support groups. Look for a group in your area. If there is none available, there are people who stay in touch via the internet. Whether in person or over the internet, they can give you advice and support which will help you help your son.
The Importance of Support for Parents with Autistic Children—

Applied Behavioral Analysis

It is often difficult to understand why the autistic child behaves the way they do.

However, there is a reason for their behavior, and applied behavior analysis helps us understand the behavior and determine a method of support for the child so that they no longer need the behavior to meet their needs.

Using Applied Behavior Analysis, you can determine the antecedents to behavior, identify the behavior, and identify the consequence for the behavior, or what is currently maintaining the behavior.

Using this process, you can determine alternative behaviors that are more appropriate, yet will meet your child's needs, without displaying the inappropriate behavior.

This aids parents in understanding their child better and helps outline a method to change their behavior.

An excellent new manual and CD called "The ABA Program Companion: Organizing Quality Programs for Children with Autism and PDD" by J. Tyler Fovel is a huge resource in this area.

It is designed to helping understand the theories behind ABA, and help to develop a method to put these concepts into use.

Further, it helps to develop goals to work on and provides very practical application materials for the user.

Using clear language, illustrations, and real-life examples, the topics covered include basic ABA concepts; teaching formats; the principles, merit and clinical applications of discrete trials; incidental teaching; teaching language and social skills; inclusion; curriculum planning and evaluation, among many others, featuring more than 500 goals in 54 areas, allowing users to easily choose goals, maintain updated program lists and track mastered skills.

08:50AM (-07:00)
Asperger's Syndrome: Quick Facts

Asperger's Syndrome is:

- a complex brain disorder that falls within the Autism spectrum
- a developmental condition in which people have difficulties understanding how to interact socially
- a difficult thing to handle and thus Aspergers school teaching can be taken as a challenge
- a mild variation of autism; however, individuals with Asperger's Syndrome have normal intelligence and language development
- a neurological disorder with symptoms similar to those of "classic" autism
- a pervasive disorder characterized by persistent impairments in social interaction, restricted development and repetitive patterns of behavior, interests, and activities
- an autistic spectrum disorder characterized by difficulties with social interaction, motor delays, adherence to routines, average to above-average intelligence, and preoccupation with a particular subject of interest
- called a syndrome because the cause is not known, but it does describes how a person thinks, feels, and acts as a human being
- characterized as being at the mildest and highest functioning end of the spectrum, or Pervasive Developmental Disorder Continuum
- is a developmental disorder in which people have severe difficulties understanding how to interact socially
- the same diagnosis as Autism except it explicitly states no retardation or speech problems
- typically associated with poor social behavior
- very hard to diagnosis

Children with Asperger's syndrome:

- are isolated because of their poor social skills and narrow interests
- are often the target of bullying at school due to their unusual behavior, language,
interests, and impaired ability to perceive and respond in socially expected ways to nonverbal cues, particularly in interpersonal conflict

- display motor delays, clumsiness, and problems with social interaction

- have difficulty with social interactions and understanding unspoken social cues

- have traits that make them appear to be perfectionists

- have trouble interacting with their peers, but can carry on an intelligent and often animated conversation with adult

- may appear to be physically clumsy

- may be extremely literal and may have difficulty interpreting and responding to sarcasm or banter

- may talk at length about a favorite subject or repeat a word or phrase over and over again

- often have difficulty with transitions or changes and prefer sameness

- often have limited and very focused interests

- often mature more slowly

- often show a stilted or bouncy walk, which appears awkward

- struggle with a problem and internalize their feelings until their emotions boil over, leading to a complete meltdown

- take verbal and written communication literally

- tend to be self-absorbed, have difficulty making friends, are often preoccupied with their own interests and easily become the victims of teasing or bullying

- typically develop a good to excellent vocabulary, but they usually lack the social instincts and practical skills needed for relating to others

- typically exhibit distinct awkwardness when in just about any kind of social setting, as well as an all-absorbing interest in specific topics or subjects, utilizing intense focus

- typically make efforts to establish friendships, but they may have difficulty making friends because of their social awkwardness

- usually have a history of developmental delays in motor skills such as pedaling a bike, catching a ball, or climbing outdoor play equipment
usually have excellent memories, especially in the area of facts, figures, dates, times and statistics

want to know everything about their topic of interest and their conversations with others will be about little else

will have some of the traits typical of the syndrome

07:51AM (-07:00)

How to deal with my son’s frustrations...

Question--

I would like ideas on how to deal with my son’s frustrations. He will either dig his heels in and refuse to do what he is supposed to do, or he shuts down and then we have a time away so he can get himself together to discuss the problem. It seems he works himself up over things that are not that big a deal.

Answer--

People with Aspergers overreact to crowds, confusing situations, sensory stimuli, and situations in which they are asked to do things they don’t want to do. Situations or problems that seem minor to most of us are a “big deal” to those with Asperger’s because they don’t know how to handle them. Removing your son from a stressful situation and giving him time to calm down is an excellent idea. Then if he is willing to discuss the problem, you may be able to help him learn how to handle a similar situation in the future. His frustration and stubbornness are due to the anxiety he feels and his inability to handle situations; he can’t help those feelings.

Generally, there are two therapeutic approaches to working with the anxiety disorders seen in Asperger’s Syndrome children. The first is cognitive psychology, which is an approach that focuses on the client’s mental processes, such as problem solving, memory, and language. A cognitive psychologist will want to know how your son perceives and solves his problems.

A cognitive psychologist will be able to help your son figure out exactly what triggers his anger. The psychologist will help him change the negative environment that fuels his anger and develop various age-appropriate techniques for coping with anxiety.

The psychologist’s recommendations might be simple, like lowering lights and sound levels, or it could be more complex, and therapy might become long term. In addition to cognitive psychology, medication may be recommended for your son. A psychiatrist can prescribe medications that will help reduce your son’s frustrations and reduce his
anxieties. Please note that antidepressants like Zoloft and Prozac have been prescribed for Asperger's children, but they have also been known to cause serious problems. Ask the psychiatrist to explain all of the behavioral changes and discuss the possible side effects of any medication that is prescribed.

The second approach for helping your son and one of the most frequently recommended interventions for children with Asperger's Syndrome is for you, as a parent, to make his life structured and consistent. If he has chores to do around the house, they can be done on a certain day and at a specified time. You didn't state your son’s age, but, assuming that he is (or will be) in school, he can leave for school at the same time every day, and he be expected to return home at a certain time every day, also.

Structure can be built into his life for recreational activities, in addition to his school obligations and household chores. If he enjoys video games, a time can be set aside that is predictable for the both of you. He can complete school homework and chores while looking forward to the recreational time that he knows will occur at the same time every day.

Your son is becoming easily frustrated over things that he perceives as too challenging. You can provide a “wraparound” treatment for him by surrounding him with a psychologist that he can talk to, medication he can use to reduce anxiety, and a predictable home environment each day.

10:04AM (-07:00)

**Autism Anxiety Overload**

The renowned autism expert Tony Atwood is fond of putting it this way: “Autism is anxiety looking for a target.”

Autism and anxiety go hand-in-hand.

Autism affects a person’s ability to communicate with others or to understand the world around him, and that’s bound to cause anxiety and panic sometimes.

Anxiety becomes even worse when there is a change in the autistic child’s routine.

Even positive and “fun” changes, like a school field trip or a visit to the zoo, can increase anxiety and aggressive behaviors.
For parents, the best course of action is to anticipate upcoming changes and help your child prepare for them.

Many parents find it helpful to use stories and pictures to prepare children for impending disruptions.

If it’s a field trip to the zoo, for example, use pictures to show your child what he’ll see at the zoo, what the zoo will be like, and what sort of things to expect.

Do this each day for three or four days prior to the trip.

That way, when the trip actually happens, the child won’t be entirely out of his element, but will already understand and appreciate some of what will be happening.

Other changes in the routine are less enjoyable but still necessary.

Getting a new teacher can be traumatic, as can moving to a new house.

If at all possible, try to spread out the major changes.

If you move to a new house, try to do it during the summer, so that your child won’t have to deal with the added anxiety of getting a new school and new teacher mid-year.

You can also introduce your child to the concept of “change” in a positive way by practicing with non-negative things.

For example, just for practice, give him a little extra TV time instead of homework time one night, to show that changes in the routine can often be fun and good.

Then practice with a neutral change (homework after dinner instead of before dinner), then with a negative one (changing play time into chore time).
This process can help your child grow accustomed to the idea of change and learn to adapt without becoming anxious.

For continual, ongoing anxiety, many parents have begun using anti-anxiety medications for their autistic children.

Usually, the medications are selective serotonin reuptake inhibitors (SSRIs), and are also used for obsessive-compulsive disorder and depression.

Prozac, Luvox, Zoloft and Anafranil are all common for anxiety in autistic children.

For behavioral problems, antipsychotics such as Haldol, fluphenazine and chlorpromazine can be prescribed.

These can reduce aggression in autistic kids, but sometimes also cause sedation and muscle stiffness.

All patients are different.

You and your doctor should monitor your child's progress very closely, using the lowest dose of medication possible, to see if what improvements it makes and whether there are any adverse reactions.

Medication should be the last resort for autism, not the first one.

There are a number of natural remedies available if you don’t want to go down the drug route.

But try behavioral and dietary modifications first, to see what improvements can be made naturally.
Long-term side effects of Seroquel and Concerta...

Question--

I would like to know the long-term side effects of Seroquel and Concerta medications. Answer--

Just as a precursor to this question (as it covers medication) I need to point out that I am not a doctor or medically trained individual and any information in this article is for information purposes only. You must seek appropriate medical advice from an approved health care practitioner for medical diagnosis and treatment. OK boring legal jargon out of the way let’s get on with the article …

Seroquel is an antipsychotic medication that changes the chemical activity within the brain. It treats the symptoms of schizophrenia and bipolar disorder (manic depression), which are psychotic disorders.

Be aware that the following is a comprehensive list of possible reactions to Seroquel. It is rare that most or all of these symptoms will occur.

As with most other medications, there are side effects when taking Seroquel. This medication might cause high blood sugar, diabetes, and suicidal thoughts. Also, Seroquel might cause impairment of thoughts or reactions to external events, and it is not recommended to take Seroquel if you are going to operate a motor vehicle. Another side effect of Seroquel includes adverse reactions if alcohol is consumed.

Please be careful if you are also taking medicine for colds/allergies, sleeping pills, muscle
relaxants, or antidepressants. You can become sleepy if Seroquel interacts with these medications.

You will need to contact an emergency medical facility if the following reactions occur: difficulty breathing, hives, swelling of the face, lips, tongue, or throat.

Call your doctor at once if you have any new or worse symptoms such as: mood or behaviour changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts of suicide or hurting yourself.

Concerta is widely known to be a medication that treats Attention-Deficit Hyperactivity Disorder (ADHD). While Concerta offers a number of advantages over pre-existing ADHD medications, it has side effects that you should know about.

Concerta is taken once a day because it is a timed-release medication. It comes in capsule form, and it has an outer coating of medication that quickly dissolves when swallowed. The medicinal effect of Concerta lasts twelve hours, and the following need to be considered when taking this medication:

It should be taken in the morning hours. If a dose is skipped, wait until the following day; otherwise, your sleep/wake cycle will be affected.

A dose of Concerta cannot be adjusted. Any change in milligrams must be done with a new prescription. Also, a Concerta capsule cannot be mixed with food; this will prevent the proper release of the medication.

Concerta is not recommended for people with digestive problems.

A comprehensive list of Concerta side effects includes: abdominal pain aggravation, aggression, anxiety, depression, hostility, insomnia and prolonged sleepiness, loss of appetite, increased coughing, nervousness, sadness, drug dependence, dizziness, headache, tics, sinusitis, upper respiratory tract infection, vomiting, allergic reactions, increased blood pressure, and psychosis.

Concerta is not recommended for children under the age of six or pregnant women. Also, Concerta may be habit forming.

09:00AM (-07:00)
Autism: Quick Facts

Autism is:

· a brain development disorder that impairs social interaction and communication, and causes restricted and repetitive behavior, all starting before a child is three years

· a brain disorder that is associated with a range of developmental problems, mainly in communication and social interaction

· a complex developmental disability that typically appears during the first three years of life and is the result of a neurological disorder that affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills

· a developmental disability of the brain, much like dyslexia, mental retardation, or attention deficit disorder

· a developmental disability that affects a person's verbal and non-verbal communication, understanding of language, and socialization with peers

· a developmental disorder which is being diagnosed much more frequently today than it was ten years ago

· a lifelong, neurological disorder that significantly affects how a person perceives the world, interacts with other people, and communicates

· a neurological condition which people are usually born with

· a pervasive developmental disorder, which means that for most of those afflicted, autism is lifelong

· a severe developmental disorder that begins at birth or within the first two-and-a-half years of life

· at least four times more common in boys than in girls

· considered a FINAL COMMON PATHWAY because research suggests that there are several factors and conditions which may result in autism

· equally distributed among all of the social classes and also among ethnic groups, racial groups and nationalities

· four times more prevalent in boys than in girls and knows no racial, ethnic, or social boundaries

· frequently referred to as a "spectrum disorder," meaning that someone can be afflicted
severely or mildly, or to any degree in between

· likely to be linked to several genes

· marked by serious difficulties in interacting and communicating with other people

· more common than childhood cancer, cystic fibrosis, and multiple sclerosis combined

· much more common in people with certain genetic, chromosomal, and metabolic disorders, such as fragile X syndrome (an inherited form of mental retardation whose name refers to a damaged and fragile-looking X chromosome), phenylketonuria (an inherited condition in which the body lacks the enzyme needed to process the amino acid phenylalanine, leading to mental retardation) and tuberous sclerosis (a rare genetic disorder that causes benign tumors to grow throughout the body and brain)

· not “a fate worse than death”

· not a mental illness

· not a psychosis or lack of reality contact

· not the result of poor parenting

· now diagnosed in 1 out of 150 American children, and some people believe the numbers may be under-reported

· one of a group of disorders known as autism spectrum disorders (ASDs)

· one of a number of possible outcomes for children with this genetic predisposition for communication or learning problems

· one of five disorders that falls under the umbrella of Pervasive Developmental Disorders (PDD), a category of neurological disorders characterized by “severe and pervasive impairment in several areas of development

· referred to as a spectrum disorder because it ranges in severity across a wide range of conditions, like the colors of a rainbow

· the most severe of the developmental disabilities with an incidence of approximately 1 per 1000 live births

· thought by the scientific community to be of genetic origin More facts—

Children with autism are not unruly or spoiled kids who just have a behavior problem.

The vast majority of persons with autism are not savants, like the character portrayed by
Dustin Hoffman in the movie.

Children with autism are not without feelings and emotions. Furthermore, no known psychological factors in the development of the child have been shown to cause autism.

It used to be thought that autism is just a fate that you accept.

According to the Department of Education and other governmental agencies, autism is growing at a startling rate of 10-17 percent per year. And although the overall incidence of autism is consistent around the globe, it is four times more prevalent in boys than in girls.

Most experts will say that autism is probably caused by a combination of genetic and environmental factors.

One aspect of autism is that it is like being in perpetual culture shock, no matter where the autistic person goes or how long the autistic person stays.

Exactly what causes autism is still unknown.

Although a single specific cause of autism is not known, current research links autism to biological or neurological differences in the brain.

Although autism is defined by a certain set of behaviors, children and adults can exhibit any combination of the behaviors in any degree of severity.

It is important to remember that every person with autism is an individual.

09:16AM (-07:00)

Asperger's: Quick Facts

Aspergers is:

- a disease, not a super power
- a form of autism that affects language less, but with difficulties with appropriate speech and communicative development
· a form of autism, which affects the way a person communicates and relates to others

· a highly functional form of autism

· a neurobiological disorder named for a Viennese physician, Hans Asperger, who published a paper in 1944 describing the autistic-like condition

· a neurobiological disorder, which falls at the 'high end' of the autistic spectrum

· a type of autism, which leads to difficulties in communication and understanding, and partners of people with the syndrome often don't know that their partners' behavior is due to a disorder

· characterized by social interaction difficulties and impairments related to a restricted, repetitive, stereotype behavior

· not the result of the way one is brought up

· often confused with ADD and ADHD

Aspergers Treatment:

· can help children learn how to interact more successfully with their peers

· focuses on the three main symptoms: poor communication skills, obsessive or repetitive routines, and physical clumsiness

· involves medication for co-existing conditions, cognitive behavioral therapy, and social skills training

· is geared toward improving communication, social skills, and behavior management

· is not a cure, but there are a number of different interventions that have been shown to be effective in reducing symptoms associated with AS

· mainly helps to build on the child’s interests, teaches the task as a series of simple steps and offers a predictable schedule

· requires an interdisciplinary approach

· should be tailored to meet individual needs

· strives to improve your child’s abilities to interact with other people and thus to function effectively in society and be self-sufficient

More facts as reported by children and teens with Aspergers—
To talk to a person with Aspergers is like talking to a college professor.

Some doctors think Aspergers is the same as high functioning autism; other doctors think it’s more like a nonverbal learning disability.

The deferment of a Schizoid or Schizotypal or personality disorder for Aspergers is NOT under Aspergers disorder in the DSM.

Having Aspergers is like being on a different planet.

Sometimes having Aspergers is really annoying because, for example, at school, I get special treatment or other people pick on me because I'm weird or different.

While Aspergers is not classified as a learning disability, it is a disorder that impacts learning.

Treating Aspergers is a complex process that involves spending time with the child, gathering background information from parents and teachers, directly testing the child, and integrating information into a comprehensive picture.

Studies are on the way to discover the best treatment for Asperger’s syndrome, which includes the use of functional magnetic resonance imaging (MRI) to identify the abnormalities in the brain which causes malfunction of the same, which in turn result in Asperger’s syndrome.

Speech pathologists, social workers, psychologists and developmental pediatricians all may be involved in treatment.

Asperger's Syndrome: Comprehensive Summary

Aspergers syndrome is a form of autism, a disability that affects the way a person communicates and relates to others. Technically, Aspergers Syndrome is not a mental illness.

Syndrome

If you know of a child who is having a greater degree of language impairment than other children or has diminished communication skills and also exhibits a restrictive pattern of thought and behavior, he may have Asperger’s syndrome.

The peculiar symptom of Asperger’s syndrome is a child’s obsessive interest in a single object or topic to the exclusion of any other. The child suffering from Asperger’s syndrome wants to know all about this one topic.
Social

Although children suffering from Asperger’s syndrome can manage themselves with their disabilities, the personal relationships and social situations are challenging for them. People with Asperger's syndrome have some traits of autism, especially weak social skills and a preference for sameness and routine. Children with Asperger's syndrome typically develop a good to excellent vocabulary, although they usually lack the social instincts and practical skills needed when relating to others. They may not recognize verbal and non-verbal cues or understand social norms, such as taking turns talking or grasping the concept of personal space. Children with Asperger's typically make efforts to establish friendships, but they may have difficulty making friends because of their social awkwardness.

Skills

Developmental delays in motor skills such as catching a ball, climbing outdoor play equipment or pedaling a bike may also appear in the child with Asperger’s syndrome. Your health professional will also test for understanding of nonverbal forms of communication and nonliteral language skills, such as understanding of humor or metaphor. Using computers can also help children improve fine motor skills and organize information.

Symptoms

In most cases, symptoms will present themselves before a child is 3 years old. Other Asperger’s symptoms include the inability to interact successfully with peers, clumsy and uncoordinated motor movements, repetitive routines or rituals, socially and emotionally inappropriate behavior, and last, but not least, problems with non-verbal communication. The therapy for the Asperger’s syndrome mainly concentrates on three-core symptoms: physical clumsiness, obsessive or repetitive routines, and poor communication skills. It is unfortunate that there is no single treatment for the children suffering from the entire three-core symptoms.

Treatment

The treatment package of Asperger’s syndrome for children involves medication for co-existing conditions, cognitive behavioral therapy, and social skills training. The Asperger's syndrome treatment mainly helps to build on the child’s interests, teaches the task as a series of simple steps and offers a predictable schedule. Studies are on the way to discover the best treatment for Asperger’s syndrome, which includes the use of functional magnetic resonance imaging (MRI) to identify the abnormalities in the brain which causes malfunction of the same, which in turn result in Asperger’s syndrome. Even the analysis of the DNA of the Asperger’s syndrome sufferers and their families may cause a breakthrough in the treatment of the Asperger’s syndrome.

Language
The main difference between autism and Asperger's syndrome is that the child suffering from Asperger's syndrome retains his early language skills. It is classified as an autism spectrum disorder, one of a distinct group of neurological conditions characterized by a greater or lesser degree of impairment in language and communication skills, as well as repetitive or restrictive patterns of thought and behavior. Unlike children with autism, children with Asperger's syndrome retain their early language skills. In autistic children, language is often absent, lost, limited, or very slow to develop. In children with Asperger's, however, language development often falls within normal limits.

Parents

Many parents find comfort and build acceptance with help from support groups, counselling, and a network of friends, family, and community. A diagnosis is best made with input from parents, doctors, teachers, and other caregivers who know or who have observed the child. In the past 20 years, many parents have recognized that their child, originally diagnosed as "autistic" is actually an Asperger's child.

Support

In order to maintain an independent life, the Asperger’s syndrome sufferers require moral support and encouragement to work successfully in mainstream jobs. You can best serve your child by learning about Asperger's syndrome and providing a supportive and loving home environment. Remember, your child, just like every other child, has his or her own strengths and weaknesses and needs as much support, patience, and understanding as you can give. Visual supports, including schedules and other written materials that serve as organizational aids, can be helpful.

Diagnosis

A diagnosis is based on a careful history of the child’s development, psychological and psychiatric assessments, communication tests, and the parents' and clinicians' shared observations. When making a diagnosis, your health professional will see if your child meets the criteria published in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), a publication of the American Psychiatric Association. As the awareness of Asperger's syndrome increases, more people are seeking a diagnosis in the adult stage of life. There is a significant gender difference--males receive the diagnosis up to four times more often than females for reasons that are not well understood.

Speech

Sometimes their speech patterns and vocabulary may resemble that of a little professor. Individuals with Asperger's Syndrome are quite often easily understood, and have intelligible speech before being 4 years old.

Treatment

Treatment for Asperger's syndrome should be tailored to meet individual needs. Treatments address the three core symptoms of Asperger's syndrome: poor
communication skills, obsessive or repetitive routines, and physical clumsiness. Treatment may also include social skills training, cognitive behavioral therapy, medication for co-existing conditions, and other measures. Treatment for Asperger’s syndrome strives to improve your child’s abilities to interact with other people and thus to function effectively in society and be self-sufficient. Treatment is geared toward improving communication, social skills, and behavior management. Treatment for children with Asperger’s Syndrome requires an interdisciplinary approach. Studies are on the way to discover the best treatment for Asperger's syndrome, which includes the use of functional magnetic resonance imaging (MRI) to identify the abnormalities in the brain which causes malfunction of the same, which in turn result in Asperger's syndrome.

An effective treatment program builds on the child’s interests, offers a predictable schedule, teaches tasks as a series of simple steps, actively engages the child’s attention in highly structured activities, and provides regular reinforcement of behavior. Occupational therapists can use this information and incorporate sensory processing into treatment interventions to children with Asperger’s syndrome. There is no single best treatment package for all children with Asperger’s syndrome, but most professionals agree that the earlier the intervention, the better.

Medication

Medications for Asperger's syndrome are generally avoided, especially in young children, but may be recommended for specific symptoms, such as depression. Medication for depression may be recommended for adolescents with Asperger's syndrome. Medications may help improve specific behaviors, such as anxiety, depression or hyperactivity. Medication is also sometimes used to ease anxiety and depression, to increase attention span or to decrease significant compulsive or ritualistic behaviors.

08:45AM (-07:00)

Re: Sibling of Aspergers Child

Question

I would like some tips on how to teach a younger sibling (age 3, not in school yet due to rural location) not to pick up unwanted behaviours from his brother.

Answer

You might be concerned that your 3-year-old will pick up unwanted behaviours because he might have Asperger’s Syndrome, also. Asperger’s does, indeed, have a genetic component.

New research in the area of Asperger’s has shown that toddler siblings of autistic children
are more likely to exhibit the same atypical behaviours as their brothers and sisters with autism, even when they don’t eventually develop the disorder. Andy Shih, PhD, of the Baby Sibling Research Consortium, states that this increases the importance of careful monitoring of high-risk siblings of children with autism (or Asperger’s) for any signs of a disorder. If one should occur, you are well-situated for early intervention. If atypical behaviours occur, but there is no Asperger’s, you will feel relief at knowing that your second child does not have it.

If you have a child with Asperger’s, the odds are 50 to 100 times greater that your second child will be diagnosed with Asperger’s. At the age of three, it might be difficult to tell if the child has Asperger’s. Ask yourself the following:

Does your younger son have age-appropriate communication skills? Does he follow his brother’s exact behaviours?

Is he overreacting to sensory stimuli (actions, lights, sounds)? Does he cover his eyes or ears to avoid sensory stimuli?

If you answered “No” to these questions, your son is probably just imitating his older brother, and that is very common with siblings. He might see his older brother as a role model, or he sees his brother getting a lot of attention for these behaviours, and he is imitating him to get some of the attention.

If you answered “Yes” to the above questions, consider having a professional, such as an Intervention Specialist or special education teacher, observe your three-year-old when he interacts with his brother, and when he is alone. You might be thinking of waiting to see if your son outgrows these behaviours; however, if he does have Asperger’s Syndrome, you should begin early intervention. Make sure that the professional you consult is experienced in assessing autism spectrum disorders, and that his experience specifically includes Asperger’s Syndrome.

Your awareness of the sibling relationship, along with the help of a professional, and the book mentioned above will give you information and assistance to help with your three-year-old, if he, too, is diagnosed with Asperger’s Syndrome. Stay in touch with the professional involved and re-read the book so that you can provide a comprehensive level of care for both your children.
Coping with Autism and Puberty

Puberty is a challenge for everyone, but especially for those who are developmentally disabled, such as autistic individuals.

As a parent, you need to prepare yourself and your child for this event.

Talking about sexuality with an autistic child needs to be straight forward.

Autistic individuals do not pick up on social cues, therefore when talking about sexuality it is important to use concrete terms.

Use real terms to describe what you are talking about.

Expect that your child will be a sexual being, and understand that with a diagnosis of autism often comes an inability to control impulse behaviors.

It is important to be proactive when preparing yourself and your child for puberty. Teach them it is okay to be a sexual being, but this is also a private time.

Teach them about good touch/bad touch so that they are not vulnerable.

Let them know that you are comfortable (and work at it if you are not) with this type of conversation so that they can be comfortable too.

It is often difficult to accept this reality in our children, especially when they have a developmental disability.

It is difficult to accept the reality of the expression of sexual needs in people with autism.

They need to understand their right to express their sexuality through masturbation, but also need to understand the important of privacy.

They also need to understand that sexuality, while a social behavior, is constrained by social rules.

They need skills to enable them to behave acceptably in open society.

It is important to visit some sites and see which one/s you feel comfortable with. This is just one of the many tricks, tips and techniques that you can use to cope with your Autistic child’s behaviors that feature in my new book “The Parenting Autism Resource Guide”.


Asperger's Syndrome: Comprehensive Overview

Aspergers (also called Asperger's syndrome, Asperger's disorder, Asperger's or AS) is the autism spectrum disorder (ASD) in which there is no general delay in language or cognitive development. Like the more severe AUTISM SPECTRUM DISORDERs, it is characterized by difficulties in social interaction and restricted, stereotyped patterns of behavior and interests. Although not mentioned in standard diagnostic criteria for Aspergers, physical clumsiness and atypical use of language are frequently reported.

Aspergers is named after Austrian pediatrician Hans Asperger who, in 1944, described kids in his practice who lacked nonverbal communication skills, demonstrated limited empathy with their peers, and were physically clumsy. Fifty years later, ASPERGERS was standardized as a diagnosis, but questions about many aspects of ASPERGERS remain. For example, there is lingering doubt about the distinction between Aspergers and high-functioning autism (HFA); partly due to this, the prevalence of ASPERGERS is not firmly established. The exact cause of ASPERGERS is unknown, although research supports the likelihood of a genetic basis; brain imaging techniques have not identified a clear common pathology.

There is no single management for Aspergers, and the effectiveness of particular interventions is supported by only limited data. Intervention is aimed at improving symptoms and function. The mainstay of management is behavioral therapy, focusing on specific deficits to address poor communication skills, obsessive or repetitive routines, and physical clumsiness. Most people with ASPERGERS can learn to cope with their differences, but may continue to need moral support and encouragement to maintain an
Researchers and people with ASPERGERS have advocated a shift in attitudes toward the view that ASPERGERS is a difference, rather than a disability that must be treated or cured.

Classification---

Aspergers is one of the autism spectrum disorders (ASD) or pervasive developmental disorders (PDD), which are a spectrum of psychological conditions that are characterized by abnormalities of social interaction and communication that pervade the individual's functioning, and by restricted and repetitive interests and behavior. Like other psychological development disorders, AUTISM SPECTRUM DISORDER begins in infancy or childhood, has a steady course without remission or relapse, and has impairments that result from maturation-related changes in various systems of the brain. AUTISM SPECTRUM DISORDER, in turn, is a subset of the broader autism phenotype (BAP), which describes people who may not have AUTISM SPECTRUM DISORDER but do have autistic-like traits, such as social deficits. Of the other four AUTISM SPECTRUM DISORDER forms, autism is the most similar to ASPERGERS in signs and likely causes but its diagnosis requires impaired communication and allows delay in cognitive development; Rett syndrome and childhood disintegrative disorder share several signs with autism, but may have unrelated causes; and pervasive developmental disorder not otherwise specified (PDD-NOS) is diagnosed when the criteria for a more specific disorder are unmet. The extent of the overlap between ASPERGERS and high-functioning autism (HFA—autism unaccompanied by mental retardation) is unclear. The current AUTISM SPECTRUM DISORDER classification may not reflect the true nature of the conditions.

Characteristics---

A pervasive developmental disorder, Aspergers is distinguished by a pattern of symptoms rather than a single symptom. It is characterized by qualitative impairment in social interaction, by stereotyped and restricted patterns of behavior, activities and interests, and by no clinically significant delay in cognitive development or general delay in language. Intense preoccupation with a narrow subject, one-sided verbosity, restricted prosody, and physical clumsiness are typical of the condition, but are not required for diagnosis.

Social interaction---

The lack of demonstrated empathy is possibly the most dysfunctional aspect of Aspergers. People with ASPERGERS experience difficulties in basic elements of social interaction, which may include a failure to develop friendships or to seek shared enjoyments or achievements with others (for example, showing others objects of interest); a lack of social or emotional reciprocity; and impaired nonverbal behaviors in areas such as eye contact, facial expression, posture, and gesture.

Unlike those with autism, people with ASPERGERS are not usually withdrawn around others; they approach others, even if awkwardly, for example by engaging in a one-sided, long-winded speech about a favorite topic while being oblivious to the listener's feelings.
or reactions, such as signs of boredom or haste to leave. This social awkwardness has been called "active but odd". This failure to react appropriately to social interaction may appear as disregard for other people's feelings, and may come across as insensitive. The cognitive ability of kids with ASPERGERS often lets them articulate social norms in a laboratory context, where they may be able to show a theoretical understanding of other people's emotions; they typically have difficulty acting on this knowledge in fluid, real-life situations, however. People with ASPERGERS may analyze and distill their observation of social interaction into rigid behavioral guidelines and apply these rules in awkward ways—such as forced eye contact—resulting in demeanor that appears rigid or socially naive. Childhood desires for companionship can be numbed through a history of failed social encounters.

The hypothesis that people with ASPERGERS are predisposed to violent or criminal behavior has been investigated but is not supported by data. More evidence suggests kids with ASPERGERS are victims rather than victimizers.

Restricted and repetitive interests and behavior---

People with ASPERGERS often display intense interests, such as this boy's fascination with molecular structure.

People with Aspergers often display behavior, interests, and activities that are restricted and repetitive and are sometimes abnormally intense or focused. They may stick to inflexible routines, move in stereotyped and repetitive ways, or preoccupy themselves with parts of objects.

Pursuit of specific and narrow areas of interest is one of the most striking features of ASPERGERS. People with ASPERGERS may collect volumes of detailed information on a relatively narrow topic such as dinosaurs or deep fat fryers, without necessarily having genuine understanding of the broader topic. For example, a youngster might memorize camera model numbers while caring little about photography. This behavior is usually apparent by grade school, typically age 5 or 6 in the United States. Although these special interests may change from time to time, they typically become more unusual and narrowly focused, and often dominate social interaction so much that the entire family may become immersed. Because topics such as dinosaurs often capture the interest of kids, this symptom may go unrecognized.

Stereotyped and repetitive motor behaviors are a core part of the diagnosis of ASPERGERS and other AUTISM SPECTRUM DISORDERS. They include hand movements such as flapping or twisting, and complex whole-body movements. These are typically repeated in longer bursts and look more voluntary or ritualistic than tics, which are usually faster, less rhythmical and less often symmetrical.

Speech and language---

Although people with Aspergers acquire language skills without significant general delay and their speech typically lacks significant abnormalities, language acquisition and use is often atypical. Abnormalities include verbosity; abrupt transitions; literal interpretations
and miscomprehension of nuance; use of metaphor meaningful only to the speaker; auditory perception deficits; unusually pedantic, formal or idiosyncratic speech; and oddities in loudness, pitch, intonation, prosody, and rhythm.

Three aspects of communication patterns are of clinical interest: poor prosody, tangential and circumstantial speech, and marked verbosity. Although inflection and intonation may be less rigid or monotonic than in autism, people with ASPERGERS often have a limited range of intonation; speech may be unusually fast, jerky or loud. Speech may convey a sense of incoherence; the conversational style often includes monologues about topics that bore the listener, fails to provide context for comments, or fails to suppress internal thoughts. People with ASPERGERS may fail to monitor whether the listener is interested or engaged in the conversation. The speaker's conclusion or point may never be made, and attempts by the listener to elaborate on the speech's content or logic, or to shift to related topics, are often unsuccessful.

Kids with ASPERGERS may have an unusually sophisticated vocabulary at a young age and have been colloquially called "little professors", but have difficulty understanding figurative language and tend to use language literally. Kids with ASPERGERS appear to have particular weaknesses in areas of nonliteral language that include humor, irony, and teasing. Although people with ASPERGERS usually understand the cognitive basis of humor they seem to lack understanding of the intent of humor to share enjoyment with others. Despite strong evidence of impaired humor appreciation, there are anecdotal reports of humor in people with ASPERGERS, which challenge theories of humor in ASPERGERS.

Other---

People with Aspergers may have signs or symptoms that are independent of the diagnosis, but can affect the individual or the family. These include differences in perception and problems with motor skills, sleep, and emotions.

People with ASPERGERS often have excellent auditory and visual perception. Kids with AUTISM SPECTRUM DISORDER often demonstrate enhanced perception of small changes in patterns such as arrangements of objects or well-known images; typically this is domain-specific and involves processing of fine-grained features. Conversely, compared to people with HFA, people with ASPERGERS have deficits in some tasks involving visual-spatial perception, auditory perception, or visual memory. Many accounts of people with ASPERGERS and AUTISM SPECTRUM DISORDER report other unusual sensory and perceptual skills and experiences. They may be unusually sensitive or insensitive to sound, light, touch, texture, taste, smell, pain, temperature, and other stimuli, and they may exhibit synesthesia; these sensory responses are found in other developmental disorders and are not specific to ASPERGERS or to AUTISM SPECTRUM DISORDER. There is little support for increased fight-or-flight response or failure of habituation in autism; there is more evidence of decreased responsiveness to sensory stimuli, although several studies show no differences.

Hans Asperger’s initial accounts and other diagnostic schemes include descriptions of physical clumsiness. Kids with ASPERGERS may be delayed in acquiring skills requiring
motor dexterity, such as riding a bicycle or opening a jar, and may seem to move awkwardly or feel "uncomfortable in their own skin". They may be poorly coordinated, or have an odd or bouncy gait or posture, poor handwriting, or problems with visual-motor integration. They may show problems with proprioception (sensation of body position) on measures of apraxia (motor planning disorder), balance, tandem gait, and finger-thumb apposition. There is no evidence that these motor skills problems differentiate ASPERGERS from other high-functioning AUTISM SPECTRUM DISORDERs.

Kids with ASPERGERS are more likely to have sleep problems, including difficulty in falling asleep, frequent nocturnal awakenings, and early morning awakenings. ASPERGERS is also associated with high levels of alexithymia, which is difficulty in identifying and describing one's emotions. Although ASPERGERS, lower sleep quality, and alexithymia are associated, their causative relationship is unclear.

Causes---

Hans Asperger described common symptoms among his clients' family members, especially fathers, and research supports this observation and suggests a genetic contribution to Aspergers. Although no specific gene has yet been identified, multiple factors are believed to play a role in the expression of autism, given the phenotypic variability seen in this group of kids. Evidence for a genetic link is the tendency for ASPERGERS to run in families and an observed higher incidence of family members who have behavioral symptoms similar to ASPERGERS but in a more limited form (for example, slight difficulties with social interaction, language, or reading). Most research suggests that all autism spectrum disorders have shared genetic mechanisms, but ASPERGERS may have a stronger genetic component than autism. There is probably a common group of genes where particular alleles render an individual vulnerable to developing ASPERGERS; if this is the case, the particular combination of alleles would determine the severity and symptoms for each individual with ASPERGERS.

A few AUTISM SPECTRUM DISORDER cases have been linked to exposure to teratogens (agents that cause birth defects) during the first eight weeks from conception. Although this does not exclude the possibility that AUTISM SPECTRUM DISORDER can be initiated or affected later, it is strong evidence that it arises very early in development. Many environmental factors have been hypothesized to act after birth, but none has been confirmed by scientific investigation.

Mechanism---

Aspergers appears to result from developmental factors that affect many or all functional brain systems, as opposed to localized effects. Although the specific underpinnings of Aspergers or factors that distinguish it from other AUTISM SPECTRUM DISORDERs are unknown, and no clear pathology common to people with ASPERGERS has emerged, it is still possible that ASPERGERS’s mechanism is separate from other AUTISM SPECTRUM DISORDER. Neuroanatomical studies and the associations with teratogens strongly suggest that the mechanism includes alteration of brain development soon after conception. Abnormal migration of embryonic cells during fetal development may affect the final structure and connectivity of the brain, resulting in alterations in the neural
circuits that control thought and behavior. Several theories of mechanism are available; none are likely to provide complete explanations.

The underconnectivity theory hypothesizes underfunctioning high-level neural connections and synchronization, along with an excess of low-level processes. It maps well to general-processing theories such as weak central coherence theory, which hypothesizes that a limited ability to see the big picture underlies the central disturbance in AUTISM SPECTRUM DISORDER. A related theory—enhanced perceptual functioning—focuses more on the superiority of locally oriented and perceptual operations in autistic people.

The mirror neuron system (MNS) theory hypothesizes that alterations to the development of the MNS interfere with imitation and lead to Asperger's core feature of social impairment. For example, one study found that activation is delayed in the core circuit for imitation in people with ASPERGERS. This theory maps well to social cognition theories like the theory of mind, which hypothesizes that autistic behavior arises from impairments in ascribing mental states to oneself and others, or hyper-systemizing, which hypothesizes that autistic people can systematize internal operation to handle internal events but are less effective at empathizing by handling events generated by other agents.

Other possible mechanisms include serotonin dysfunction and cerebellar dysfunction. Screening---

Moms & dads of kids with Aspergers can typically trace differences in their kids' development to as early as 30 months of age. Developmental screening during a routine check-up by a general practitioner or pediatrician may identify signs that warrant further investigation. The diagnosis of ASPERGERS is complicated by the use of several different screening instruments, including the Aspergers Diagnostic Scale (AUTISM SPECTRUM DISORDERS), Autism Spectrum Screening Questionnaire (ASSQ), Childhood Aspergers Test (CAST), Gilliam Asperger's Disorder Scale (GADS), Krug Asperger's Disorder Index (KADI), and the Autism Spectrum Quotient (AQ). None have been shown to reliably differentiate between ASPERGERS and other AUTISM SPECTRUM DISORDERS.

Diagnosis---

Standard diagnostic criteria require impairment in social interaction, and repetitive and stereotyped patterns of behavior, activities and interests, without significant delay in language or cognitive development. Unlike the international standard, U.S. criteria also require significant impairment in day-to-day functioning. Other sets of diagnostic criteria have been proposed by Szatmari et al. and by Gillberg and Gillberg.

Diagnosis is most commonly made between the ages of four and eleven. A comprehensive assessment involves a multidisciplinary team that observes across multiple settings, and includes neurological and genetic assessment as well as tests for cognition, psychomotor function, verbal and nonverbal strengths and weaknesses, style
of learning, and skills for independent living. The current "gold standard" in diagnosing AUTISM SPECTRUM DISORDERs combines clinical judgment with the Autism Diagnostic Interview-Revised (ADI-R)—a semistructured parent interview—and the Autism Diagnostic Observation Schedule (ADOS)—a conversation and play-based interview with the youngster. Delayed or mistaken diagnosis can be traumatic for people and families; for example, misdiagnosis can lead to drugs that worsen behavior. Many kids with ASPERGERS are initially misdiagnosed with attention-deficit hyperactivity disorder (ADHD). Diagnosing adults is more challenging, as standard diagnostic criteria are designed for kids and the expression of ASPERGERS changes with age. Conditions that must be considered in a differential diagnosis include other AUTISM SPECTRUM DISORDERs, the schizophrenia spectrum, ADHD, obsessive compulsive disorder, depression, semantic pragmatic disorder, nonverbal learning disorder, Tourette syndrome, stereotypic movement disorder and bipolar disorder.

Underdiagnosis and overdiagnosis are problems in marginal cases. The cost of screening and diagnosis and the challenge of obtaining payment can inhibit or delay diagnosis. Conversely, the increasing popularity of drug management options and the expansion of benefits has motivated providers to overdiagnose AUTISM SPECTRUM DISORDER. There are indications ASPERGERS has been diagnosed more frequently in recent years, partly as a residual diagnosis for kids of normal intelligence who do not have autism but have social difficulties. There are questions about the external validity of the ASPERGERS diagnosis, that is, it is unclear whether there is a practical benefit in distinguishing ASPERGERS from HFA and from PDD-NOS; the same youngster can receive different diagnoses depending on the screening tool.

Management---

Aspergers management attempts to manage distressing symptoms and to teach age-appropriate social, communication and vocational skills that are not naturally acquired during development, with intervention tailored to the needs of the individual youngster, based on multidisciplinary assessment. Although progress has been made, data supporting the efficacy of particular interventions are limited.

The ideal management for ASPERGERS coordinates therapies that address core symptoms of the disorder, including poor communication skills and obsessive or repetitive routines. While most professionals agree that the earlier the intervention, the better, there is no single best management package. ASPERGERS management resembles that of other high-functioning AUTISM SPECTRUM DISORDERs, except that it takes into account the linguistic capabilities, verbal strengths, and nonverbal vulnerabilities of people with ASPERGERS. A typical program generally includes:

---cognitive behavioral therapy to improve stress management relating to anxiety or explosive emotions, and to cut back on obsessive interests and repetitive routines;

---drug therapy, for coexisting conditions such as depression and anxiety;

---occupational or physical therapy to assist with poor sensory integration and motor coordination;
---social communication intervention, which is specialized speech therapy to help with the pragmatics of the give and take of normal conversation;

---the training and support of moms & dads, particularly in behavioral techniques to use in the home;

---the training of social skills for more effective interpersonal interactions.

Of the many studies on behavior-based early intervention programs, most are case studies of up to five participants, and typically examine a few problem behaviors such as self-injury, aggression, noncompliance, stereotypies, or spontaneous language; unintended side effects are largely ignored. Despite the popularity of social skills training, its effectiveness is not firmly established. A randomized controlled study of a model for training moms & dads in problem behaviors in their kids with ASPERGERS showed that moms & dads attending a one-day workshop or six individual lessons reported fewer behavioral problems, while moms & dads receiving the individual lessons reported less intense behavioral problems in their ASPERGERS kids. Vocational training is important to teach job interview etiquette and workplace behavior to older kids and adults with ASPERGERS, and organization software and personal data assistants to improve the work and life management of people with ASPERGERS are useful.

No drugs directly treat the core symptoms of ASPERGERS. Although research into the efficacy of pharmaceutical intervention for ASPERGERS is limited, it is essential to diagnose and treat comorbid conditions. Deficits in self-identifying emotions or in observing effects of one's behavior on others can make it difficult for people with ASPERGERS to see why drug therapy may be appropriate. Drug therapy can be effective in combination with behavioral interventions and environmental accommodations in treating comorbid symptoms such as anxiety, depression, inattention and aggression. The atypical neuroleptic drugs risperidone and olanzapine have been shown to reduce the associated symptoms of ASPERGERS; risperidone can reduce repetitive and self-injurious behaviors, aggressive outbursts and impulsivity, and improve stereotypical patterns of behavior and social relatedness. The selective serotonin reuptake inhibitors (SSRIs) fluoxetine, fluvoxamine and sertraline have been effective in treating restricted and repetitive interests and behaviors.

Care must be taken with drugs; abnormalities in metabolism, cardiac conduction times, and an increased risk of type 2 diabetes have been raised as concerns with these drugs, along with serious long-term neurological side effects. SSRIs can lead to manifestations of behavioral activation such as increased impulsivity, aggression and sleep disturbance. Weight gain and fatigue are commonly reported side effects of risperidone, which may also lead to increased risk for extrapyramidal symptoms such as restlessness and dystonia and increased serum prolactin levels. Sedation and weight gain are more common with olanzapine, which has also been linked with diabetes. Sedative side-effects in school-age kids have ramifications for classroom learning. People with ASPERGERS may be unable to identify and communicate their internal moods and emotions or to tolerate side effects that for most people would not be problematic.
Prognosis---

There is some evidence that as many as 20% of kids with ASPERGERS "grow out" of it, and fail to meet the diagnostic criteria as adults. As of 2006, no studies addressing the long-term outcome of people with Aspergers are available and there are no systematic long-term follow-up studies of kids with ASPERGERS. People with ASPERGERS appear to have normal life expectancy but have an increased prevalence of comorbid psychiatric conditions such as depression and anxiety that may significantly affect prognosis. Although social impairment is lifelong, outcome is generally more positive than with people with lower functioning autism spectrum disorders; for example, AUTISM SPECTRUM DISORDER symptoms are more likely to diminish with time in kids with ASPERGERS or HFA. Although most students with AS/HFA have average mathematical ability and test slightly worse in mathematics than in general intelligence, some are gifted in mathematics and ASPERGERS has not prevented some adults from major accomplishments such as winning the Nobel Prize.

Kids with ASPERGERS may require special education services because of their social and behavioral difficulties although many attend regular education classes. Adolescents with ASPERGERS may exhibit ongoing difficulty with self-care, organization and disturbances in social and romantic relationships; despite high cognitive potential, most remain at home, although some do marry and work independently. The "different-ness" adolescents experience can be traumatic. Anxiety may stem from preoccupation over possible violations of routines and rituals, from being placed in a situation without a clear schedule or expectations, or from concern with failing in social encounters; the resulting stress may manifest as inattention, withdrawal, reliance on obsessions, hyperactivity, or aggressive or oppositional behavior. Depression is often the result of chronic frustration from repeated failure to engage others socially, and mood disorders requiring management may develop.

Education of families is critical in developing strategies for understanding strengths and weaknesses; helping the family to cope improves outcome in kids. Prognosis may be improved by diagnosis at a younger age that allows for early interventions, while interventions in adulthood are valuable but less beneficial. There are legal implications for people with ASPERGERS as they run the risk of exploitation by others and may be unable to comprehend the societal implications of their actions.

Epidemiology---

Prevalence estimates vary enormously. A 2003 review of epidemiological studies of kids found prevalence rates ranging from 0.03 to 4.84 per 1,000, with the ratio of autism to Aspergers ranging from 1.5:1 to 16:1; combining the average ratio of 5:1 with a conservative prevalence estimate for autism of 1.3 per 1,000 suggests indirectly that the prevalence of ASPERGERS might be around 0.26 per 1,000. Part of the variance in estimates arises from differences in diagnostic criteria. For example, a relatively small 2007 study of 5,484 eight-year-old kids in Finland found 2.9 kids per 1,000 met the ICD-10 criteria for an ASPERGERS diagnosis, 2.7 per 1,000 for Gillberg and Gillberg criteria, 2.5 for DSM-IV, 1.6 for Szatmari et al., and 4.3 per 1,000 for the union of the four criteria. Boys seem to be more likely to have ASPERGERS than girls; estimates of the sex ratio
range from 1.6:1 to 4:1, using the Gillberg and Gillberg criteria.

Anxiety and depression are the most common other conditions seen at the same time; comorbidity of these in persons with ASPERGERS is estimated at 65%. Depression is common in adolescents and adults; kids are likely to present with ADHD. Reports have associated ASPERGERS with medical conditions such as aminoaciduria and ligamentous laxity, but these have been case reports or small studies and no factors have been associated with ASPERGERS across studies. One study of males with ASPERGERS found an increased rate of epilepsy and a high rate (51%) of nonverbal learning disorder.[75] ASPERGERS is associated with tics, Tourette syndrome, and bipolar disorder, and the repetitive behaviors of ASPERGERS have many similarities with the symptoms of obsessive-compulsive disorder and obsessive-compulsive personality disorder. Although many of these studies are based on psychiatric clinic samples without using standardized measures, it seems reasonable to conclude that comorbid conditions are relatively common.

History---

Named after the Austrian pediatrician Hans Asperger (1906–80), Aspergers is a relatively new diagnosis in the field of autism. In 1944, Asperger described four kids in his practice who had difficulty in integrating themselves socially. The kids lacked nonverbal communication skills, failed to demonstrate empathy with their peers, and were physically clumsy. Asperger called the condition "autistic psychopathy" and described it as primarily marked by social isolation. Unlike today's ASPERGERS, autistic psychopathy could be found in people of all levels of intelligence, including those with mental retardation. He called his young clients "little professors", and believed some would be capable of exceptional achievement and original thought later in life. His paper was published during wartime and in German, so it was not widely read elsewhere.

Lorna Wing popularized the term Aspergers in the English-speaking medical community in her 1981 publication of a series of case studies of kids showing similar symptoms, and Uta Frith translated Asperger's paper to English in 1991. Sets of diagnostic criteria were outlined by Gillberg and Gillberg in 1989 and by Szatmari et al. in the same year. ASPERGERS became a standard diagnosis in 1992, when it was included in the tenth edition of the World Health Organization's diagnostic manual, International Classification of Diseases (ICD-10); in 1994, it was added to the fourth edition of the American Psychiatric Association's diagnostic reference, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Hundreds of books, articles and websites now describe ASPERGERS, and prevalence estimates have increased dramatically for AUTISM SPECTRUM DISORDER, with ASPERGERS recognized as an important subgroup. Whether it should be seen as distinct from high-functioning autism is a fundamental issue requiring further study. There is little consensus among clinical researchers about the use of the terms Asperger’s syndrome or Asperger’s disorder, and there are questions about the empirical validation of the DSM-IV and ICD-10 criteria.

Cultural aspects---
People with Aspergers may refer to themselves in casual conversation as aspies, coined by Liane Holliday Willey in 1999. The word neurotypical (abbreviated NT) describes a person whose neurological development and state are typical, and is often used to refer to non-autistic people. The Internet has allowed people with ASPERGERS to communicate and celebrate with each other in a way that was not previously possible due to their rarity and geographic dispersal. A subculture of aspies has formed. Internet sites like Wrong Planet have made it easier for people to connect.

Autistic people have contributed to a shift in perception of autism spectrum disorders as complex syndromes rather than diseases that must be cured. Proponents of this view reject the notion that there is an "ideal" brain configuration and that any deviation from the norm is pathological; they promote tolerance for what they call neurodiversity. These views are the basis for the autistic rights and autistic pride movements.

Simon Baron-Cohen has argued that ASPERGERS and high-functioning autism are different cognitive styles, not disabilities, and that a diagnosis of AS/HFA should not be received as a family tragedy, but as interesting information, such as learning that a youngster is left-handed. According to Baron-Cohen, "people with AS/HFA might not necessarily be disabled in an environment in which an exact mind, attracted to detecting small details, is an advantage." Tony Attwood argues, "the unusual profile of abilities that we define as Asperger's syndrome has probably been an important and valuable characteristic of our species throughout evolution."

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**Autism: Comprehensive Overview**

Autism is a brain development disorder that is characterized by impaired social interaction and communication, and restricted and repetitive behavior, all starting before a youngster is three years old. This set of signs distinguishes autism from milder autism spectrum disorders (ASD) such as pervasive developmental disorder not otherwise specified (PDD-NOS).

Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether AUTISM SPECTRUM DISORDERS is explained more by multigene interactions or by rare mutations. In rare cases, autism is strongly associated with agents that cause birth defects. Other proposed causes, such as childhood vaccines, are controversial; the vaccine hypotheses lack convincing scientific evidence. Most recent reviews estimate a prevalence of one to two cases per 1,000 individuals for autism, and about six per 1,000 for AUTISM SPECTRUM DISORDERS, with AUTISM SPECTRUM DISORDERS averaging a 4.3:1 male-to-female ratio. The number of individuals known to have autism has increased dramatically since the 1980s, at least partly as a result of
changes in diagnostic practice; the question of whether actual prevalence has increased is unresolved.

Autism affects many parts of the brain; how this occurs is not understood. Moms & dads usually notice signs in the first two years of their youngster's life. Early behavioral or cognitive intervention can help kids gain self-care, social, and communication skills. There is no known cure. Few kids with autism live independently after reaching adulthood, but some become successful, and an autistic culture has developed, with some seeking a cure and others believing that autism is a condition rather than a disorder.

Classification—

Autism is a brain development disorder that first appears during infancy or childhood, and generally follows a steady course without remission. Impairments result from maturation-related changes in various systems of the brain. Autism is one of the five pervasive developmental disorders (PDD), which are characterized by widespread abnormalities of social interactions and communication, and severely restricted interests and highly repetitive behavior.

Of the other four PDD forms, Asperger syndrome is closest to autism in signs and likely causes; Rett syndrome and childhood disintegrative disorder share several signs with autism, but may have unrelated causes; PDD not otherwise specified (PDD-NOS) is diagnosed when the criteria are not met for a more specific disorder. Unlike autism, Aspergers has no substantial delay in language development. The terminology of autism can be bewildering, with autism, Aspergers and PDD-NOS often called the autism spectrum disorders (ASD) or sometimes the autistic disorders, whereas autism itself is often called autistic disorder, childhood autism, or infantile autism. In this article, autism refers to the classic autistic disorder; in clinical practice, though, autism, AUTISM SPECTRUM DISORDERS, and PDD are often used interchangeably. AUTISM SPECTRUM DISORDERS, in turn, is a subset of the broader autism phenotype (BAP), which describes individuals who may not have AUTISM SPECTRUM DISORDERS but do have autistic-like traits, such as avoiding eye contact.

The manifestations of autism cover a wide spectrum, ranging from individuals with severe impairments—who may be silent, mentally disabled, and locked into hand flapping and rocking—to less impaired individuals who may have active but distinctly odd social approaches, narrowly focused interests, and verbose, pedantic communication. Sometimes the syndrome is divided into low-, medium- and high-functioning autism (LFA, MFA, and HFA), based on IQ thresholds, or on how much support the individual requires in daily life; these subdivisions are not standardized and are controversial. Autism can also be divided into syndromal and non-syndromal autism, where the former is associated with severe or profound mental retardation or a congenital syndrome with physical symptoms, such as tuberous sclerosis. Although individuals with Aspergers tend to perform better cognitively than those with autism, the extent of the overlap between Aspergers, HFA, and non-syndromal autism is unclear.

Some studies have reported diagnoses of autism in kids due to a loss of language or
social skills after 14 months of age, as opposed to a failure to make progress. Several terms are used for this phenomenon, including regressive autism, setback autism, and developmental stagnation. The validity of this distinction remains controversial; it is possible that regressive autism is a specific subtype.

The inability to identify biologically meaningful subpopulations has hampered research into causes. It has been proposed to classify autism using genetics as well as behavior, with the name Type 1 autism denoting rare autism cases that test positive for a mutation in the gene contactin associated protein-like (CNTNAP).

Characteristics—

Autism is distinguished by a pattern of symptoms rather than one single symptom. The main characteristics are impairments in social interaction, impairments in communication, restricted interests and repetitive behavior. Other aspects, such as atypical eating, are also common but are not essential for diagnosis. Individual symptoms of autism occur in the general population and appear not to associate highly, without a sharp line separating pathological severity from common traits.

Social development:

Individuals with autism have social impairments and often lack the intuition about others that many individuals take for granted. Noted autistic Temple Grandin described her inability to understand the social communication of neurotypicals, or individuals with normal neural development, as leaving her feeling "like an anthropologist on Mars".

Social impairments become apparent early in childhood and continue through adulthood. Autistic infants show less attention to social stimuli, smile and look at others less often, and respond less to their own name. Autistic toddlers have more striking social deviance; for example, they have less eye contact and anticipatory postures and are more likely to communicate by manipulating another person's hand. Three- to five-year-old autistic kids are less likely to exhibit social understanding, approach others spontaneously, imitate and respond to emotions, communicate nonverbally, and take turns with others. However, they do form attachments to their primary caregivers. They display moderately less attachment security than usual, although this feature disappears in kids with higher mental development or less severe AUTISM SPECTRUM DISORDERS. Older kids and adults with AUTISM SPECTRUM DISORDERS perform worse on tests of face and emotion recognition.

Contrary to common belief, autistic kids do not prefer to be alone. Making and maintaining friendships often proves to be difficult for those with autism. For them, the quality of friendships, not the number of friends, predicts how lonely they are.

There are many anecdotal reports, but few systematic studies, of aggression and violence in individuals with AUTISM SPECTRUM DISORDERS. The limited data suggest that in kids with mental retardation, autism is associated with aggression, destruction of property, and tantrums. Dominick et al. interviewed the moms & dads of kids with AUTISM SPECTRUM DISORDERS and reported that about two-thirds of the kids had
periods of severe tantrums and about one-third had a history of aggression, with tantrums significantly more common than in kids with a history of language impairment. A Swedish study found that, of individuals aged or older discharged from hospital with a diagnosis of AUTISM SPECTRUM DISORDERS, those who committed violent crimes were significantly more likely to have other psychopathological conditions such as psychosis.

Communication:

About a third to a half of individuals with autism do not develop enough natural speech to meet their daily communication needs. Differences in communication may be present from the first year of life, and may include delayed onset of babbling, unusual gestures, diminished responsiveness, and the desynchronization of vocal patterns with the caregiver. In the second and third years, autistic kids have less frequent and less diverse babbling, consonants, words, and word combinations; their gestures are less often integrated with words. Autistic kids are less likely to make requests or share experiences, and are more likely to simply repeat others' words (echolalia) or reverse pronouns. Joint attention seems to be necessary for functional speech, and deficits in joint attention seem to distinguish infants with AUTISM SPECTRUM DISORDERS: for example, they may look at a pointing hand instead of the pointed-at object, and they consistently fail to point at objects in order to comment on or share an experience. Autistic kids may have difficulty with imaginative play and with developing symbols into language.

In a pair of studies, high-functioning autistic kids aged – performed equally well, and adults better than individually matched controls at basic language tasks involving vocabulary and spelling. Both autistic groups performed worse than controls at complex language tasks such as figurative language, comprehension and inference. As individuals are often sized up initially from their basic language skills, these studies suggest that individuals speaking to autistic individuals are more likely to overestimate what their audience comprehends.

Repetitive behavior:

Autistic individuals display many forms of repetitive or restricted behavior, which the Repetitive Behavior Scale-Revised (RBS-R) categorizes as follows:

- Compulsive behavior is intended and appears to follow rules, such as arranging objects in a certain way.
- Restricted behavior is limited in focus, interest, or activity, such as preoccupation with a single television program.
- Ritualistic behavior involves the performance of daily activities the same way each time, such as an unvarying menu or dressing ritual. This is closely associated with sameness and an independent validation has suggested combining the two factors.
- Sameness is resistance to change; for example, insisting that the furniture not be moved or refusing to be interrupted.
Self-injury includes movements that injure or can injure the person, such as biting oneself. Dominick et al. reported that self-injury at some point affected about 30% of kids with AUTISM SPECTRUM DISORDERS.

Stereotypy is apparently purposeless movement, such as hand flapping, head rolling, or body rocking.

No single repetitive behavior seems to be specific to autism, but only autism appears to have an elevated pattern of occurrence and severity of these behaviors.

Other symptoms:

Autistic individuals may have symptoms that are independent of the diagnosis, but that can affect the individual or the family. An estimated 0.5% to 10% of individuals with ASD show unusual abilities, ranging from splinter skills such as the memorization of trivia to the extraordinarily rare talents of prodigious autistic savants.

Unusual responses to sensory stimuli are more common and prominent in autistic kids, although there is no good evidence that sensory symptoms differentiate autism from other developmental disorders. Differences are greater for under-responsivity (for example, walking into things) than for over-responsivity (for example, distress from loud noises) or for seeking (for example, rhythmic movements). Several studies have reported associated motor problems that include poor muscle tone, poor motor planning, and toe walking; AUTISM SPECTRUM DISORDERS is not associated with severe motor disturbances.

Atypical eating behavior occurs in about three-quarters of kids with AUTISM SPECTRUM DISORDERS, to the extent that it was formerly a diagnostic indicator. Selectivity is the most common problem, although eating rituals and food refusal also occur; this does not appear to result in malnutrition. Although some kids with autism also have gastrointestinal (GI) symptoms, there is a lack of published rigorous data to support the theory that autistic kids have more or different GI symptoms than usual; studies report conflicting results, and the relationship between GI problems and AUTISM SPECTRUM DISORDERS is unclear.

Sleep problems are known to be more common in kids with developmental disabilities, and there is some evidence that kids with AUTISM SPECTRUM DISORDERS are more likely to have even more sleep problems than those with other developmental disabilities; autistic kids may experience problems including difficulty in falling asleep, frequent nocturnal awakenings, and early morning awakenings. Dominick et al. found that about two-thirds of kids with AUTISM SPECTRUM DISORDERS had a history of sleep problems.

Moms & dads of kids with AUTISM SPECTRUM DISORDERS have higher levels of stress. Siblings of kids with AUTISM SPECTRUM DISORDERS report greater admiration of and less conflict with the affected sibling; siblings of individuals with AUTISM SPECTRUM DISORDERS have greater risk of negative well-being and poorer sibling relationships as adults.
Causes—

Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether AUTISM SPECTRUM DISORDERS is explained more by multigene interactions or by rare mutations with major effects. Early studies of twins estimated heritability explains more than 90% of the risk of autism, assuming a shared environment and no other genetic or medical syndromes. However, most of the mutations that increase autism risk have not been identified. Typically, autism cannot be traced to a Mendelian (single-gene) mutation or to a single chromosome abnormality like Angelman syndrome or fragile X syndrome, and none of the genetic syndromes associated with AUTISM SPECTRUM DISORDERS has been shown to selectively cause AUTISM SPECTRUM DISORDERS. There may be significant interactions among mutations in several genes, or between the environment and mutated genes. Numerous candidate genes have been located, with only small effects attributable to any particular gene. The large number of autistic individuals with unaffected family members may result from copy number variations—spontaneous deletions or duplications in genetic material during meiosis. Hence, a substantial fraction of autism cases may be traceable to genetic causes that are highly heritable but not inherited: that is, the mutation that causes the autism is not present in the parental genome.

All known teratogens (agents that cause birth defects) related to the risk of autism appear to act during the first eight weeks from conception, and though this does not exclude the possibility that autism can be initiated or affected later, it is strong evidence that autism arises very early in development. Although evidence for other environmental causes is anecdotal and has not been confirmed by reliable studies, extensive searches are underway. Environmental factors that have been claimed to contribute to or exacerbate autism, or may be important in future research, include certain foods, infectious disease, heavy metals, solvents, diesel exhaust, PCBs, phthalates and phenols used in plastic products, pesticides, brominated flame retardants, alcohol, smoking, illicit drugs, vaccines, and prenatal stress. Although moms & dads may first become aware of autistic symptoms in their youngster around the time of a routine vaccination, and parental concern about vaccines has led to a decreasing uptake of childhood immunizations and an increasing likelihood of measles outbreaks, there is overwhelming scientific evidence showing no causal association between the measles-mumps-rubella vaccine and autism, and there is no scientific evidence that the vaccine preservative thiomersal helps cause autism.

Mechanism—

Despite extensive investigation, how autism occurs is not well understood. Its mechanism can be divided into two areas: the pathophysiology of brain structures and processes associated with autism, and the neuropsychological linkages between brain structures and behaviors. The behaviors appear to have multiple pathophysologies.

Pathophysiology:

Autism appears to result from developmental factors that affect many or all functional
brain systems, and to disturb the course of brain development more than the final product. Neuroanatomical studies and the associations with teratogens strongly suggest that autism's mechanism includes alteration of brain development soon after conception. This localized anomaly appears to start a cascade of pathological events in the brain that are significantly influenced by environmental factors. Although many major structures of the human brain have been implicated, almost all postmortem studies have been of individuals who also had mental retardation, making it difficult to draw conclusions. Brain weight and volume and head circumference tend to be greater in autistic kids. The cellular and molecular bases of pathological early overgrowth are not known, nor is it known whether the overgrown neural systems cause autism's characteristic signs. Current hypotheses include:

- Abnormal formation of synapses and dendritic spines, for example, by modulation of the neurexin-neuroligin cell-adhesion system.
- An excess of neurons that causes local overconnectivity in key brain regions.
- Disturbed neuronal migration during early gestation.
- Unbalanced excitatory-inhibitory networks.

Interactions between the immune system and the nervous system begin early during embryogenesis, and successful neurodevelopment depends on a balanced immune response. Several symptoms consistent with a poorly regulated immune response have been reported in autistic kids. It is possible that aberrant immune activity during critical periods of neurodevelopment is part of the mechanism of some forms of AUTISM SPECTRUM DISORDERS. As autoantibodies have not been associated with pathology, are found in diseases other than AUTISM SPECTRUM DISORDERS, and are not always present in AUTISM SPECTRUM DISORDERS, the relationship between immune disturbances and autism remains unclear and controversial.

Several neurotransmitter abnormalities have been detected in autism, notably increased blood levels of serotonin. Whether these lead to structural or behavioral abnormalities is unclear. Some data suggest an increase in several growth hormones; other data argue for diminished growth factors. Also, some inborn errors of metabolism are associated with autism but probably account for less than 5% of cases.

The mirror neuron system (MNS) theory of autism hypothesizes that distortion in the development of the MNS interferes with imitation and leads to autism's core features of social impairment and communication difficulties. The MNS operates when an animal performs an action or observes another animal of the same species perform the same action. The MNS may contribute to an individual's understanding of other individuals by enabling the modeling of their behavior via embodied simulation of their actions, intentions, and emotions. Several studies have tested this hypothesis by demonstrating structural abnormalities in MNS regions of individuals with AUTISM SPECTRUM DISORDERS, delay in the activation in the core circuit for imitation in individuals with Aspergers, and a correlation between reduced MNS activity and severity of the syndrome in kids with AUTISM SPECTRUM DISORDERS. However, individuals with autism also have abnormal brain activation in many circuits outside the MNS and the MNS theory does not explain the normal performance of autistic kids on imitation tasks that involve a goal or object.
In autism there is evidence for reduced functional connectivity of the default mode network, a large-scale brain network involved in social and emotional processing, with intact connectivity of the task-positive network, used in sustained attention and goal-directed thinking. The two networks are not negatively correlated in individuals with autism, suggesting an imbalance in toggling between the two networks, possibly reflecting a disturbance of self-referential thought. A brain-imaging study found a specific pattern of signals in the cingulate cortex which differs in individuals with AUTISM SPECTRUM DISORDERS.

The underconnectivity theory of autism hypothesizes that autism is marked by underfunctioning high-level neural connections and synchronization, along with an excess of low-level processes. Evidence for this theory has been found in functional neuroimaging studies on autistic individuals and by a brain wave study that suggested that adults with AUTISM SPECTRUM DISORDERS have local overconnectivity in the cortex and weak functional connections between the frontal lobe and the rest of the cortex. Other evidence suggests the underconnectivity is mainly within each hemisphere of the cortex and that autism is a disorder of the association cortex.

From studies based on event-related potentials, transient changes to the brain's electrical activity in response to stimuli, there is considerable evidence for differences in autistic individuals with respect to attention, orientation to auditory and visual stimuli, novelty detection, language and face processing, and information storage; several studies have found a preference for non-social stimuli.

Neuropsychology:

Two major categories of cognitive theories have been proposed about the links between autistic brains and behavior.

The first category focuses on deficits in social cognition. Hyper-systemizing hypothesizes that autistic individuals can systematize—that is, they can develop internal rules of operation to handle internal events—but are less effective at empathizing by handling events generated by other agents. It extends the extreme male brain theory, which hypothesizes that autism is an extreme case of the male brain, defined psychometrically as individuals in whom systemizing is better than empathizing. This in turn is related to the earlier theory of mind, which hypothesizes that autistic behavior arises from an inability to ascribe mental states to oneself and others. The theory of mind is supported by autistic kids' atypical responses to the Sally-Anne test for reasoning about others' motivations, and is mapped well from the mirror neuron system theory of autism.

The second category focuses on nonsocial or general processing. Executive dysfunction hypothesizes that autistic behavior results in part from deficits in working memory, planning, inhibition, and other forms of executive function. Tests of core executive processes such as eye movement tasks indicate improvement from late childhood to adolescence, but performance never reaches typical adult levels. A strength of the theory is predicting stereotyped behavior and narrow interests; a weakness is that executive function deficits have not been found in young autistic kids. Weak central coherence
theory hypothesizes that a limited ability to see the big picture underlies the central disturbance in autism. One strength of this theory is predicting special talents and peaks in performance in autistic individuals. A related theory—enhanced perceptual functioning—focuses more on the superiority of locally oriented and perceptual operations in autistic individuals. These theories map well from the underconnectivity theory of autism.

Neither category is satisfactory on its own; social cognition theories poorly address autism’s rigid and repetitive behaviors, while the nonsocial theories have difficulty explaining social impairment and communication difficulties. A combined theory based on multiple deficits may prove to be more useful.

Screening—

About half of moms & dads of kids with AUTISM SPECTRUM DISORDERS notice their youngster's unusual behaviors by age months, and about four-fifths notice by age months. As postponing treatment may affect long-term outcome, any of the following signs is reason to have a youngster evaluated by a specialist without delay:

- Any loss of any language or social skills, at any age.
- No babbling by 12 months.
- No gesturing (pointing, waving goodbye, etc.) by 12 months.
- No single words by 16 months.
- No two-word spontaneous phrases (other than instances of echolalia) by 24 months.

The American Academy of Pediatrics recommends that all kids be screened for AUTISM SPECTRUM DISORDERS at the 18- and 24-month well-child doctor visits, using autism-specific formal screening tests. In contrast, the UK National Screening Committee recommends against screening for AUTISM SPECTRUM DISORDERS in the general population, because screening tools have not been fully validated and interventions lack sufficient evidence for effectiveness. Screening tools include the Modified Checklist for Autism in Toddlers (M-CHAT), the Early Screening of Autistic Traits Questionnaire, and the First Year Inventory; initial data on M-CHAT and its predecessor CHAT on kids aged – months suggests that it is best used in a clinical setting and that it has low sensitivity (many false-negatives) but good specificity (few false-positives). It may be more accurate to precede these tests with a broadband screener that does not distinguish AUTISM SPECTRUM DISORDERS from other developmental disorders. Screening tools designed for one culture's norms for behaviors like eye contact may be inappropriate for a different culture. Genetic screening for autism is generally still impractical.

Diagnosis—

Diagnosis is based on behavior, not cause or mechanism. Autism is defined in the DSM-IV-TR as exhibiting at least six symptoms total, including at least two symptoms of qualitative impairment in social interaction, at least one symptom of qualitative impairment in communication, and at least one symptom of restricted and repetitive behavior. Sample symptoms include lack of social or emotional reciprocity, stereotyped and repetitive use of language or idiosyncratic language, and persistent preoccupation
with parts of objects. Onset must be prior to age three years, with delays or abnormal functioning in either social interaction, language as used in social communication, or symbolic or imaginative play. The disturbance must not be better accounted for by Rett syndrome or childhood disintegrative disorder. ICD- uses essentially the same definition.

Several diagnostic instruments are available. Two are commonly used in autism research: the Autism Diagnostic Interview-Revised (ADI-R) is a semistructured parent interview, and the Autism Diagnostic Observation Schedule (ADOS) uses observation and interaction with the youngster. The Childhood Autism Rating Scale (CARS) is used widely in clinical environments to assess severity of autism based on observation of kids.

A pediatrician commonly performs a preliminary investigation by taking developmental history and physically examining the youngster. If warranted, diagnosis and evaluations are conducted with help from AUTISM SPECTRUM DISORDERS specialists, observing and assessing cognitive, communication, family, and other factors using standardized tools, and taking into account any associated medical conditions. A pediatric neuropsychologist is often asked to assess behavior and cognitive skills, both to aid diagnosis and to help recommend educational interventions. A differential diagnosis for AUTISM SPECTRUM DISORDERS at this stage might also consider mental retardation, hearing impairment, and a specific language impairment such as Landau-Kleffner syndrome.

Clinical genetics evaluations are often done once AUTISM SPECTRUM DISORDERS is diagnosed, particularly when other symptoms already suggest a genetic cause. Although genetic technology allows clinical geneticists to link an estimated 40% of cases to genetic causes, consensus guidelines in the U.S. and UK are limited to high-resolution chromosome and fragile X testing. A genotype-first model of diagnosis has been proposed, which would routinely assess the genome's copy number variations. As new genetic tests are developed several ethical, legal, and social issues will emerge. Commercial availability of tests may precede adequate understanding of how to use test results, given the complexity of autism's genetics. Metabolic and neuroimaging tests are sometimes helpful, but are not routine.

AUTISM SPECTRUM DISORDERS can sometimes be diagnosed by age 14 months, although diagnosis becomes increasingly stable over the first three years of life: for example, a one-year-old who meets diagnostic criteria for AUTISM SPECTRUM DISORDERS is less likely than a three-year-old to continue to do so a few years later. In the UK the National Autism Plan for Kids recommends at most 30 weeks from first concern to completed diagnosis and assessment, though few cases are handled that quickly in practice. A 2006 U.S. study found the average age of first evaluation by a qualified professional was 48 months and of formal AUTISM SPECTRUM DISORDERS diagnosis was 61 months, reflecting an average 13-month delay, all far above recommendations. Although the symptoms of autism and AUTISM SPECTRUM DISORDERS begin early in childhood, they are sometimes missed; adults may seek diagnoses to help them or their friends and family understand themselves, to help their employers make adjustments, or in some locations to claim disability living allowances or other benefits.
Underdiagnosis and overdiagnosis are problems in marginal cases, and much of the recent increase in the number of reported AUTISM SPECTRUM DISORDERS cases is likely due to changes in diagnostic practices. The increasing popularity of drug treatment options and the expansion of benefits have given providers incentives to diagnose AUTISM SPECTRUM DISORDERS, resulting in some overdiagnosis of kids with uncertain symptoms. Conversely, the cost of screening and diagnosis and the challenge of obtaining payment can inhibit or delay diagnosis. It is particularly hard to diagnose autism among the visually impaired, partly because some of its diagnostic criteria depend on vision, and partly because autistic symptoms overlap with those of common blindness syndromes.

Management—

The main goals of treatment are to lessen associated deficits and family distress, and to increase quality of life and functional independence. No single treatment is best and treatment is typically tailored to the youngster’s needs. Intensive, sustained special education programs and behavior therapy early in life can help kids acquire self-care, social, and job skills, and often improve functioning and decrease symptom severity and maladaptive behaviors; claims that intervention by age two to three years is crucial are not substantiated. Available approaches include applied behavior analysis (ABA), developmental models, structured teaching, speech and language therapy, social skills therapy, and occupational therapy. Educational interventions have some effectiveness in kids: intensive ABA treatment has demonstrated effectiveness in enhancing global functioning in preschool kids and is well-established for improving intellectual performance of young kids.

Neuropsychological reports are often poorly communicated to educators, resulting in a gap between what a report recommends and what education is provided. The limited research on the effectiveness of adult residential programs shows mixed results.

Many drugs are used to treat problems associated with AUTISM SPECTRUM DISORDERS. More than half of U.S. kids diagnosed with AUTISM SPECTRUM DISORDERS are prescribed psychoactive drugs or anticonvulsants, with the most common drug classes being antidepressants, stimulants, and antipsychotics. Aside from antipsychotics, there is scant reliable research about the effectiveness or safety of drug treatments for adolescents and adults with AUTISM SPECTRUM DISORDERS. A person with AUTISM SPECTRUM DISORDERS may respond atypically to drugs, the drugs can have adverse effects, and no known medication relieves autism's core symptoms of social and communication impairments.

Although many alternative therapies and interventions are available, few are supported by scientific studies. Treatment approaches have little empirical support in quality-of-life contexts, and many programs focus on success measures that lack predictive validity and real-world relevance. Scientific evidence appears to matter less to service providers than program marketing, training availability, and parent requests. Though most alternative treatments, such as melatonin, have only mild adverse effects some may place the youngster at risk. A 2008 study found that compared to their peers, autistic males have significantly thinner bones if on casein-free diets; in 2005, botched chelation
therapy killed a five-year-old youngster with autism.

Treatment is expensive; indirect costs are more so. A U.S. study estimated an average cost of $3.2 million in 2003 U.S. dollars for someone born in 2000, with about 10% medical care, 30% extra education and other care, and 60% lost economic productivity. Publicly supported programs are often inadequate or inappropriate for a given youngster, and unreimbursed out-of-pocket medical or therapy expenses are associated with likelihood of family financial problems; one 2008 U.S. study found a 14% average loss of annual income in families of kids with AUTISM SPECTRUM DISORDERS, and a related study found that AUTISM SPECTRUM DISORDERS is associated with higher probability that youngster care problems will greatly affect parental employment. After childhood, key treatment issues include residential care, job training and placement, sexuality, social skills, and estate planning.

Prognosis—

There is no known cure. Kids recover occasionally, sometimes after intensive treatment and sometimes not; it is not known how often this happens. Most kids with autism lack social support, meaningful relationships, future employment opportunities or self-determination. Although core difficulties remain, symptoms often become less severe in later childhood. Few high-quality studies address long-term prognosis. Some adults show modest improvement in communication skills, but a few decline; no study has focused on autism after midlife. Acquiring language before age six, having an IQ above 50, and having a marketable skill all predict better outcomes; independent living is unlikely with severe autism. A 2004 British study of 68 adults who were diagnosed before 1980 as autistic kids with IQ above 50 found that 12% achieved a high level of independence as adults, 10% had some friends and were generally in work but required some support, 19% had some independence but were generally living at home and needed considerable support and supervision in daily living, 46% needed specialist residential provision from facilities specializing in AUTISM SPECTRUM DISORDERS with a high level of support and very limited autonomy, and 12% needed high-level hospital care. A 2005 Swedish study of 78 adults that did not exclude low IQ found worse prognosis; for example, only 4% achieved independence. A 2008 Canadian study of 48 young adults diagnosed with AUTISM SPECTRUM DISORDERS as preschoolers found outcomes ranging through poor (46%), fair (32%), good (17%), and very good (4%); 56% of these young adults had been employed at some point during their lives, mostly in volunteer, sheltered or part time work. Changes in diagnostic practice and increased availability of effective early intervention make it unclear whether these findings can be generalized to recently diagnosed kids.

Epidemiology—

Most recent reviews tend to estimate a prevalence of 1–2 per 1,000 for autism and close to 6 per 1,000 for AUTISM SPECTRUM DISORDERS; because of inadequate data, these numbers may underestimate AUTISM SPECTRUM DISORDER’S true prevalence. PDD-NOS cases are the vast majority of AUTISM SPECTRUM DISORDERS, Aspergers prevalence is about 0.3 per 1,000, and the remaining AUTISM SPECTRUM DISORDERS forms are much more rare. The number of reported cases of autism increased
dramatically in the 1990s and early 2000s. This increase is largely attributable to changes in diagnostic practices, referral patterns, availability of services, age at diagnosis, and public awareness, though unidentified contributing environmental risk factors cannot be ruled out. It is unknown whether autism's prevalence increased during the same period; a real increase would suggest directing more attention and funding toward changing environmental factors instead of continuing to focus on genetics.

The risk of autism is associated with several prenatal and perinatal risk factors. A review of risk factors found associated parental characteristics that included advanced maternal age, advanced paternal age, and maternal place of birth outside Europe or North America, and also found associated obstetric conditions that included low birth weight and gestation duration, and hypoxia during childbirth.

Autism is associated with several other conditions:

- **Epilepsy**, with variations in risk of epilepsy due to age, cognitive level, and type of language disorder.

- **Genetic disorders**. About 10–15% of autism cases have an identifiable Mendelian (single-gene) condition, chromosome abnormality, or other genetic syndrome, and AUTISM SPECTRUM DISORDERS is associated with several genetic disorders.

- **Maleness**. Males are at higher risk for autism than females. The AUTISM SPECTRUM DISORDERS sex ratio averages 4.3:1 and is greatly modified by cognitive impairment: it may be close to 2:1 with mental retardation and more than 5.5:1 without.

- **Mental retardation**. The fraction of autistic individuals who also meet criteria for mental retardation has been reported as anywhere from 25% to 70%, a wide variation illustrating the difficulty of assessing autistic intelligence. For AUTISM SPECTRUM DISORDERS other than autism, the association with mental retardation is much weaker.

- **Minor physical anomalies** are significantly increased in the autistic population.

- **Preempted diagnoses**. Although the DSM-IV rules out concurrent diagnosis of many other conditions along with autism, the full criteria for ADHD, Tourette syndrome, and other of these conditions are often present and these comorbid diagnoses are increasingly accepted.

- **Several metabolic defects**, such as phenylketonuria, are associated with autistic symptoms.
Schools for Asperger's Children

Sherman Oaks and Culver City, California 

Village Glen School—

Sponsored by The Help Group, the Village Glen School is a therapeutic day school program for kids with challenges in the areas of socialization, communication, language development, peer relations, learning disabilities, and academic performance without significant behavior problems. Many of the clients served at Village Glen experience special needs related to Aspergers and high functioning autism. Visit their web site at: www.villageglen.org

East Bay, California 

The Springstone School—

The Springstone School, located in Concord, California, is an independent middle school that promotes and develops academic, social and prevocational skills for clients with Aspergers and Nonverbal Learning Disabilities. The professional and experienced staff fosters values of independence, responsibility and community in preparation for high school, and beyond through intensive, individualized instruction in small structured classrooms.

Contact Information:
The Springstone School 1035 Carol Lane
Lafayette, CA 94549
(925) 962-9660
Fax: (925) 962-9558
email: info@thespringstoneschool.org
website: www.thespringstoneschool.org
Please visit their web site at: The Springstone School

San Francisco Bay Area, California 

Orion Academy—
Orion Academy is a nonprofit College Preparatory Day School located in San Francisco's East Bay area for High School Clients with Neurocognitive Disabilities.

Mission: To educate secondary clients with NLD, Aspergers and Other neurocognitive disorders in a program that equally emphasizes academics, social competency and pragmatic language development.

If you are interested in more information about this school, please contact Rosemary at 925-377-0789 or visit their web site at www.orionacademy.org

Newbury Park, California Passageway School—

Day School for kids with Asperger syndrome.

Our Philosophy is to work with kids in small classroom settings. (4 to 7 kids per class). Tailor their education to their IEP’s and to work individually on their behaviors thru positive reinforcement. Our class day tends to be very structured. We do allow and encourage the kids to develop their individuality, while maintaining classroom discipline. Our discipline methods are developed according to the needs of the child. We prefer to use reward systems that daily and weekly inspire the child to change his or her behavior.

Contact Shirley Juels at 805-375-4950
or e-mail to: PassagewaySchool@aol.com
or, visit their web site at www.passagewayschool.com

Bethlehem, Connecticut Woodhall School—

Males residential school For information contact: Woodhall School
PO Box 550, Harrison Lane Bethlehem, CT 06751-0550
Phone: 203-266-7788

East Haddam, Connecticut Franklin Academy—

This is a boarding school program. For more information:

Franklin Academy 106 River Road
East Haddam, CT 06423
Washington, Connecticut Glenholme School—

The Glenholme School is a boarding school for "special needs clients situated on over 100 idyllic acres of Connecticut countryside. Kids ages 8-16, at admission, who need a highly structured learning environment can prosper in this safe, nurturing school. It provides a value-based program to show clients the way to academic success."

Visit their web site at: http://www.theglenholmeschool.org/os

Melbourne, Florida
The College Internship Program—

"The College Internship Program at the Brevard Center provides individualized, post-secondary academic, internship and independent living experiences for young adults with Aspergers and Nonverbal learning differences. With our support and direction, clients learn to realize and develop their potential."

For information about their program visit their web site at: www.brevardcenter.org

Carbondale, Illinois
Brehm Preparatory School—

"Empowering Clients with Complex Learning Disabilities to Optimize their full potential." For more information contact:

Brehm Preparatory School 1245 East Grand Avenue Carbondale, IL 62901
618.457.0371
fax 618.529.1248
Email to: brehm1@brehm.org
Visit their web site at: www.brehm.org

Baltimore, Maryland
The Millennium School Opening Fall of 2004—

The Millennium Day School in Baltimore, Maryland will open its doors in the Fall of 2004. The school will have a fully integrated social skills curriculum and will serve the needs of kids with Aspergers and related disorders in an inclusive environment. For further information, visit their web site at www.MillenniumSchool.com

Boston, Massachusetts
McLean Hospital - Kennedy Hope Academy—

The Kennedy Hope Academy is a 13-bed residential school providing intensive treatment for kids with pervasive developmental disorders who have serious psychiatric illness or behavior problems.

If you are interested in more information about this program, please contact: David Rourke, MS
Program Manager (617) 779-1670
or visit our website at www.mclean.harvard.edu/patient/child/kha.php

Belmont, Massachusetts Pathways Academy—

McLean Hospital 115 Mill Street
Belmont, Massachusetts 02178
617-855-2847
For more information send an e-mail to Sarah Medeiros at medeiros@mcleanpo.mclean.org
Visit their web site at www.mclean.harvard.edu/cns/pathways.htm

This school is for AS kids from ages 1st -12th Grade.

McLean Hospital is a Teaching Facility of Harvard Medical School and an Affiliate of Massachusetts General Hospital

Sudbury, Massachusetts Corwin Russell School—

"The Corwin-Russell School at Broccoli Hall is an independent school for high-potential clients 11-19 years old with varied learning styles, average to superior intelligence, exceptional creativity, attentional issues, untapped interests, talents, and strengths, and disparity between innate ability and past production."

For more information: Phone: 978-369-1444
E-mail: brochall@aol.com
Or visit their web site at: www.corwin-russell.org

New York, New York LearningSpring Academy—

A Model School for High-Functioning Elementary School Kids Grades K-5 with Asperger Syndrome and Pervasive Developmental Disorders
For more information visit their webpage at http://www.learningspring.org

Boiceville, New York ASPIE
The School for Autistic Strenth, Purpose, and Independence in Education—

This Day school is for teens with AS, HFA, PDD and cousin disabilities. Serves clients within busing are of Boiceville, New York.

For more information contact: Valerie Paradiz, Ph.D. Program Director
ASPIE
The School for Autistic Strength, Purpose and Independence in Education
P.O. Box 489 Boiceville, NY 12412 (845) 657-7201
email to: info@aspieschool.org
Visit their web site at: www.aspieschool.org

Huntington Station, Long Island, New York Gersh Academy—

The I Am I Can Program was developed for high functioning clients with Neurobiological Disorders (NBD), including Attention Deficit Hyperactivity Disorder, Tourette’s Syndrome, Aspergers, Childhood-Onset Bipolar Disorder, Obsessive-Compulsive Disorder, Anxiety Disorder and Depression. The program uses a cognitive behavioral approach, allowing clients to better understand their neurobiological limitations and how to self-manage and regulate their symptoms. The Elementary Program (K-5) is a 6:1:1 ratio and the Middle School (6-8) and High School Programs have an 8:1:1 ratio. The Gersh Academy High School is located in Hauppauge. Gersh Academy follows the New York State curriculum and standards.

For More Information Contact: West Hills Montessori School 165 Pidgeon Hill Road Huntington Station, NY 11746 Phone: (631) 385-3342
Web site: www.gershacademy.org

Cherry Hill, New Jersey and Medford Lakes, New Jersey
Y.A.L.E. School—

The Y.A.L.E. School offers specialized program options for kids with Aspergers. Serves kids ages 8-15. This program offers rich academic environment, speech and language services, social skill training and positive motivational systems.

For additional program information or to schedule a program tour, contact Jim Conley at
Rindge, New Hampshire Hampshire Country School—

From their web site:

"...The best candidates for Hampshire Country School are those who will respond to the attention of its faculty, seek the help of its teachers, enjoy being part of a small school community, and enjoy its outdoor activities. Most clients, however, have not had such success elsewhere, and many parents are quite discouraged by the time they first inquire about the school. Many clients have had trouble fitting into the structure of larger schools and many have had difficulty adapting to the demands of peers. Many are more comfortable with adults than with age mates.

Hampshire Country School can provide appropriate structure and support for certain clients with nonverbal learning disabilities, Tourette Syndrome, ADHD, Asperger Syndrome, and other disorders; but it is not a treatment program. It is designed instead to involve and educate the bright, active, and interested side of each child rather than to dwell on the student's limitations and difficulties. Clients who experiment with alcohol, tobacco, or illegal drugs are not accepted; and the school is not set up for clients who are primarily oppositional or confrontational..."

For more information, visit their web site at: www.hampshirecountryschool.org

LHS Maumee Youth Center for Asperger's Disorder—

A new residential center for kids and youth ages six to eighteen-plus who have been diagnosed with Asperger's Disorder is opening. The Center is situated on 13 acres near Neapolis, Ohio, south of Toledo, Ohio. LHS Family and Youth Services, Inc. is a social service agency with headquarters in Toledo, Ohio, serving kids, youth and families through community-based residential treatment group homes and other services.

The LHS Maumee Youth Center for Asperger's Disorder serves up to twenty kids and youth in its residential program. Most kids and youth placed in the residential setting will tend to be aggressive and have multiple diagnosis/needs.

All staff, in addition to their undergraduate and graduate work, are trained in the core competencies of residential child and youth care and will be trained by experts in the autistic spectrum disorder field.

For additional information on the Center, or to make an inquiry regarding a potential referral to the Center, please contact Steve Plottner at splot@infinet.com or by phone at 419-798-9382.

Houston, Texas
The Monarch School—
The Monarch School is a therapeutic day school located in Houston. Their prime mission is to help kids develop executive functioning skills, relationship development and ownership of learning and to prepare all of the clients for success.

About 1/4 of the clients are AS with the other’s having ADHD, LD, Bi-polar disorder, Tourettes and other dx.

The school is for kids from 4-16 and they will be adding one additional HS year each year for the next two years. It is a non-profit, private school and the staff to student ratio is 20 staff to 60 clients.

For more information visit their website at www.monarchschool.org Friends of Special Schools at http://specialneedskids.com

Friends of Special Schools is a non-profit organization formed in 1997 by parents and friends of kids with special needs. This webpage is a wonderful resource for information on special needs schools. In addition to links to many schools and programs, they also offer a small scholarship fund.

08:45AM (-07:00)

**Individual Educational Plan for Autistic Children**

There is perhaps no process as frustrating for parents and teachers alike as the IEP process.

As a team process, it is designed to help parents and teachers develop a program that is in the best interest of the child.

All too often, the schools experience a lack of resources or other challenges, and leaves the parents feeling that they are not receiving the support that they need.

The IEP process is critical to the educational success of the child, and with success can leave parents feeling empowered to make a difference in the life of their child.

Parents and teachers need to develop an IEP process that enables both parties to feel
as though their concerns are heard, and the child's needs are being met.

A useful book on the subject which can be found on Amazon.com is called “Creating A Win-Win IEP for Students with Autism” by Beth Fouse.

This is a thorough & comprehensive guide for parents seeking greater involvement in their child's education, not just for the autistic child but for all who work in Special Education.

It explores various situations, citing examples & the legislation used to back it up.

It takes some of the confusion out of Special Education.

By explaining terms while instructing parents in the basic parameters of an IEP (Individual Education Plan).

It can also serve as a tool for parents who want services for their child but often don't know how to ask.

Parents need this type of support so that they are prepared for the IEP process.

07:20AM (-07:00)

Aspergers Children & Picky Eating

Because of their sensitivity to smell, temperature, taste and texture, kids with Aspergers are often "picky" eaters. Some develop fetishes such as only eating beige-colored foods or foods with creamy textures. They often like very sour or very spicy tastes. Some develop chewing fetishes and as a result, they constantly suck on pens, pencils or times of clothing.

These kids also sometimes have issues with developing gastric problems such as acid
reflux, hiccups, diarrhea, vomiting, or constipation. They are susceptible to celiac disease, which is caused by poor absorption of certain nutrients. The danger is that celiac disease damages the digestive system. Aspergers kids frequently suffer from Dermatitis herpetiformis, which causes skin rashes and tissue damage in the intestine. It has also been shown that gluten can aggravate behavioral symptoms in those with Aspergers that are sensitive to these foods.

It becomes a challenge for moms & dads to make sure their Aspergers kid gets proper nutrition. One trick that works for many moms & dads is to change the texture of a despised food. If your youngster will not eat peas, try serving pea soup. If she refuses orange juice, try orange slices. Most clinicians believe that the less you indulge food fetishes, the less entrenched they become. If an Aspergers kid creates a rule that "no foods can touch on my plate," it can easily become a lifelong rule if moms & dads do not intervene.

One promising food therapy is the "Gluten-Free Casein-Free Diet" or GFCF diet. The theory behind it is that a youngster with Aspergers cannot digest casein (found in dairy) or gluten (found in grains). It is true that undigested molecules of these substances frequently show up in their urine samples. These amino acid chains (called peptides) affect neurological function and can worsen a youngster's symptoms. Peptides may have an opiate effect on some kids.

Moms & dads begin the diet by first eliminating either the casein or the gluten food group. No gluten means no bread, barley, rye, oats, pasta, all kinds of flour, food starch, biscuits, cereals, cakes, donuts, pie, pretzels, pizza, croutons, and even crumbs stuck in the toaster. You can substitute gluten-free products. Next, you eliminate all dairy products including milk, cheese, goat's milk and cheese, ice cream, yogurt, most margarines, puddings, and so forth. If you eliminate the dairy group, you may have to give your youngster calcium supplements. You also need to cut out "trigger foods" including chocolate, food colorings, caffeine, and peanut butter. The GFCF Diet website offers all kinds of resources for moms & dads such as cookbooks, food products, and DVDs.

Many moms & dads believe that the GFCF diet really helps their kids. In an unscientific survey of over 2000 moms & dads who tried it, most saw significant improvement and five reported "miracles."

Research into diet and vitamin therapy for kids with Aspergers is very sketchy at this point. Nevertheless, many moms & dads try them. One scientific study of alternative therapies found that over half of all moms & dads of kids with autism spectrum disorders have tried diets, herbs or vitamin therapy and 72% felt they were worthwhile. Many moms & dads swear by the GFCF diet, others prefer the Feingold diet or megavitamin therapy. You can buy supplements of herbs and vitamins specifically made for kids with
Aspergers. Such supplements often include calcium, fish oil, omega-3-6 or -9, vitamin B-6, HNI enzymes and DMG or dimethylglycine. If you use these diets and therapies, the best thing to do is to keep written records of how often your youngster tantrums or exhibits other behaviors. This way you can tell if the therapy is working.

There have been a few scientific studies of the GFCF diet. In one three-month study of fifteen kids ages two to 15 years old, there was no difference between the kids who followed the diet and those who did not. However, researchers at the Loma Linda Medical Institute in California concluded that the diet was mostly helpful and improved nonverbal cognition, but that more double blind studies are needed.

Many moms & dads have tried the GFCF or Feingold diets and found that they were not worth the effort. These diets make it extremely hard to buy regular grocery foods or to eat in restaurants. If there are other kids, you end up cooking different meals for them. Trying to keep to the diets causes parental burnout and that may not be worth their benefits.

Can a Gluten-Free Diet Really Help?

A gluten-free, casein free diet is recommended for Aspergers kids and adults.

Often moms & dads feel rather overwhelmed with such a restrictive diet, and only opt to embrace it as a last resort. The results produced by the diet varies markedly - but the keyword here is RESULT. You can expect some result.

Kids with autistic spectrum disorders usually have gastrointestinal problems as well, such as reflux, constipation, diarrhea, vomiting and hiccups. It is know that the proteins found in wheat, rye, oats, barley and dairy products (gluten and casein) aren't completely broken down in kids with Autistic Spectrum Disorders. These undigested proteins can leak into the bloodstream, potentially interfering with neurological processes by having an opiate-like effect upon their systems.

It's suggested that these undigested proteins (peptides) can reach toxic levels, with the Asperger youngster seeming to "crave" milk and wheat products. Symptoms of gluten/casein intolerance include red cheeks and ears, dry skin, runny nose, headaches, hyperactivity, tantrums and malformed bowel movements. Does this sound familiar?

So what results can the diet produce? Moms & dads report a variety of outcomes, including - improved sleep patterns, improved speech and communication, improved focus or attention span, improved social skills, improved personal hygiene habits, improved fine motor skills, improved intestinal function, increase in affection shown, reduction of tantrums and irritability.

So a gluten-free, casein-free diet is definitely worth considering for your Asperger younger. You don't have to feel overwhelmed by the restrictive nature of the diet. I suggest simply starting slowly and eliminating one group (either gluten or casein) at a time. Once you're comfortable without wheat or dairy products, then you can tackle the next element. If you see a desirable result from eliminating one component, you may decide not to go any further.
For our family simply substituting gluten-free flour in all recipes I used was a simple but highly effective action. I'm a home-baker, so in any cakes, biscuits, slices and desserts I just substituted gluten-free flour in my usual recipes. I didn't add any extras like Xantham gum, and didn't have any failures.

Finding an alternative to bread was our biggest obstacle. The gluten-free varieties just weren't the same, so instead we excluded bread altogether. The gluten-free pastas on the market are excellent, but do tend to cook slightly quicker.

I suggest you email all the major distributors of snack foods, such as muesli bars and fruit slices and ask for a list of their gluten-free products. This helps with easy identification at the store.

Eating out is difficult at first, but if you mention you're gluten-free most restaurant or cafe chefs will gladly prepare something gluten-free. (Of course, this rules out the fast food chains who aren't so obliging!)

For our family the diet finally eliminated all our son's known trigger foods such as peanut butter, chocolate and caffeine in sodas. We stayed on the diet strictly for 10 months before gradually reintroducing gluten. We have seen no return of the eliminated characteristics in our son. We have continued to use gluten-free pasta and flour in our cooking.

I believe that the gluten-free diet had a detoxifying effect not only on our Aspergers youngster, but on all of us, and the benefits have been obvious. So be adventurous and try a gluten-free/casein-free diet for your Aspergers youngster....you may be nicely surprised!

07:46AM (-08:00)

Aspergers kids: Crisis Intervention Tips—

1. A step isn't completed until the Aspergers kid has given you his/her verbal consent to the conditions of the step. Be prepared to repeat steps if additional meltdowns occur before moving on to the next step.

2. Allow the Aspergers kid, whenever possible, to make choices as you move through the crisis intervention steps; however, do not offer choices if they would compromise what you are trying to achieve.

3. Have a calm voice and demeanor, but convey firmness.
4. Help the Aspergers kid to see you as a problem solver. Let him/her know that you are aware of how difficult the situation is for him/her. Tell him/her your job is to help with this difficulty. Explain clearly that your help does not mean avoiding the situation or doing it for the Aspergers kid, but rather helping him/her to do it. E.g., "You have a problem and I am here to help you solve it."

5. Ignore or interrupt irrelevant comments. Respond with: "That doesn't make sense, I can't pay attention to that," or "That is off the topic, so I will have to ignore what you are saying," or "I can't help you with your problem while you are talking nonsense."

6. Keep your goal in mind as you go through the crisis intervention steps: creating new rules for responding in the future.

7. Make it clear to the Aspergers kid that you are in control; don't plead or make second requests.

8. Practice/rehearse what has been decided as the appropriate solution to the problem; this may involve completing an activity or sabotage, accepting a change, or restoring the environment after a meltdown.

9. Say what you mean and mean what you say at all times during the crisis.

10. Stay on topic during the crisis. The Aspergers kid may bring up extraneous or unrelated issues to try to justify his/her behavior.

07:35AM (-08:00)

**Autism & Schedules**

Autistic children thrive on routine and structure.

As your child begins to recognize structure in his or her life, this may be the time to make a visual schedule to help your child recognize when certain events are happening in his or her day.

A visual schedule works better than a written schedule for obvious reasons as your child may not be able to read and thus may not get the benefit of the visual cue.

To make such a visual schedule, you can use a white board on which you put the hours of the day and a space at the top for the day of the
week.

Purchase strips of Velcro that have a sticky back and place a small square of Velcro in each time slot.

Using thick card, draw the different aspects of your day in visual form.

For example, you can draw pictures of food for the times of the day that you eat.

You can also draw a picture of a bed for the times your child sleeps.

Each day, pin up the pictorial representation of your day and put the day of the week at the top.

When your child wakes up, bring him or her to the board and talk about when different things will happen.

When it comes time for the various events in the day, have the child tear off the pictorial representation and talk about what it is you're going to be doing.

Put the pictorial representation in a nearby box for the next day.

This technique will help your child appreciate structure in his or her day.

It leaves no question as to what will happen and it involves, in a way, the completion of tasks—something autistic children like to do.

By using Velcro squares, you can alter the schedule every day for things like shopping and doctor's visits.

Each day can look the way it's supposed to on the board and will give the autistic child a lesser degree of confusion about the things that he or she will be doing that day.
What is Asperger syndrome?

Asperger syndrome (AS) is a developmental disorder that is characterized by:

- clumsy and uncoordinated motor movements
- limited interests or an unusual preoccupation with a particular subject to the exclusion of other activities
- peculiarities in speech and language, such as speaking in an overly formal manner or in a monotone, or taking figures of speech literally
- problems with non-verbal communication, including the restricted use of gestures, limited or inappropriate facial expressions, or a peculiar, stiff gaze
- repetitive routines or rituals
- socially and emotionally inappropriate behavior and the inability to interact successfully with peers

ASPERGERS is an autism spectrum disorder (ASD), one of a distinct group of neurological conditions characterized by a greater or lesser degree of impairment in language and communication skills, as well as repetitive or restrictive patterns of thought and behavior.

Other ASDs include:

- childhood disintegrative disorder
- classic autism
- pervasive developmental disorder not otherwise specified (usually referred to as PDD- NOS)
- Rett syndrome

Moms & dads usually sense there is something unusual about a youngster with ASPERGERS by the time of his or her third birthday, and some kids may exhibit symptoms as early as infancy. Unlike kids with autism, kids with ASPERGERS retain their early language skills. Motor development delays – crawling or walking late, clumsiness – are sometimes the first indicator of the disorder.
The incidence of ASPERGERS is not well established, but experts in population studies conservatively estimate that two out of every 10,000 kids have the disorder. Boys are three to four times more likely than girls to have ASPERGERS.

Studies of kids with ASPERGERS suggest that their problems with socialization and communication continue into adulthood. Some of these kids develop additional psychiatric symptoms and disorders in adolescence and adulthood.

Although diagnosed mainly in kids, ASPERGERS is being increasingly diagnosed in adults who seek medical help for mental health conditions such as depression, obsessive-compulsive disorder (OCD), and attention deficit hyperactivity disorder (ADHD). No studies have yet been conducted to determine the incidence of ASPERGERS in adult populations.

Why is it called Asperger syndrome?

In 1944, an Austrian pediatrician named Hans Asperger observed four kids in his practice who had difficulty integrating socially. Although their intelligence appeared normal, the kids lacked nonverbal communication skills, failed to demonstrate empathy with their peers, and were physically clumsy. Their way of speaking was either disjointed or overly formal, and their all-absorbing interest in a single topic dominated their conversations. Dr. Asperger called the condition “autistic psychopathy” and described it as a personality disorder primarily marked by social isolation.

Asperger’s observations, published in German, were not widely known until 1981, when an English doctor named Lorna Wing published a series of case studies of kids showing similar symptoms, which she called “Asperger’s” syndrome. Wing’s writings were widely published and popularized. ASPERGERS became a distinct disease and diagnosis in 1992, when it was included in the tenth published edition of the World Health Organization’s diagnostic manual, International Classification of Diseases (ICD-10), and in 1994 it was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the American Psychiatric Association’s diagnostic reference book.

What are some common signs or symptoms?

The most distinguishing symptom of ASPERGERS is a youngster’s obsessive interest in a single object or topic to the exclusion of any other. Some kids with ASPERGERS have become experts on vacuum cleaners, makes and models of cars, even objects as odd as deep fryers. Kids with ASPERGERS want to know everything about their topic of interest and their conversations with others will be about little else. Their expertise, high level of vocabulary, and formal speech patterns make them seem like little professors.

Kids with ASPERGERS will gather enormous amounts of factual information about their favorite subject and will talk incessantly about it, but the conversation may seem like a random collection of facts or statistics, with no point or conclusion.

Their speech may be marked by a lack of rhythm, an odd inflection, or a monotone pitch.
Kids with ASPERGERS often lack the ability to modulate the volume of their voice to match their surroundings. For example, they will have to be reminded to talk softly every time they enter a library or a movie theatre.

Unlike the severe withdrawal from the rest of the world that is characteristic of autism, kids with ASPERGERS are isolated because of their poor social skills and narrow interests. In fact, they may approach other people, but make normal conversation impossible by inappropriate or eccentric behavior, or by wanting only to talk about their singular interest.

Kids with ASPERGERS usually have a history of developmental delays in motor skills such as pedaling a bike, catching a ball, or climbing outdoor play equipment. They are often awkward and poorly coordinated with a walk that can appear either stilted or bouncy.

Many kids with ASPERGERS are highly active in early childhood, and then develop anxiety or depression in young adulthood. Other conditions that often co-exist with ASPERGERS are ADHD, tic disorders (such as Tourette syndrome), depression, anxiety disorders, and OCD.

What causes ASPERGERS? Is it genetic?

Current research points to brain abnormalities as the cause of ASPERGERS. Using advanced brain imaging techniques, scientists have revealed structural and functional differences in specific regions of the brains of normal versus ASPERGERS kids. These defects are most likely caused by the abnormal migration of embryonic cells during fetal development that affects brain structure and “wiring” and then goes on to affect the neural circuits that control thought and behavior.

For example, one study found a reduction of brain activity in the frontal lobe of ASPERGERS kids when they were asked to respond to tasks that required them to use their judgment. Another study found differences in activity when kids were asked to respond to facial expressions. A different study investigating brain function in adults with ASPERGERS revealed abnormal levels of specific proteins that correlate with obsessive and repetitive behaviors.

Scientists have always known that there had to be a genetic component to ASPERGERS and the other ASDs because of their tendency to run in families. Additional evidence for the link between inherited genetic mutations and ASPERGERS was observed in the higher incidence of family members who have behavioral symptoms similar to ASPERGERS but in a more limited form. For example, they had slight difficulties with social interaction, language, or reading.

A specific gene for ASPERGERS, however, has never been identified. Instead, the most recent research indicates that there are most likely a common group of genes whose variations or deletions make an individual vulnerable to developing ASPERGERS. This combination of genetic variations or deletions will determine the severity and symptoms for each individual with ASPERGERS.
How is it diagnosed?

The diagnosis of ASPERGERS is complicated by the lack of a standardized diagnostic screen or schedule. In fact, because there are several screening instruments in current use, each with different criteria, the same youngster could receive different diagnoses, depending on the screening tool the doctor uses.

To further complicate the issue, some doctors believe that ASPERGERS is not a separate and distinct disorder. Instead, they call it high-functioning autism (HFA), and view it as being on the mild end of the ASD spectrum with symptoms that differ -- only in degree -- from classic autism. Some clinicians use the two diagnoses, ASPERGERS or HFA, interchangeably. This makes gathering data about the incidence of ASPERGERS difficult, since some kids will be diagnosed with HFA instead of ASPERGERS, and vice versa.

Most doctors rely on the presence of a core group of behaviors to alert them to the possibility of a diagnosis of ASPERGERS. These are:

- a lack of interactive play
- a lack of interest in peers
- abnormal eye contact
- aloofness
- the failure to turn when called by name
- the failure to use gestures to point or show

Some of these behaviors may be apparent in the first few months of a youngster's life, or they may appear later. Problems in at least one of the areas of communication and socialization or repetitive, restricted behavior must be present before the age of 3.

The diagnosis of ASPERGERS is a two-stage process. The first stage begins with developmental screening during a "well-youngster" check-up with a family doctor or pediatrician. The second stage is a comprehensive team evaluation to either rule in or rule out ASPERGERS. This team generally includes a psychologist, neurologist, psychiatrist, speech therapist, and additional professionals who have expertise in diagnosing kids with ASPERGERS.

The comprehensive evaluation includes neurologic and genetic assessment, with in- depth cognitive and language testing to establish IQ and evaluate psychomotor function, verbal and non-verbal strengths and weaknesses, style of learning, and independent living skills. An assessment of communication strengths and weaknesses includes evaluating non-verbal forms of communication (gaze and gestures); the use of non-literal language (metaphor, irony, absurdities, and humor); patterns of inflection, stress and volume modulation; pragmatics (turn-taking and sensitivity to verbal cues); and the content, clarity, and coherence of conversation. The physician will look at the testing results and combine them with the youngster's developmental history and current symptoms to make a diagnosis.
Are there treatments available?

The ideal treatment for ASPERGERS coordinates therapies that address the three core symptoms of the disorder: poor communication skills, obsessive or repetitive routines, and physical clumsiness. There is no single best treatment package for all kids with ASPERGERS, but most professionals agree that the earlier the intervention, the better.

An effective treatment program builds on the youngster’s interests, offers a predictable schedule, teaches tasks as a series of simple steps, actively engages the youngster’s attention in highly structured activities, and provides regular reinforcement of behavior. This kind of program generally includes:

- cognitive behavioral therapy, a type of “talk” therapy that can help the more explosive or anxious kids to manage their emotions better and cut back on obsessive interests and repetitive routines

- medication, for co-existing conditions such as depression and anxiety

- occupational or physical therapy, for kids with sensory integration problems or poor motor coordination

- parent training and support, to teach moms & dads behavioral techniques to use at home

- social skills training, a form of group therapy that teaches kids with ASPERGERS the skills they need to interact more successfully with other kids

- specialized speech/language therapy, to help kids who have trouble with the pragmatics of speech – the give and take of normal conversation

Do kids with ASPERGERS get better? What happens when they become adults?

With effective treatment, kids with ASPERGERS can learn to cope with their disabilities, but they may still find social situations and personal relationships challenging. Many adults with ASPERGERS are able to work successfully in mainstream jobs, although they may continue to need encouragement and moral support to maintain an independent life.

What research is being done?

The National Institute of Neurological Disorders and Stroke (NINDS) is one of the federal government’s leading supporters of biomedical research on brain and nervous system disorders. The NINDS conducts research in its laboratories at the National Institutes of Health (NIH) in Bethesda, Maryland, and awards grants to support research at universities and other facilities. Many of the Institutes at the NIH, including the NINDS, are sponsoring research to understand what causes ASPERGERS and how it can be effectively treated.

One study is using functional magnetic resonance imaging (fMRI) to show how
abnormalities in particular areas of the brain cause changes in brain function that result in the symptoms of ASPERGERS and other ASDs. Another large-scale study is comparing neuropsychological and psychiatric assessments of kids with possible diagnoses of ASPERGERS or HFA to those of their moms & dads and siblings to see if there are patterns of symptoms that link ASPERGERS and HFA to specific neuropsychological profiles.

NINDS is also supporting a long-range international study that brings together investigators to collect and analyze DNA samples from kids with ASPERGERS and HFA, as well as their families, to identify associated genes and how they interact. Called the Autism Genome Project, it’s a consortium of scientists from universities, academic centers, and institutions around the world that functions as a repository for genetic data so that researchers can look for the genetic “building blocks” of ASPERGERS and the other ASDs.

Since there are so many different forms of ASD, understanding the genetic basis of each opens the door to opportunities for more precise diagnosis and treatment. Knowing the genetic profile of a particular disorder could mean early identification of those at risk, and early intervention when treatments and therapies are likely to be the most successful.

Where can I get more information?

For more information on neurological disorders or research programs funded by the National Institute of Neurological Disorders and Stroke, contact the Institute’s Brain Resources and Information Network (BRAIN) at:

BRAIN
P.O. Box 5801 Bethesda, MD 20824 (800) 352-9424 http://www.ninds.nih.gov

07:11AM (-08:00)

Aspergers Kids & Board Games

Question:

How do I make my child understand the rules of board games like monopoly? He wants to play it only his way and gets extremely angry if he has to pay a penalty. He does not understand the sets of rules for different games and only wants to win with his own rules.

Answer:
The child with Aspergers may get upset over game rules, sharing, or taking turns. This applies especially when following the rules means that sometimes the child with Aspergers loses the game! Hence, your son’s insistence on playing with his own rules. He does not understand that others want to win a game sometimes, too. And, even if he does come to understand that, he may not care about their feelings enough to play the game appropriately. While some children act as “the warden” or keeper of the rules, others find it hard to grasp the give and take of peer relationships, including following rules while playing games with others.

To help your son with this problem, target “fairness” strategies. Step-by-step, teach causes and effects in feelings, behaviour, and consequences, along with how following rules and social/emotional reciprocity leads to positive rewards. But of course that is much easier said than done!

Many children with autism spectrum disorders are more successful in structured situations. Playing games on “neutral turf” in the community often provides the means for structuring activities. For example, a play date at mini-golf has an inherent structure and it will be difficult for your son to change the rules, as other players can say, “Everyone has to follow the rules of the golf course.” Pair him with a friend who understands his difficulty. The friend may be able to help him accept the fact that rules are necessary.

If you son has trouble taking turns, plan some games that are based on just that! For example, in Parcheesi, all players might be given “a point” when they take a turn when they are supposed to and don’t complain when others have a turn. Write the points down in clear view of everyone. At the end of the game, these points are added up. For each 10 points earned, a small reward is given, such as an M&M, a penny, etc. Everyone participates and everyone earns the reward – a bigger amount of reward is earned by the players who are most cooperative at taking turns. Don’t take points away for misbehaviour or your son may not get any reward for the times he did behave appropriately!

In the card game War players choose a card, turn it over and the highest card takes both. The person with the most cards at the end wins. This can be a learning experience for your son. Play with only cards 2 through 10 as the face cards may be confusing. In this game, your son may win often enough to prevent him from becoming angry. If not, explain to the players that as well as the highest card taking both, each player who accepts losing a card gracefully will earn a point. Write the points down in clear view of everyone. Give a reward for highest points at the end, as well as one to the winner of the most cards.

Chutes and Ladders is a good game for your son to play as it’s difficult to change the rules. You roll the dice, move, and either climb the ladders or slide down the chutes. Again offer points for gracious acceptance of sliding down a chute. The winner at the end and the one with the most points both should receive a small reward.

Parcheesi is another good game that is simple, requires taking turns, and rolling the dice to determine moves. There are no penalties involved to create frustration.
Many children with Aspergers enjoy computer or hand held, electronic games. With a little research, you can find games that will interest your son. Start with the simplest ones; ones at which he can easily be successful. The penalties and rewards are built in. He won’t be able to change them or the rules. If he gets angry while playing, he’ll have to learn how to move beyond anger to win the game. If he gets physically angry (hits the computer or throws the game, etc.), take it away, but let him try again in a few days. Over time, he may accept the need for rules when playing. If he plays for a period of time without anger, give him a lot of praise. Since the games can be played at various levels and be restarted if he wishes, he has some control. With these games, he is free to fail without having to deal with another person winning and “lording it over him” which kids often do. Increase the complexity of the games as he matures. Avoid violent games, though.

08:13AM (08:00)

**Grandparents of Aspergers Kids**

Q & A with a grandmother of an Aspergers grand daughter—

If your grand daughter has been newly diagnosed, then welcome to the world of Aspergers. It is a mysterious and sometimes overwhelming world, but it is not one to be afraid of. Even if you are saddened, disappointed or angry about the diagnosis, keep in mind that it’s for the best. The earlier the diagnosis, the earlier the intervention, and the better the prognosis in the long run.

For some grandmothers, the news seems to come right out of the blue. Sure, there were difficulties at school - but then, school isn’t as strict as it used to be. And yes, there were some problems at home, but none of them sounded like anything that “good old- fashioned discipline” couldn’t solve. Why, then, do the mom & dad seem to be clinging to this diagnosis as if it were a life-raft in the high seas? And why are counselors, psychologists, occupational therapists and special education teachers suddenly getting involved?

Is this kid really so different?

As a grandmother, you have a lot of questions to sort out. But along with the confusion comes an opportunity to get involved where you are really needed. Kids with Aspergers have a special need in their lives for ‘safe’ people who won’t criticize them or put them down for their differences. They need loving, non-judgmental grandmothers who accept them as they are and make a place for them in their lives. If you can reach out to them, they will treasure your relationship with them for the rest of their lives.

I’ve read articles about Aspergers. But I still don’t understand what it is.
Aspergers is a type of autism, and autism is a neurological disorder that affects the way a person interacts with others and his or her world. It’s not a mental illness, and it is not caused by weak parenting. In its more severe forms, it’s a disorder because it causes disorder in the life of the kid. In its milder forms, it is more of a marked difference from the norm. In our culture, which judges people on the way they interact with others, these disorder-differences can have a profound impact on a person’s life.

You’ve probably heard the mom & dad complaining about the difficulties they’ve had with the kid in the home - obsessive behavior, irrational outbursts, wild fears, and irritability over the smallest issues. These problems are not misbehaviors, but rather the kid’s responses to an inability to comprehend what is going on around them and inside them. Some experts have called it a “mind blindness,” one that causes the person to stumble and bump into complex social situations that they can’t “see.”

Yet by effectively “blinding” the mind to certain aspects of daily life, Aspergers enables the kid’s mind to focus in a way that most of us are incapable of. They feel their feelings more intensely, experience texture, temperature and taste more powerfully, and think their thoughts more single-mindedly. In many ways, this ability to focus is the great gift of Aspergers, and is the reason why a great number people with Aspergers have become gifted scientists, artists and musicians.

It is as if the Asperger brain is born speaking a different language. It can learn our language through careful instruction or self-instruction, but it will always retain its accent. While Asperger adults go on to successful careers and interesting lives, they will always be considered unusual people.

I’ve never heard of it before.

That’s not too surprising. Pediatricians don’t study it in medical school, teachers don’t learn about it in education college, and the mass media rarely covers it. Until the 1980s, the condition didn’t even have a name, even though Hans Asperger’s original work was done in the 1940s. It is only very recently that the condition has received much attention at all. However, as professionals are becoming more informed about the condition, they are discovering that there is a fair amount of Aspergers out there.

You may remember an “odd” kid from your grade-school years - one that had no friends, who was always preoccupied with some obsessive interest that no one else cared about, who said the strangest things at the strangest times. Though the syndrome has only recently been named, these kids have been living and growing up alongside other kids for centuries. Some have become successful and happy as adults despite their undiagnosed problems, teaching themselves over time how to navigate around their deficits. Others have gone on to live lives of confusion and frustration, never understanding why the world didn’t make much sense to them.

With the recognition of Aspergers, we now can give a new generation of Asperger kids a chance at the same kind of life that other kids have.
Great. So how do we fix it?

We can’t fix it. Despite all the marvels of modern science, there are still some problems that can’t be cured. Nobody knows what causes Aspergers, though most scientists acknowledge a genetic factor. So the deficits your grand daughter has can only be understood, minimized and worked around. They will require accommodating on everyone’s part. But in time, with proper programming, the kid’s behavior and understanding of the world should improve.

Specialized therapies for autism disorders are available, but in most cases, the mom & dad must bear the full cost. This can cause tremendous financial strain on the family. In addition, while most regions require specialized programming for Asperger kids, these programs are rarely sufficient for the kid’s needs. So the mom & dad must fill in the gaps with their own home-made programming.

Drug therapies are also sometimes available in cases where extreme behavior needs to be controlled. But these drugs don’t treat the cause of Aspergers. So even if some of the symptoms can be relieved with drugs, the central problems still remain.

A lot of kids have these sorts of difficulties. It’s just a part of growing up, isn’t it? After all, he looks perfectly normal to me.

She is normal. And she has the capacity to grow up to become a wonderful, normal adult - especially now that he has been diagnosed and is receiving special training. But he is normal with a difference.

The deficits that comprise Aspergers are not always readily apparent, especially in milder cases. The kid is usually of average intelligence or higher, yet lacks what are essentially instincts for other kids. If your grand daughter seems “perfectly normal” despite the diagnosis you’ve been told about, then he is probably working very hard to make sure he fits in - and it’s not as easy as it looks.

It is best to treat your grand daughter for what she is - normal. But be prepared to take some advice from those closest to him regarding what is the best way to handle certain situations.

It may not look like much to you, but Aspergers is a cause for concern. It’s not at all the same thing as the sort of developmental delay that some kids experience, and a professional trained in its diagnosis can determine the difference. Certainly misdiagnoses are possible. But in such cases, it’s always wiser to err on the side of caution. The wait-and-see method is risky when there is evidence suggesting a neurological problem.

So what if she doesn’t do what other kids do? She’s advanced for her age.

Un-kidlike behavior doesn’t mean that a kid is “too smart” for play-dough and playgrounds. Even if she is smart, she still needs to learn the skills of play, because play is how kids learn - about things, about life, and about each other. Precociousness is cute.
and is sometimes a source of pride for grandmothers, but it is also often an indication that there is an underlying problem that needs to be addressed - and the earlier the better.

If Aspergers is genetic, then does that mean we have it too?

You might, or you might not. Usually at least one of the parents has some Asperger qualities to their personality, and so it seems likely that the same might be true of the grandmother generation.

But before you get defensive, remember that Aspergers shouldn’t be regarded as a source of family shame. It’s a difference more than a disorder. And we know it takes all kinds of people to make the world go around. Many famous people are believed to have had Aspergers, including Albert Einstein, Thomas Jefferson, Anton Bruckner, and Andy Warhol. It seems a touch of autism often brings out genius.

And that’s not such a bad thing to have in the family! What if I don’t believe the diagnosis?

That’s your privilege. But keep in mind that the kid’s mom & dad believe it. They live and work with the kid daily and are in a unique position to notice the deficits. Because they care deeply about that kid’s future, they aren’t concerned about the stigma of a label, as long as it means the kid is eligible for the specialized programming she needs. They have put their pride aside for the sake of the kid and expect the same from the rest of the family.

Consider carefully what could possibly be gained by refusing to believe the diagnosis. Then consider what could be lost. The mom & dad are already living with a great deal more stress than other parents, and they don’t need the added strain of skeptical or judgmental grandmothers. Otherwise you may suddenly be faced with the pain of being unwelcome in your grand daughter’s home.

The kid’s mother looks exhausted all the time. Could that be a cause?

It’s more likely an effect. Consider what her life is like: she has to constantly monitor what is going on regarding her Asperger kid, thwart anything that might trigger a meltdown, predict the kid’s reactions in all situations and respond immediately, look for opportunities to teach the kid social behavior without creating a scene, and so on - every minute, every day. So it’s not surprising that she doesn’t feel like sitting down for a cup of tea with you and making small talk!

The truth is that the majority of mothers of Asperger kids struggle with depression. While the special services she will receive over the next few years should help in some ways, she will still be the one to deal with the day-to-day difficulties of raising an unusual kid. For many mothers, this means ceaseless work, often to the exclusion of their own needs. Their physical, mental and emotional exhaustion can have a profound effect on the health and happiness of the entire family.
For this reason, mothers of Asperger kids need those closest to them to give their full, unconditional support, both in words and in action.

I’d like to help out and get involved. But my son and his wife always get defensive no matter what I say.

Your son and daughter-in-law are now so used to defending their kid that it comes as second nature. Give them some time. Once they are more certain of your support, they will be less sensitive.

In the meantime, think carefully before you speak. Choose expressions that suggest sympathy and genuine curiosity, and avoid those that convey criticism. For example, instead of saying ‘He looks perfectly normal to me’, you can say ‘He’s doing really well.’ Phrase ideas as questions, not judgments by saying ‘Have you thought about…’ rather than ‘It’s probably…’.

The most destructive things you can say are those that convey your lack of trust in their ability to parent, your disdain for the diagnosis, and your unwillingness to make accommodations. Here are some real-life examples gathered from mothers of Asperger kids:

‘All you ever do is complain about how hard your life is.’

‘Don’t believe everything those psychologists tell you. He’ll just grow out of it, wait and see!’

‘Everybody’s got to have a problem with a fancy name these days!’ ‘He wouldn’t act this way if you didn’t work.’

‘He’s having all these problems because you took him out of school for that home-schooling nonsense.’

‘I managed all by myself with four kids. You’ve just got two, and you can’t handle them!’ ‘Just let him spend more time with us. We’ll whip him into shape!’

‘She may act that way at home, but she’s not going to do that in MY house!’

‘There’s nothing wrong with her. You’re making a mountain out of a molehill. Are you sure you’re not the one that needs to see a psychologist?’

Keep in mind that parents of Asperger kids face these hurtful, humiliating attitudes every day - from bus drivers to teachers, doctors to neighbors. Their tolerance level for such opinionated criticism is low, especially since they spend every bit of their energy raising their difficult kid. So avoid insensitive comments at all costs. And if you unwittingly blurt out something the wrong way, be sure to apologize.
So then what can I do for them?

Look for ways to be supportive. Let them know that there is another heart tugging at the load - and it's yours. Keep on the lookout for articles about Aspergers and send them copies. This shows that you are interested. Ask lots of questions about the special programs the kid is in. Be enthusiastic and optimistic. Let them know you think they're doing a great job. At other times, be a sympathetic sounding board when they have difficult decisions to make, or when they just need to tell someone what an awful day they've had.

If you live close by, consider how much you can help by giving the mom & dad an evening out. If you're not certain how to handle the kid on your own, then spend some time shadowing the mom & dad to learn how to do it - or offer to babysit after the kid is in bed. Whatever you can do to help will be appreciated.

What does my grand daughter need from me?

She needs to know that you are a safe haven in a bewildering world. It may seem a lot to ask to be flexible with a kid who appears to be misbehaving, but inflexibility will only put distance between you and the kid. If the kid's manners and mannerisms drive you crazy, ask the mom & dad for suggestions on how to set expectations for your house.

Learn to listen to the kid when she says she doesn't want to do something. Maybe some kids are happy to spend a couple of hours at a flea market, but think very carefully before dragging an Asperger kid there. Accommodate to her needs, or you run the risk of ruining your time together.

When in doubt, ask the mom & dad for advice.

But in general, just make the decision now that you will spend your time enjoying the kid for what he is - a unique and unusual person. That annoying stubborn streak you see in him is going to be his greatest survival skill. And even though he seems to be afraid of just about anything, recognize that he is like a blind person - it takes tremendous courage for him just to walk through each day. Celebrate his courage and tenacity.

To tell the truth, I don’t feel comfortable around my grand daughter. I have no idea what to do when she acts in her odd ways.

No one said it would be easy. But most Asperger kids are easiest to handle in one-on-one situations, so look for opportunities to go for walks or spend time in the workshed puttering around together. Tell your grand daughter your stories, especially those that touch on aspects of his life affected by Aspergers. She will love hearing about the time when you were a girl that you blurted out the secret, or how difficult it was for you to learn to tie your shoes. You might tell her about times you wished you knew how to say something, or times when you wanted to be alone. Stories like these can create a powerful bond between you and your grand daughter.

You may discover that all she wants to talk about is his pet subject. Don’t despair. If it’s
something you know nothing about, then this is an opportunity to learn something. Search for some magazine articles on the topic so that you always have something new to share together. In time, you may find that you have ideas for helping her expand her interests into other subjects. But even if you do nothing more than listen and share her enthusiasm for her favorite topic in the whole world, your grand daughter will learn that Grandma cares.

When you spend time with her with other people or in public places, it might be helpful to think of yourself as a seeing-eye dog. Remember, she is “blind” in certain ways. Point out trouble-spots and guide her around them, explain social situations that she can’t “see,” and narrate what you are doing as you do it. By doing so, you’ll help her to feel more secure with you, and you’ll be actively participating in her special programming.

One word of caution: watch the emotional levels. Asperger kids often have great difficulty sorting out emotions. If you get angry, the kid could lose control because she is unable to deal with your anger and her own confusion at the same time. Reign in your temper when the kid is clumsy, stubborn, or frustrated. In situations where you feel you really need to be firm, keep your tone calm, your movements slow and even, and tell the kid what you’re going to do before you do it. Get advice from the mom & dad how to deal with little meltdowns so that you are prepared in advance, but do your best to avoid triggering them.

Here are some simple DO’s and DON’T’s to remember when spending time with your grand daughter:

· Do acknowledge the kid’s expressions of frustration.
· Do control your anger.
· Do get involved in the kid’s interests.
· Do learn what sorts of activities are recommended for the kid.
· Do praise the kid for his strengths.
· Do respect the kid’s fears, even if they seem senseless.
· Don’t compare him with his siblings.
· Don’t feel helpless - ask for help.
· Don’t joke, tease, shame, threaten, or demean the kid.
· Don’t talk to him as if he were stupid.
· Don’t tell the kid she will outgrow her difficulties.

CLASSROOM STRATEGIES for Aspergers Kids

Top 20 CLASSROOM STRATEGIES for Aspergers Kids

Arrange for the child to get speech and language services in school to help address
the pragmatics of communication and conversational social skills. Provide small-group training in social skills.

2. As much as possible, try to stick to a structured routine. Wherever possible prepare the child for potential changes or transitions.

3. Be particularly sensitive to peer rejection and bullying. The teacher may need to insure that there is added adult supervision in settings like the playground, in the cafeteria, on the school bus, and in the halls (if the child goes from room to room on their own). Pre-plan with the child what she will say or do in particular situations if you expect that they will be difficult for her, then quickly review with her afterwards how her plan worked.

4. Because abstract thinking is challenging, incorporate visual cues and graphics organizers for written expression tasks. Visual editing strips, like those described in the executive dysfunction section of this site, can help the child remember what to do and in what order.

5. Because many children with Aspergers have handwriting deficits, allow extra time for handwritten work and explore the use of word processors.

6. Behavior modification plans may work well for some behaviors and some children, but it may engender some "robotic-like" or rigid behaviors.

7. Do not expect skills learned in one setting to generalize to another setting. Teach the skill and rehearse it in a variety of settings.

8. Eye contact is difficult for many children with Aspergers, and on some level, it may be meaningless to them if they don't derive as much information from looking at you as their non-Aspergers peers do. If you do want them to look at you, rather than cueing or demanding eye contact, try holding a prop in your hand when you're speaking to the class. If you change props or what you're holding, the child will be more likely to look at you.

9. Foster social skills by direct instruction and teach the child how to interact through social stories, modeling and role-playing.

10. If the child appears to be getting agitated or headed for a "melt-down," it may be due to stress from the particular situation or frustration. Avoid situations that might produce "sensory overload" for the child.

11. If the child engages in perseverative questioning that interferes with classroom instruction, you can try instructing the child to write the question down and that you will meet with him after class to answer his question. If that doesn't work, talk with the child, state that his questions are creating a problem for his peers and for you, and ask him what he thinks would work to help him not ask so many questions during class. You may wish to incorporate a private visual signal.
12. If the child is getting overwhelmed, help the child make a "graceful exit" to go to some safe place that you've agreed upon where they can relax and calm themselves for a while.

13. Prepare the child for any changes in routine. Because children with Aspergers generally do not handle transitions well, extra verbal and visual cues may need to be employed in the classroom, as well as providing direct instruction in how to make a transition.

14. Provide clear expectations and rules for behavior.

15. Remember that children with Aspergers tend to interpret language very literally, so avoid slang or idiomatic speech. Children with Aspergers may also have difficulty interpreting tone and facial expressions, so a sarcastic "Oh, that was great!" may inadvertently positively reinforce an inappropriate behavior. And don't count on them understanding that you're trying to give them one of those "meaningful looks" that work so well with their non-Aspergers peers. If the child is doing something inappropriate, do not bother asking them why they are doing it. Tell them in clear, short statements what they should do.

16. The lament of the adult with Aspergers that his wife shouldn't have to hold up a sign to tell him how to respond points out what is actually a useful strategy, however, in working with young children with autism spectrum disorders: some research suggests that a combination of peer education/training and written text cues for social skills may improve the child's quality and quantity of successful peer interactions.

17. Use visual organizers for daily routine, and highlight any changes in routine. Consistent routine and structure reduces stress for the child and the organization and consistency of your classroom environment is one of the key factors in managing the child's deficits.

18. Verbal skills tend to be a strength or relative strength, so whenever possible, use verbal cues that are short, direct, and concrete.


20. Learn as much about Aspergers as you can!

06:00AM (-08:00)
Aspergers Summer Camps

The Learning Camp Vail, Colorado, USA Camp Type: Residential Phone: 970-524-2706
The Learning Camp delivers twelve years of building confidence and academic success in males and females 7-14 with ADD, ADHD, Dyslexia and other learning differences. Located in the Vail Valley of CO...

Camp Kodiak
McKellar, Ontario, Canada Camp Type: Residential Toll-Free: 877-569-7595
Phone: 705-389-1910
Integrated, non-competitive camp for kids & adolescents with & without ADHD, LD, NLD, & AS. Social skills & academic programs, 50+ sports & activities, professional staff, 2-to-1 ratio, lakeside cabins...

Camp Caglewood Suwanee, Georgia, USA
Camp Type: Residential | Day | Adult Toll-Free: 800-979-2829
Phone: 678-405-9000
Camp Caglewood provides weekend camping and day trip programming for kids and adults with special needs...

Camp Discovery
Pacific Palisades, California, USA Camp Type: Day
Phone: 818-501-5522
Camp Discovery is an outdoor day camp for kids ages 3 – 10 with mild or moderate special needs. Camp Discovery offers a 1:3 therapist to youngsters ratio. All of our therapists have special training to...

Social and Sensory Camps Campbell, California, USA Camp Type: Day
Phone: 408-871-8711
The Lighthouse Project offers a wide range of summer camps for high functioning kids with Nonverbal Learning Disorders, Asperger’s, high functioning Autism, and Attention Deficits...

Camp Buckskin
Ely, Minnesota, USA Camp Type: Residential
We have been helping young people with AD/HD, LD, and Aspergers to become more successful since 1959. We offer instruction in both traditional camp and some academic activities in our scenic Northwoods...

Oregon Trails Redmond, Oregon, USA Camp Type: Residential Toll-Free: 888-458-8226
Phone: 828-697-6313
Hiking trips for adolescents with Asperger's syndrome or ADHD take place in the Redmond, Oregon area...

Winston Preparatory Summer Enrichment Program New York, New York, USA
Camp Type: Day
Phone: 646-638-2705 x 688
Winston Preparatory Summer Enrichment provides students with the unique opportunity to participate in an individually designed program aimed to enhance academic skills. Each student receives daily...

Frontier Travel Camp Miami Shores, Florida, USA Camp Type: Travel
Toll-Free: 866-750-CAMP Phone: 305-895-1123
Summer travel program for those with special needs. With quality staff and accommodations, Frontier travels throughout the United States, Canada, Europe, and elsewhere...

Kinark Outdoor Centre Minden, Ontario, Canada Camp Type: Residential Toll-Free: 800-805-8252
Phone: 705-286-3555
The Kinark Outdoor Centre is a program of Kinark Child and Family Services facilitating skill development, social recreation, family enrichment and adventure based programs for kids and families...

Summit Camp
Honesdale, Pennsylvania, USA Camp Type: Residential
Toll-Free: 800-323-9908
Phone: 570-253-4381
Summit Camp & Travel offers camping for males and females with attention, social, or learning issues...

Camp Huntington
High Falls, New York, USA Camp Type: Residential Toll-Free: 866-514-5281
Phone: 845-687-7840
Camp Huntington is a co-ed, residential, seven-week program for kids and young adults with a variety of special needs. Our program is designed to maximize a youngster’s potential and develop their...

Trek
Seattle, Washington, USA Camp Type: Residential Toll-Free: 888-458-8226
Phone: 888-458-8226
Northwestern adventures for kids with Asperger’s, NLD, ADHD, or other social skills needs...

Camp Kirk
Kirkfield, Ontario, Canada Camp Type: Residential Toll-Free: 1-866-982-3310
Phone: 416-782-3310
Camp Kirk is a wholesome experience for kids with learning disabilities and/or ADHD, and those with incontinence or enuresis (bed wetting) difficulties set in the beautiful Canadian countryside...

Ko-Ach Adventures Temagami, Ontario, Canada
Camp Type: Residential | Tours | Family | Adult Phone: 647-298-1860
Ko-Ach Adventures provides meaningful summer programming to young people and young diagnosed with Autistic Spectrum Disorder, Aspergers Syndrome or a mild to moderate developmental delay...

Turn-About Ranch Escalante, Utah, USA Camp Type: Residential Toll-Free: 866-280-1764
Phone: 435-826-4240
Real ranch. Real values. Real change. Turn-About Ranch is a working horse and cow ranch for adolescents...

Charis Hills
Ingram, Texas, USA Camp Type: Residential Toll-Free: 888-681-2173
Phone: 325-247-4999
Charis Hills is a Christian, co-ed, residential summer camp which helps kids with learning differences build confidence and find success. We welcome kids with ADHD, LD, ED,
and Asperger's...

Camp Connect
Bridgewater, Massachusetts, USA Camp Type: Day
Phone: 508-697-7557
For Kids & Adolescents with Asperger's Syndrome, High Functioning Autism, and related challenges...

Turn-About Ranch
Lake Saranac, New York, USA Camp Type: Residential
Toll-Free: 888-458-8226
Phone: 828-697-6313

Talisail
Northwestern, Washington, USA Camp Type: Residential
Toll-Free: 888-458-8226
Phone: 888-458-8226
Talisail is a sailing program for adolescents (13-17 y/o) with Asperger’s, high-functioning Autism, or ADHD/LD, and takes place in the world-class waters of the San Juan archipelago in Northwestern Washington...

Camp Akeela
Thetford Center, Vermont, USA Camp Type: Residential
Toll-Free: 866-680-4744
Phone: 802-333-4843
Camp Akeela is a co-ed, overnight camp in Vermont. Within a well-rounded and traditional program we emphasize the social growth of our campers, many of whom have been diagnosed with Asperger’s Syndrome...

Camp Northwood Remsen, New York, USA Camp Type: Residential Phone: 315-831-3621
Providing quality programming to a coed population of 165 kids in need of structure and individualization. The Camp Northwood program is oriented toward a population of learning challenged/ADHD...

Talisman Programs
Zirconia, North Carolina, USA Camp Type: Residential
Toll-Free: 888-458-8226
Phone: 828-697-6313
Talisman Programs are designed specifically for kids and teenagers with ADHD, learning disabilities, Aspergers, and similar social and behavioral needs. Our activities focus on
Summit Travel
Honesdale, Pennsylvania, USA Camp Type: Residential
Toll-Free: 800-323-9908
Phone: 570-253-4381
Summit Camp & Travel offers camping for males and females with attention, social, or learning issues...

Camp Kennebec Arden, Ontario, Canada Camp Type: Residential
Toll-Free: 1-877-335-2114
Phone: 613-335-2114
Camp Kennebec is an inclusive residential camp for kids with various learning disabilities, ADD/ADHD, Tourette Syndrome, ASD, and other social and behavioural exceptionalities. Camp Kennebec offers...

Blooming Acres
Oro Station, Ontario, Canada Phone: 705-487-3076
The Blooming Acres summer Camp is a therapeutic agricultural, recreational and vocational experience for kids, teenagers and adults diagnosed with Autism, Asperger’s Syndrome and other related...

Circle of Friends Social Skills Camp Marietta, Georgia, USA
Phone: 770-352-9952
Day camp for social skills training and friendship development for kids with special needs...

Extreme Sports Camp Aspen, Colorado, USA Phone: 970-920-3695
Extreme Sports Camp is an overnight summer camp in Aspen, Colorado, where older kids with autism spectrum disorders can safely engage in sustained physical activities and find personal growth through...

Ranch Camp at Down Home Ranch Elgin, Texas, USA
Phone: 512-856-0128

HI-STEP Summer Social Skills Program Camp Somerset, New Jersey, USA
Phone: 732-873-1212
HI-STEP (formerly Stepping Stone) Summer Social Skills Program / Camp in New Jersey may serve as Special Education Extended School Year (ESY) program...
Camp Health Hope and Happiness Seba Beach, Alberta, Canada
Camp Health, Hope & Happiness is the only camp in Alberta that accepts, and provides programs, for individuals who have any type and any degree of disability or illness...

Confidence Connection Wellesley, Massachusetts, USA
Serving kids ages 4-12, with Autism/PDD, Asperger's, developmental and speech/language delays...

The Monarch School Summer Program Houston, Texas, USA
The Monarch School offers a 5-week summer program with an emphasis on Executive Functioning, Relationship Development, Academic Competence, and Self-Regulation...

Camp Maple Leaf Wallingford, Vermont, USA
A FUN summer day camp experience (ages 8-17) that teaches social/relaxation skills to individuals diagnosed with Nonverbal Learning Disabilities, Asperger's Syndrome, PDD, and HFA...

Summer Sensations Columbia, Maryland, USA
Sensory Motor Full Day Camp carefully designed for kids with sensory processing differences...

Mitchell's Place Irondale, Alabama, USA
Mitchell's Place developed out of one family's need to provide their son with comprehensive treatment that would address his specific needs and enhance his many strengths...

Rock Climbing Social Skills Group Huntington Beach, California, USA Rock Climbing Social Skills Group

Sense Abilities For Kids Leesburg, Virginia, USA
Our Special Needs Summer Camp offers kids of all abilities to explore their world using touch, movement, body awareness, sight and sound...

St Francis Camp on the Lake Jerome, Michigan, USA
St Francis Camp serves the needs of our special campers aged 8 - 80. We are located near Jerome MI...

Camp Rise Above
San Diego, California, USA
Camp Rise Above is a specialized summer camp for kids who don't enjoy the typical summer camps with 30+ kids and low supervision. Our camp is a small group environment where every youngster receives...

Expressions at George School Newtown, Pennsylvania, USA
Expressions is a day camp designed specifically for males and females ages 7-15 with High Functioning Autism, Asperger's Syndrome, Nonverbal Learning Disabilities and other similar social challenges...

Wediko New Hampshire Summer Program Windsor, New Hampshire, USA
A 45-day therapeutic residential program that provides academic instruction, experiential education, group therapy, family therapy, milieu therapy, and psychiatric consultation to kids aged 6-18...

YouthCare MGH
Charlestown and Westwood, Massachusetts, USA
Founded in 1969, YouthCare offers a fun-filled seven-week therapeutic day camp for kids through age 14. Each camp day consists of recreational activities as well as therapeutic groups and...

Gulf Islands Film and Television School Galiano Island, British Columbia, Canada
Intensive weeklong and monthlong media production programs for young people & adults. Students produce short films in teams of four. Rural island off the west coast of B.C.

Advantage Riding Academy Merrimac, Massachusetts, USA
Horseback riding from the therapeutic to advanced level...

Spectra Academy Montclair, New Jersey, USA
This is a new program for kids and adolescents with Asperger's disorder, high functioning autism and those with related social pragmatic difficulties aged 8-14. Kids in this spectrum need...

Camp CARD NE Ogunquit, Maine, USA
A SUMMER CAMP FARM EXPERIENCE FOR SOCIAL SKILL DEVELOPMENT CAMP
CARD NE is a social enrichment program for kids with an autism spectrum disorder...

Camp Maple Leaf Wallingford, Vermont, USA
A fun camp experience that focuses on social skills and leisure/relaxation skills development for kids and adolescents diagnosed with: Nonverbal Learning Disabilities
Asperger's Syndrome...

SL Start
Boise, Idaho, USA
Day camp providing Developmental Therapy and Intensive Behavioral Intervention to kids 3-12...

Cincinnati Occupational Therapy Institute Cincinnati, Ohio, USA
Summer experiences for kids with sensory processing disorder and other sensory and motor problems...

Camp STAR Summer Treatment for ADHD Highland Park, Illinois, USA
Camp STAR is an evidence-based DAY camp for kids with behavioral, social and emotional issues run by clinical staff from the University of Illinois Chicago, and NCYS North Shore Day Camp...

Camp New Connections Belmont, Massachusetts, USA
Camp New Connections is a Summer Pragmatic Language Program for kids and adolescents with Asperger's Disorder, PDD-NOS, and Nonverbal Learning Disabilities...

Camp Excel
Allenwood (Wall Twp), New Jersey, USA
Camp Excel is a specialized summer camp for kids ADHD and others with Social Skills Challenges. We focus on developing social skills and the social awareness necessary for better relationships...

92nd Street Y Camp Bari Tov and Camp Tova New York, New York, USA
92nd St. Y's nurturing day camps for developmentally disabled kids ages 5-13. Bari Tov offers 1-to-1 supervision, while Tova provides a small group structure at our beautiful upstate campground...

Achieve Fluency Learning Camp Stamford, Connecticut, USA
AFLC is a summer camp for kids with and without special learning needs age 4-12. Our unique program offers kids a great opportunity to receive special attention for their language, academic...

Children with Autism Making Progress South Pasadena, California, USA
C.A.M.P. is based on the fundamental belief that kids with autism experience life with a super sensitivity unlike typically developing kids...

Resource Guide For Parents
Who Have Children  06:48AM (-08:00)

Teaching Aspergers Children: Tips For Teachers

Educators can be great allies in keeping your youngster with Aspergers safe and successful in school, but you'll need to make sure they have all the knowledge they need to help. Use these suggestions to create an information packet to bring educators up to speed.

Five Things Educators Need to Know—

1. If there will be any sort of change in my youngster's classroom or routine, please notify me as far in advance as possible so that we can all work together in preparing her for it.

2. My youngster is an individual, not a diagnosis; please be alert and receptive to the things that make her unique and special.

3. My youngster needs structure and routine in order to function. Please try to keep his world as predictable as possible.

4. My youngster's difficulty with social cues, nonverbal communication, figurative language and eye contact are part of his neurological makeup -- he is not being deliberately rude or disrespectful.

5. Please keep the lines of communication open between our home and the school. My youngster needs all the adults in his life working together.

Here's a hand-out to give to your youngster's teacher:

General Behaviors—

· At times, our youngster may experience "meltdowns" when nothing may help behavior. At times like this, please allow a "safe and quiet spot" where our youngster will be allowed to "cool off" Try to take note of what occurred before the meltdown (was it an unexpected change in routine, for example) and it's best to talk "after" the situation has calmed down.

· Foster a classroom atmosphere that supports the acceptance of differences and diversity.

· Generally speaking an adult speaking in a calm voice will reap many benefits.
· It is important to remember that just because the youngster learns something in one situation this doesn't automatically mean that they remember or are able to generalize the learning to new situations.

· Note strengths often and visually. This will give our youngster the courage to keep on plugging.

· Our youngster may have vocal outbursts or shriek. Be prepared for them, especially when having a difficult time. Also, please let the other kids know that this is a way of dealing with stress or fear.

· Our youngster may need help with problem-solving situations. Please be willing to take the time to help with this.

· Our youngster reacts well to positive and patient styles of teaching.

· This syndrome is characterized by a sort of "swiss cheese" type of development: that is, some things are learned age-appropriately, while other things may lag behind or be absent. Furthermore, kids may have skills years ahead of normal development (for example, a youngster may understand complex mathematics principles, yet not be able to remember to bring their homework home).

· When dividing up assignments, please ASSIGN teams rather than have the other kids "choose members", because this increases the chances that our youngster will be left out or teased.

· When it reaches a point that things in the classroom are going well, it means that we've gotten it RIGHT. It doesn't mean that our youngster is "cured", "never had a problem" or that "it's time to remove support". Increase demands gradually.

· When you see anger or other outbursts, our youngster is not being deliberately difficult. Instead, this is in a "fight/fright/flight" reaction. Think of this as an "electrical circuit overload" (Prevention can sometimes head off situations if you see the warning signs coming).

Perseverations—

· Allowing our youngster to write down the question or thought and providing a response in writing may break the stresses/cycle.

· It is more helpful if you avoid being pulled into this by answering the same thing over and over or raising your voice or pointing out that the question is being repeated. Instead, try to redirect our youngster's attention or find an alternative way so he/she can save face.

· Our youngster may repeat the same thing over and over again, and you may find this increases as stress increases.
Transitions—

- Giving one or two warnings before a change of activity or schedule may be helpful.

- Our youngster may have a great deal of difficulty with transitions. Having a picture or word schedule may be helpful.

- Please try to give as much advance notice as possible if there is going to be a change or disruption in the schedule.

Sensory Motor Skills/Auditory Processing—

- Using picture cues or directions may also help.

- Speaking slower and in smaller phrases can help.

- Our youngster may act in a very clumsy way; she may also react very strongly to certain tastes, textures, smells and sounds.

- Our youngster has difficulty understanding a string of directions or too many words at one time.

- Directions are more easily understood if they are repeated clearly, simply and in a variety of ways.

- Breaking directions down into simple steps is quite helpful. Stimuli—

- Allow him to "move about" as sitting still for long periods of time can be very difficult (even a 5 minute walk around, with a friend or aide can help a lot).

- He may get overstimulated by loud noises, lights, strong tastes or textures, because of the heightened sensitivity to these things.

- Unstructured times (such as lunch, break and PE) may prove to be the most difficult for him. Please try to help provide some guidance and extra adults help during these more difficult times.

- With lots of other kids, chaos and noise, please try to help him find a quiet spot to which he can go for some "solace".

Visual Cues—

- Hand signals may be helpful, especially to reinforce certain messages, such as "wait your turn", "stop talking" (out of turn), or "speak more slowly or softly".

- Some AS kids learn best with visual aids, such as picture schedules, written directions
or drawings (other kids may do better with verbal instruction)

Interruptions—

- At times, it may take more than few seconds for my youngster to respond to questions. He needs to stop what he's thinking, put that somewhere, formulate an answer and then respond. Please wait patiently for the answer and encourage others to do the same. Otherwise, he will have to start over again.

- When someone tries to help by finishing his sentences or interrupting, he often has to go back and start over to get the train of thought back.

Eye Contact—

- At times, it looks as if my youngster is not listening to you when he really is. Don't assume that because he is not looking at you that he is not hearing you.

- She may actually hear and understand you better if not forced to look directly at your eyes.

- Unlike most of us, sometimes forcing eye contact BREAKS her concentration Social Skills and Friendships—

Talking with the other members of the class may help, if done in a positive way and with the permission of the family. For example, talking about the fact that many or most of us have challenges and that the AS youngster's challenge is that he cannot read social situations well, just as others may need glasses or hearing aides.

- Identifying 1 or 2 empathetic children who can serve as "buddies" will help the youngster feel as though the world is a friendlier place.

- Herein lies one of the biggest challenges for AS kids. They may want to make friends very badly, yet not have a clue as to how to go about it.

- Children with Asperger's Syndrome may be at greater risk for becoming "victims" of bullying behavior by other children. This is caused by a couple of factors:

1. There is a great likelihood that the response or "rise" that the "bully" gets from the Asperger youngster reinforces this kind of behavior

2. Asperger kids want to be included and/or liked so badly that they are reluctant to "tell" on the bully, fearing rejection from the perpetrator or other children.

Routine—

- Let him know, if possible, when there will be a substitute teacher or a field trip occurring during regular school hours.
Please let our youngster know of any anticipated changes as soon as you know them, especially with picture or word schedules.

This is very important to most AS kids, but can be very difficult to attain on a regular basis in our world.

Language—

Sarcasm and some forums of humor are often not understood by my youngster. Even explanations of what is meant may not clarify, because the perspectives of AS youngster can be unique and, at times, immovable.

Although his vocabulary and use of language may seem high, AS kids may not know the meaning of what they are saying even though the words sound correct.

Organizational Skills—

If necessary allow her to copy the notes of other kids or provide her with a copy Many AS kids are also dysgraphic and they are unable to listen to you talk, read the board and take notes at the same time.

It may be helpful to develop schedules (picture or written) for him.

Our youngster lacks the ability of remember a lot of information or how to retrieve that information for its use.

Please post schedules and homework assignments on the board and make a copy for him. Please make sure that these assignments get put into his backpack because he can’t always be counted on to get everything home with out some help.

At times, some of my youngster’s behaviors may be aggravating and annoying to you and to members of his class. Please know that this is normal and expected. Try not to let the difficult days color the fact that YOU are a wonderful teacher with a challenging situation and that nothing works all of the time (and some things don't even work most of the time). You will also be treated to a new and very unique view of the world that will entertain and fascinate you at times. Please feel free to share with us whatever you would like. We have heard it before. It will not shock us or make us think poorly of you.

Communication is the key and by working together as a team we can provide the best for our youngster.

TIPS for EDUCATORS:

Kids diagnosed with Aspergers present a special challenge in the educational milieu. This article provides educators with descriptions of seven defining characteristics of
Aspergers, in addition to suggestions and strategies for addressing these symptoms in the classroom. Behavioral and academic interventions based on the author's teaching experiences with kids with Aspergers are offered.

Kids diagnosed with Aspergers (AS; see Note) present a special challenge in the educational milieu. Typically viewed as eccentric and peculiar by classmates, their inept social skills often cause them to be made victims of scapegoating. Clumsiness and an obsessive interest in obscure subjects add to their "odd" presentation. Kids with AS lack understanding of human relationships and the rules of social convention; they are naive and conspicuously lacking in common sense. Their inflexibility and inability to cope with change causes these individuals to be easily stressed and emotionally vulnerable. At the same time, kids with AS (the majority of whom are boys) are often of average to above-average intelligence and have superior rote memories. Their single-minded pursuit of their interests can lead to great achievements later in life.

Aspergers is considered a disorder at the higher end of the autistic continuum. Comparing individuals within this continuum, Van Krevelen (cited in Wing, 1991) noted that the low-functioning youngster with autism "lives in a world of his own," whereas the higher functioning youngster with autism "lives in our world but in his own way" (p.99).

Naturally, not all kids with AS are alike. Just as each youngster with AS has his or her own unique personality, "typical" AS symptoms are manifested in ways specific to each individual. As a result, there is no exact recipe for classroom approaches that can be provided for every youngster with AS, just as no one educational method fits the needs of all kids not afflicted with AS.

Following are descriptions of seven defining characteristics of Aspergers, followed by suggestions and classroom strategies for addressing these symptoms. (Classroom interventions are illustrated with examples from my own teaching experiences at the University of Michigan Medical Center Youngster and Adolescent Psychiatric Hospital School.) These suggestions are offered only in the broadest sense and should be tailored to the unique needs of the individual student with AS.

Insistence on Sameness—

Kids with AS are easily overwhelmed by minimal change, are highly sensitive to environmental stressors, and sometimes engage in rituals. They are anxious and tend to worry obsessively when they do not know what to expect; stress, fatigue and sensory overload easily throw them off balance.

Programming Suggestions—

- Allay fears of the unknown by exposing the youngster to the new activity, teacher, class, school, camp and so forth beforehand, and as soon as possible after he or she is informed of the change, to prevent obsessive worrying. (For instance, when the youngster with AS must change schools, he or she should meet the new teacher, tour the new school and be apprised of his or her routine in advance of actual attendance. School assignments from the old school might be provided the first few days so that the routine
is familiar to the youngster in the new environment. The receiving teacher might find out the youngster's special areas of interest and have related books or activities available on the youngster's first day.);

· Avoid surprises: Prepare the youngster thoroughly and in advance for special activities, altered schedules, or any other change in routine, regardless of how minimal;

· Minimize transitions;

· Offer consistent daily routine: The youngster with AS must understand each day's routine and know what to expect in order to be able to concentrate on the task at hand;

· Provide a predictable and safe environment. Impairment in Social Interaction—

Kids with AS show an inability to understand complex rules of social interaction; are naive; are extremely egocentric; may not like physical contact; talk at people instead of to them; do not understand jokes, irony or metaphors; use monotone or stilted, unnatural tone of voice; use inappropriate gaze and body language; are insensitive and lack tact; misinterpret social cues; cannot judge "social distance"; exhibit poor ability to initiate and sustain conversation; have well-developed speech but poor communication; are sometimes labeled "little professor" because speaking style is so adult-like and pedantic; are easily taken advantage of (do not perceive that others sometimes lie or trick them); and usually have a desire to be part of the social world.

Programming Suggestions—

· Although they lack personal understanding of the emotions of others, kids with AS can learn the correct way to respond. When they have been unintentionally insulting, tactless or insensitive, it must be explained to them why the response was inappropriate and what response would have been correct. Individuals with AS must learn social skills intellectually: They lack social instinct and intuition;

· Kids with AS tend to be reclusive; thus the teacher must foster involvement with others. Encourage active socialization and limit time spent in isolated pursuit of interests. For instance, a teacher's aide seated at the lunch table could actively encourage the youngster with AS to participate in the conversation of his or her peers not only by soliciting his or her opinions and asking him questions, but also by subtly reinforcing other kids who do the same;

· Emphasize the proficient academic skills of the youngster with AS by creating cooperative learning situations in which his or her reading skills, vocabulary, memory and so forth will be viewed as an asset by peers, thereby engendering acceptance;

· In the higher age groups, attempt to educate peers about the youngster with AS when social ineptness is severe by describing his or her social problems as a true disability. Praise classmates when they treat him or her with compassion. This task may prevent
scape-goating, while promoting empathy and tolerance in the other kids;

- Most kids with AS want friends but simply do not know how to interact. They should be taught how to react to social cues and be given repertoires of responses to use in various social situations. Teach the kids what to say and how to say it. Model two-way interactions and let them role-play. These kids's social judgment improves only after they have been taught rules that others pick up intuitively. One adult with AS noted that he had learned to "ape human behavior." A college professor with AS remarked that her quest to understand human interactions made her "feel like an anthropologist from Mars" (Sacks, 1993, p.112);

- Older children with AS might benefit from a "buddy system." The teacher can educate a sensitive non-disabled classmate about the situation of the youngster with AS and seat them next to each other. The classmate could look out for the youngster with AS on the bus, during recess, in the hallways and so forth, and attempt to include him or her in school activities.

- Protect the youngster from bullying and teasing. Restricted Range of Interests—

Kids with AS have eccentric preoccupations or odd, intense fixations (sometimes obsessively collecting unusual things). They tend to relentlessly "lecture" on areas of interest; ask repetitive questions about interests; have trouble letting go of ideas; follow own inclinations regardless of external demands; and sometimes refuse to learn about anything outside their limited field of interest.

Programming Suggestions—

- Use the youngster's fixation as a way to broaden his or her repertoire of interests. For instance, during a unit on rain forests, the student with AS who was obsessed with animals was led to not only study rain forest animals but to also study the forest itself, as this was the animals' home. He was then motivated to learn about the local people who were forced to chop down the animals' forest habitat in order to survive;

- Use of positive reinforcement selectively directed to shape a desired behavior is the critical strategy for helping the youngster with AS (Dewey, 1991). These kids respond to compliments (e.g., in the case of a relentless question-asker, the teacher might consistently praise him as soon as he pauses and congratulate him for allowing others to speak). These kids should also be praised for simple, expected social behavior that is taken for granted in other kids;

- Children can be given assignments that link their interest to the subject being studied. For example, during a social studies unit about a specific country, a youngster obsessed with trains might be assigned to research the modes of transportation used by people in that country;

- Some kids with AS will not want to do assignments outside their area of interest. Firm
expectations must be set for completion of classwork. It must be made very clear to the youngster with AS that he is not in control and that he must follow specific rules. At the same time, however, meet the kids halfway by giving them opportunities to pursue their own interests;

· For particularly recalcitrant kids, it may be necessary to initially individualize all assignments around their interest area (e.g., if the interest is dinosaurs, then offer grammar sentences, math word problems and reading and spelling tasks about dinosaurs). Gradually introduce other topics into assignments;

· Do not allow the youngster with AS to perseveratively discuss or ask questions about isolated interests. Limit this behavior by designating a specific time during the day when the youngster can talk about this. For example: A youngster with AS who was fixated on animals and had innumerable questions about a class pet turtle knew that he was allowed to ask these questions only during recesses. This was part of his daily routine and he quickly learned to stop himself when he began asking these kinds of questions at other times of the day.

Poor Concentration—

Kids with AS are often off task, distracted by internal stimuli; are very disorganized; have difficulty sustaining focus on classroom activities (often it is not that the attention is poor but, rather, that the focus is "odd"; the individual with AS cannot figure out what is relevant [Happe, 1991], so attention is focused on irrelevant stimuli); tend to withdraw into complex inner worlds in a manner much more intense than is typical of daydreaming and have difficulty learning in a group situation.

Programming Suggestions—

· Work out a nonverbal signal with the youngster (e.g., a gentle pat on the shoulder) for times when he or she is not attending;

· The teacher must actively encourage the youngster with AS to leave his or her inner thoughts/ fantasies behind and refocus on the real world. This is a constant battle, as the comfort of that inner world is believed to be much more attractive than anything in real life. For young kids, even free play needs to be structured, because they can become so immersed in solitary, ritualized fantasy play that they lose touch with reality. Encouraging a youngster with AS to play a board game with one or two others under close supervision not only structures play but offers an opportunity to practice social skills;

· Seat the youngster with AS at the front of the class and direct frequent questions to him or her to help him or her attend to the lesson;

· In the case of mainstreamed children with AS, poor concentration, slow clerical speed and severe disorganization may make it necessary to lessen his or her homework/classwork load and/or provide time in a resource room where a special education teacher can provide the additional structure the youngster needs to complete classwork and homework (some kids with AS are so unable to concentrate that they places
undue stress on moms & dads to expect that they spend hours each night trying to get through homework with their youngster);

- If a buddy system is used, sit the youngster's buddy next to him or her so the buddy can remind the youngster with AS to return to task or listen to the lesson;

- Kids with severe concentration problems benefit from timed work sessions. This helps them organize themselves. Classwork that is not completed within the time limit (or that is done carelessly) within the time limit must be made up during the youngster's own time (i.e., during recess or during the time used for pursuit of special interests). Kids with AS can sometimes be stubborn; they need firm expectations and a structured program that teaches them that compliance with rules leads to positive reinforcement (this kind of program motivates the youngster with AS to be productive, thus enhancing self-esteem and lowering stress levels, because the youngster sees himself as competent);

- A tremendous amount of regimented external structure must be provided if the youngster with AS is to be productive in the classroom. Assignments should be broken down into small units, and frequent teacher feedback and redirection should be offered.

Poor Motor Coordination—

Kids with AS are physically clumsy and awkward; have stiff, awkward gaits; are unsuccessful in games involving motor skills; and experience fine-motor deficits that can cause penmanship problems, slow clerical speed and affect their ability to draw.

Programming Suggestions—

- Kids with AS may require a highly individualized cursive program that entails tracing and copying on paper, coupled with motor patterning on the blackboard. The teacher guides the youngster's hand repeatedly through the formation of letters and letter connections and also uses a verbal script. Once the youngster commits the script to memory, he or she can talk himself or herself through letter formations independently;

- Do not push the youngster to participate in competitive sports, as his or her poor motor coordination may only invite frustration and the teasing of team members. The youngster with AS lacks the social understanding of coordinating one's own actions with those of others on a team;

- Individuals with AS may need more than their peers to complete exams (taking exams in the resource room not only offer more time but would also provide the added structure and teacher redirection these kids need to focus on the task at hand);

- Involve the youngster with AS in a health/fitness curriculum in physical education, rather than in a competitive sports program;

- Refer the youngster with AS for adaptive physical education program if gross motor problems are severe;
When assigning timed units of work, make sure the youngster's slower writing speed is taken into account;

Younger kids with AS benefit from guidelines drawn on paper that help them control the size and uniformity of the letters they write. This also forces them to take the time to write carefully.

Academic Difficulties—

Kids with AS usually have average to above-average intelligence (especially in the verbal sphere) but lack high level thinking and comprehension skills. They tend to be very literal: Their images are concrete, and abstraction is poor. Their pedantic speaking style and impressive vocabularies give the false impression that they understand what they are talking about, when in reality they are merely parroting what they have heard or read. The youngster with AS frequently has an excellent rote memory, but it is mechanical in nature; that is, the youngster may respond like a video that plays in set sequence. Problem-solving skills are poor.

Programming Suggestions—

- Academic work may be of poor quality because the youngster with AS is not motivated to exert effort in areas in which he or she is not interested. Very firm expectations must be set for the quality of work produced. Work executed within timed periods must be not only complete but done carefully. The youngster with AS should be expected to correct poorly executed classwork during recess or during the time he or she usually pursues his or her own interests;

- Capitalize on these individuals' exceptional memory: Retaining factual information is frequently their forte;

- Kids with AS often have excellent reading recognition skills, but language comprehension is weak. Do not assume they understand what they so fluently read;

- Do not assume that kids with AS understand something just because they parrot back what they have heard;

- Emotional nuances, multiple levels of meaning, and relationship issues as presented in novels will often not be understood;

- Offer added explanation and try to simplify when lesson concepts are abstract;

- Provide a highly individualized academic program engineered to offer consistent successes. The youngster with AS needs great motivation to not follow his or her own impulses. Learning must be rewarding and not anxiety-provoking;

- The writing assignments of individuals with AS are often repetitious, flit from one subject to the next, and contain incorrect word connotations. These kids frequently do not know the difference between general knowledge and personal ideas and therefore assume the
teacher will understand their sometimes abstruse expressions.

Emotional Vulnerability—

Kids with Aspergers have the intelligence to compete in regular education but they often do not have the emotional resources to cope with the demands of the classroom. These kids are easily stressed due to their inflexibility. Self-esteem is low, and they are often very self-critical and unable to tolerate making mistakes. Individuals with AS, especially adolescents, may be prone to depression (a high percentage of depression in adults with AS has been documented). Rage reactions/temper outbursts are common in response to stress/frustration. Kids with AS rarely seem relaxed and are easily overwhelmed when things are not as their rigid views dictate they should be. Interacting with people and coping with the ordinary demands of everyday life take continual Herculean effort.

Programming Suggestions—

· Affect as reflected in the teacher’s voice should be kept to a minimum. Be calm, predictable, and matter-of-fact in interactions with the youngster with AS, while clearly indicating compassion and patience. Hans Asperger (1991), the psychiatrist for whom this syndrome is named, remarked that "the teacher who does not understand that it is necessary to teach kids [with AS] seemingly obvious things will feel impatient and irritated" (p.57); Do not expect the youngster with AS to acknowledge that he or she is sad/ depressed. In the same way that they cannot perceive the feelings of others, these kids can also be unaware of their own feelings. They often cover up their depression and deny its symptoms.

· Prevent outbursts by offering a high level of consistency. Prepare these kids for changes in daily routine, to lower stress (see "Resistance to Change" section). Kids with AS frequently become fearful, angry, and upset in the face of forced or unexpected changes.

· Report symptoms to the youngster's therapist or make a mental health referral so that the youngster can be evaluated for depression and receive treatment if this is needed. Because these kids are often unable to assess their own emotions and cannot seek comfort from others, it is critical that depression be diagnosed quickly.

· Teach the kids how to cope when stress overwhelms him or her, to prevent outbursts. Help the youngster write a list of very concrete steps that can be followed when he or she becomes upset (e.g., 1-Breathe deeply three times; 2-Count the fingers on your right hand slowly three times; 3-Ask to see the special education teacher, etc.). Include a ritualized behavior that the youngster finds comforting on the list. Write these steps on a card that is placed in the youngster's pocket so that they are always readily available.

· Educators must be alert to changes in behavior that may indicate depression, such as even greater levels of disorganization, inattentiveness, and isolation; decreased stress threshold; chronic fatigue; crying; suicidal remarks; and so on. Do not accept the youngster's assessment in these cases that he or she is "OK".
It is critical that adolescents with AS who are mainstreamed have an identified support staff member with whom they can check in at least once daily. This person can assess how well he or she is coping by meeting with him or her daily and gathering observations from other educators.

Kids with AS who are very fragile emotionally may need placement in a highly structured special education classroom that can offer individualized academic program. These kids require a learning environment in which they see themselves as competent and productive. Accordingly, keeping them in the mainstream, where they cannot grasp concepts or complete assignments, serves only to lower their self-concept, increase their withdrawal, and set the stage for a depressive disorder. (In some situations, a personal aide can be assigned to the youngster with AS rather than special education placement. The aide offers affective support, structure and consistent feedback.)

Kids with AS must receive academic assistance as soon as difficulties in a particular area are noted. These kids are quickly overwhelmed and react much more severely to failure than do other kids.

Be aware that adolescents with AS are especially prone to depression. Social skills are highly valued in adolescence and the student with AS realizes he or she is different and has difficulty forming normal relationships. Academic work often becomes more abstract, and the adolescent with AS finds assignments more difficult and complex. In one case, educators noted that an adolescent with AS was no longer crying over math assignments and therefore believed that he was coping much better. In reality, his subsequent decreased organization and productivity in math was believed to be function of his escaping further into his inner world to avoid the math, and thus he was not coping well at all.

Kids with Asperger's syndrome are so easily overwhelmed by environmental stressors, and have such profound impairment in the ability to form interpersonal relationships, that it is no wonder they give the impression of "fragile vulnerability and a pathetic youngsterishness" (Wing, 1981, p. 117). Everard (1976) wrote that when these youngsters are compared with their nondisabled peers, "one is instantly aware of how different they are and the enormous effort they have to make to live in a world where no concessions are made and where they are expected to conform" (p.2).

Educators can play a vital role in helping kids with AS learn to negotiate the world around them. Because kids with AS are frequently unable to express their fears and anxieties, it is up to significant adults to make it worthwhile for them to leave their safe inner fantasy lives for the uncertainties of the external world. Professionals who work with these youngsters in schools must provide the external structure, organization, and stability that they lack. Using creative teaching strategies with individuals suffering from Aspergers is critical, not only to facilitate academic success, but also to help them feel less alienated from other human beings and less overwhelmed by the ordinary demands of everyday life.
Aspergers & Video Game Addiction

Question

I have a partner and many family members with Asperger's, but the worst affected is 19. He has very limited social skills, his eating pattern is poor, and so is his sleeping pattern. But he is addicted to a game on his computer. How do we as parents encourage him to spend less time on the computer, eat better, and sleep more?

Answer

Playing electronic games provides repetition, consistency, and security in his life. Also, electronic games are predictable. He can count on the same actions and results every time he plays the games. People with Asperger's Syndrome want to feel safe and secure in their activities. The electronic games allow him to follow predetermined rules that result in predictable outcomes.

It sounds like your son is concentrating on electronic games at the expense of his health. He spends time in front of a video screen that could be better spent learning new eating habits and practicing better sleeping patterns.

Check into Asperger's support groups for your son; there might be one in your local area. Support groups give advice on daily living skills and healthy lifestyles. Encourage your son to join one of these groups; he will meet people who are his age and may be experiencing similar difficulties with Asperger’s Syndrome. In addition to information, a support group can give your son the opportunity to talk about his feelings about Asperger’s and the help necessary for him to cope with adult responsibilities.

Another resource for your son is an Asperger’s specialist who can inform and teach your son social skills. A specialist, such as a psychiatrist, might prescribe Melatonin, which will help your son sleep better at night.

Your son is in his late teens, and he is fast approaching adulthood. You can use reasoning and negotiation instead of rules and orders. However, if the excessive computer use continues, you might need to move it into a room that restricts his access to it. Also, the computer can be used as a reward if your son tries new foods and establishes a regular pattern of sleep. Although your son is getting older, there are rules
that are still effective in changing his behaviour; you should establish those rules in your household.

In terms of nutrition, many autistic children suffer from food allergies, overgrowth of intestinal yeast, and sensitivity to sugar and dairy products. Consult a doctor to see if your son needs to adjust his diet. Changing your son’s diet to wheat-free, dairy-free, and sugar-free products requires patience because people with Asperger’s can be very strong-willed, and implementing change can be difficult for both of you. See if other family members will adopt a diet similar to your son’s; this will make him feel integrated into the family. Also, read diet books, look into websites, and read advice from nutritionists.

Your son’s sleep patterns can be changed with consistent hours. He needs to establish a time that he will go to bed each evening and get up each morning. If he complains that he cannot get to sleep or wake up at a given time, tell him that there are parts of our bodies called circadian rhythms, and they help our bodies rest. If your son can get to bed at a specific time several nights in a row, the circadian rhythms in his body will reset and help him go to sleep and wake up at a given time each evening and morning. Remove all distractions from his bedroom to help him concentrate on rest and sleep.

04:55AM (-08:00)

**Girls with Asperger’s and their friends and relationships...**

Please can you tell me about girls with Asperger’s and their friends and relationships?

People who study and treat Asperger’s Syndrome state that the number of girls with Asperger’s is equal to that of boys; however, the girls are not diagnosed as often because the syndrome presents itself differently in girls. The common behaviours seen in both girls and boys with Asperger’s are as follows:

- Difficulty reading social cues and body language
- Problems with social skills
- Demonstrating impatience
- Difficulty developing empathy for others

A notable difference between girls and boys with Asperger’s is that boys will act out aggressively when they are frustrated. As a result, they get attention from adults while the girls remain silent about their frustrations. The girls appear to be shy or passive and adults overlook their problems; they have average or above-average intelligence
helps to hide their social awkwardness.

There is a book entitled Pretending To Be Normal; it is an autobiography written by Liane Holliday-Willey, who has Asperger’s Syndrome. It discusses the difficulties that girls have with Asperger’s. The thesis of the book is that girls do not understand how to process their feelings and express their emotions in socially acceptable ways. As a result, they become people pleasers. They are seen with smiles on their faces that mask the problems they are having. There are many social scientists who believe that girls are better at camouflaging their disorder because they are socialized to be passive and submissive.

Passivity isn’t the only detectable symptom of Asperger’s Syndrome in females. Young women with Asperger’s learn to mimic the behaviours of other children, and this happens when there are role models present. If no role models are available, girls with Asperger’s do not learn proper behaviour; they will learn behavioural “scripts” that facilitate their interactions with other people. Also, they might use dolls as substitute friends and create their own insulated lives with their dolls.

During the elementary school years, girls with Asperger’s will find one good friend who is matronly. This friend becomes the link between the girl and the outside world. This friend can provide support and encouragement to the girl, but, if the friend moves away, the girl with Asperger’s can experience extremely negative consequences.

The sooner that a young girl is properly diagnosed with Asperger’s Syndrome, the sooner she can obtain professional help. With the support of a doctor and friends, she can learn appropriate, socially acceptable behaviors. Also, she can develop independent living skills.

To begin helping a girl with Asperger’s, read the book Girls Under The Umbrella of Autism Spectrum Disorders: Practical Solutions for Addressing Everyday Challenges by Lori Ernsperger, Ph.D., and Danielle Wendel. This book was authored by an experienced professional and a mother of a young girl on the autism spectrum. The authors provide insightful, first-hand accounts of girls’ lives along with research-based strategies and practical techniques for addressing the unique needs of girls on the spectrum while nurturing their gifts and talents.

06:26AM (-08:00)

How to help your child with Aspergers survive the holiday season...

This is an article designed to help parents of children who have Aspergers through the holiday seasons. We all have fond memories of our own childhood, when we looked forward to putting up the decorations, eating mouth watering meals and receiving all
those longed for presents at Halloween, Thanksgiving or Christmas. As parents we naturally want our children to enjoy it all and have as much fun as we did so we talk, anticipate and prepare with mounting excitement as the celebrations draw nearer. However for those families who are raising a child with Aspergers syndrome it all adds up to an almighty headache! Children with Aspergers Syndrome have a real hard time coping with all of these celebrations and if they have their birthday on top of that... well you may as well pack up and go away until Spring!

Anticipation for a child with Aspergers Syndrome leads to increased levels of anxiety which they cannot control. They become overloaded and then you have a massive meltdown at the time when you are all supposed to be enjoying and celebrating the season of peace and goodwill! The party will be ruined and everybody upset, especially your child who is trying so hard to fit in and be like everybody else. So how can you achieve the impossible and enjoy the season while at the same time keeping your Aspergers child calm and behaving appropriately?

The first simple step to take is to simply reduce the time talking about the festive occasion. Remember he/she cannot easily control their emotions and to chatter constantly about the event will simply lead to stress and anxiety. It is useful to enlist the help of others in your home in this and keep any conversations to a minimum while your Aspergers child is around. Another great strategy to help is to keep any physical changes to your home to the minimum, so by all means decorate, put up cards and a tree but just don’t make a big fuss about it all. A good tip is to not put out any presents until the day they are to be opened as your Aspergers child will have a hard time keeping their hands off and will became anxious and potentially oppositional.

Although it’s important not to overload your child it is equally important to explain any changes to their routines. So prepare your child for any changes by calmly telling them the day before what will be happening. Visual supports always work well so use photos or simple pictures to explain what will be happening. It is also important to explain to your child what is expected of them, e.g. to say “hello how are you” to guests and sit at the table to share the meal. Your child will also need to be given permission to leave the festivities and you can rehearse this together with some simple role play. This is really important as it gives your child an exit strategy and also allows them to get through the celebrations without going into meltdown. Additionally if you see that he/she is becoming distressed you can also activate the exit cue so your child gets out before the situation deteriorates. Following these simple steps should lead to a much more positive experience for everyone and will provide your Aspergers child with the love, support, reassurance and above all confidence to participate fully in these wonderful occasions.

So to summarize briefly it is important to keep preparations and discussions around the holidays to a minimum when the child with Aspergers is around. Preparing them as to what will be expected of them at this time, as well as incorporating an exit strategy, will help further. Good luck!
We use creative ways to teach Science, Technology, Engineering and ...

Hello,

It is with a great deal of pleasure that I am writing to you about All About Learning, Inc. and our wonderful enrichment programs being taught throughout Michigan, and over 30 other U.S States. We use creative ways to teach Science, Technology, Engineering and Math (STEM). Operating since 2002, with classes ranging from LEGO Engineering, Robotics, to Video Game Making, we are proud to teach thousands of students each year.

We are also proud to announce our "LEGO Engineering On-Line Class" for children with special needs such as Aspergers, Autism and ADHD. Please find the following program description:

LEGO Engineering Online for Students with Special Needs--

The class consists of engineering theory and instruction plus 6 very complex building exercises. Lessons harness the motivational effects of LEGOs to teach math & science, 3 dimensional shapes, patterning, comparing and contrasting objects, extending patterns, shapes, language arts, listening and following directions and learning mechanical vocabulary. This class is an on-line version of our ever popular Elementary Engineering held in a classroom. Once registered for this course, you will be sent a LEGO kit with over 1,000 very advanced LEGO pieces. When you receive the kit in the mail, then you are ready to take the class. Yes, you keep the kit when the class is over! Intended for K-8 students.

Video Game Making Class--

This instructor facilitated On-Line class will teach how to design and modify your own exciting arcade style video games. You’ll learn how to control characters, objects and outcomes in your game, then increase the difficulty level and add more features. Learn how to design your own version of PacMan and several other games. Students will participate in this class at home using their own computer, or, in a school computer lab. For ages 10 thru adults. 7 weeks.

We have experience working with grant programs and children with other special needs.
"Job Interview Tips" for Teens with Aspergers

The economy is pretty shaky right now, and many businesses are making some changes. For some, that might mean a job interview, which can be especially stressful for those teens with Aspergers and autism.

The most important thing to do before going into a job interview is to try to relax. We’re going to set up a relaxing “space” now, before the job interview, so you can use it during the job interview. Take a breath. Seriously, right now, as you read this, take a deep breath. Breathing is a way to calm yourself, move your chattering thoughts into the grounding influence of your body, and exist in the present moment. The more you can get into the habit of taking a deep, conscious breath, the more your body will connect it with slowing down and relaxing. Practicing a deep breath in a safe, calm environment will help you access those same calming feelings when you repeat the breath during your job interview. It can be helpful to think a soothing phrase, like, "It’s OK." ..."You’re fine." ..."You can do this." (Keep the phrase short, positive and silent!)

As you think about and prepare for your job interview, continue to practice the breathing technique. When you get stressed about what's might go wrong, take a breath, "It’s OK." When you remember things that went wrong in past job interviews, take a breath, calm yourself, and then figure out the lesson of that situation.

Your future employer expects you to breathe, so this calming technique is something you can use during the job interview. As you walk into the job interview room, take a breath. If you have a break during the job interview -- remember to take a breath. Tell yourself, "You can do this." Of course you can.
All the same rules apply in the workplace as they do anywhere else; but the one difference is that there is something at stake, your job. This means it is extra important to keep a clean slate or you might be a target for scape-goating which is a very nasty threat to your job.

Be on the lookout for the 'authoritarian personality'. These are people who tend to be very much bound by the rule-book, very respectful of higher authority, bossy to junior staff and quite hard to reason with. What really needs to be remembered is the fact that these people can often be much more cunning than they look.

First impressions are extremely important.

If in doubt--keep quiet. This is often seen as a good quality in the office.

If you are doing your own research you may find yourself in a situation where you wish to patent copyright or create proof of ownership of a piece of work you have produced. The easiest thing to do is to make a copy, seal it in an envelope and post it to your home address. It gets the date stamped on it in the post. Don't open the envelope when it arrives but keep it sealed and stored away in a safe place. Recorded delivery may be more reliable and legally airtight. Also, keep any notes you have written whilst producing your work. You now have legal proof that it is your work and should not have to worry too much about it falling into the wrong hands.

In an interview body language is extra important and you want to look confident and relaxed. You are also expected to sit still with your arms by your side or on your lap and a good posture and this might be an effort for you. You are expected to speak clearly and professionally.

In the workplace, everyone is usually under a constant struggle to keep his/her jobs. This means being organized and methodical all the time to avoid confusing situations. Good communication is very important.

Know what your skills and talents are.

Like it or not, as an autistic person or someone with Aspergers, some jobs will be more suitable than others.

Prepare as many possible answers for as many possible questions as you can but don't over rehearse or rigidify your answers. It is good to get help at this stage.

Sad as it may seem, devious games can occur in the workplace and sometimes you might feel great compassion for someone else who is on the verge of losing their job unfairly. However, to defend them can often be putting your own job at risk as well. If you do wish to defend someone against a higher authority first ask yourself whether it is worth the risk.

The interviewer will often drop you a few hints towards the end of the interview (using
mainly body language) to let you know whether you are likely or unlikely to get the job.

- There are courses and classes around which teach interview technique.

- You tend to meet three different kinds of people in life, Meek, Assertive and Aggressive. Aim to be the assertive type.

09:03AM (8:00)

How do you help a teen with transition services...?

Question

I have a 15 (almost 16) year old with Asperger's. She was a late diagnosis (wasn't diagnosed until she was 14). What I would like to know is how do you help a teen with transition services, i.e. getting a job, learning to drive, going to or even just getting into college, when the teen doesn't have any desire to learn or do any of those things?

Answer

Unfortunately, and as of this writing, the diagnoses of autism and Asperger's Syndrome do not receive the same government support as do other more well-known disabilities. When financial assistance is not available for therapy or medication, illnesses go untreated, and the person with Asperger's experiences mental and social difficulties. If you can afford medical services, obtain them as soon as you can. If you cannot afford such services, check with your child's school. They can design an individualized treatment plan for her. The ideal treatment plan involves your daughter, a counsellor or therapist, her teachers, and her parents be consistently involved with her treatment and use effective teaching and disciplinary principles. While you may not be able to afford therapy for your daughter, you will learn a lot of coping principles at the treatment plan meetings.

A quick, easy way for you to start helping your daughter is to begin reading books about Asperger's Syndrome. There are many titles on the subject; start by going on the internet and typing the words "Asperger's girls" or "Asperger's
teenagers.” The books can be purchased on the internet, or you can make note of the titles and take them to your local bookstore. They will order them for you. In addition to the internet, keep up with the information provided on this website. Make it a habit to read the questions and answers on this website to get the information you need. Another source of information is your nearest autism or Asperger’s Association and support group. They will refer you to free or low cost services available in your area.

All parents of Asperger’s Syndrome children worry about their child’s diagnosis as well as their future. There is an excellent video available titled “Asperger’s Syndrome: Transition to College and Work” by Dan and Julie Coulter.

At the age of 14, your daughter is coping with adolescence in addition to her Asperger’s diagnosis. Talk with her about the future, and discuss the benefits of driving, going to work, and attending college. Don’t expect her to make conclusive decisions about these subjects, especially college. After all, it is several years away. Prioritize her issues. First, make sure she gets treatment for her Asperger’s, see if there is a teenage support group in your area, and take the rest slowly. Her first goal should be learning about and getting treatment for her Asperger’s Syndrome.

One educational option for your daughter is a junior college as opposed to a university. Colleges are now accommodating their growing populations of disabled students who begin their studies with a variety of diagnoses. Community college can be an excellent choice for an Asperger’s student because students at community colleges get more counselling support, and, since most community college students are still living at home, they have fewer new adjustments to make. Whether she chooses a community or four year college, it is best to find one which offers special programs for students with disabilities. Before enrolling, students on the autism spectrum need help planning a manageable course load.

One way to help prepare your daughter for adulthood is a part-time job while in high school. See if you can determine your daughter’s vocational strengths and interests that will help her be successful with part-time employment.

To learn more about teenagers and Asperger’s Syndrome, read the book Adolescents on the Autism Spectrum: A Parent’s

This book considers the issues that teens with Asperger’s Syndrome cope with during their teenage years. The information is clearly written and is appropriate for children outside the autistic spectrum, too. It was written by a parent, for parents. While the book doesn’t present the issues in depth, it does serve as a starting point for planning your daughter’s future.

10:32AM (-08:00)

Dear Family and Friends: A Holiday Letter

“Dear Family and Friends:” was written for the purpose of it being sent to relatives and hosts of holiday gatherings who might need a crash course in what to expect from their guest with autism.

Dear Family and Friends,

I understand that we will be visiting each other for the holidays this year! Sometimes these visits can be very hard for me, but here is some information that might help our visit to be more successful. As you probably know, I am challenged by a hidden disability called Autism, or what some people refer to as a Pervasive Developmental Disorder (PDD). Autism/PDD is a neurodevelopmental disorder which makes it hard for me to understand the environment around me. I have barriers in my brain that you can’t see, but which make it difficult for me to adapt to my surroundings.

Sometimes I may seem rude and abrupt, but it is only because I have to try so hard to understand people and at the same time, make myself understood. People with autism have different abilities: Some may not speak, some write beautiful poetry. Others are whizzes in math (Albert Einstein was thought to be autistic), or may have difficulty making friends. We are all different and need various degrees of support.

Sometimes when I am touched unexpectedly, it might feel painful and make me want to run away. I get easily frustrated, too. Being with lots of other people is like standing next to a moving freight train and trying to decide how and when to jump aboard. I feel frightened and confused a lot of the time. This is why I need to have things the same as much as possible. Once I learn how things happen, I can get by OK. But if something, anything, changes, then I have to relearn the situation all over again! It is very hard.

When you try to talk to me, I often can’t understand what you say because there is a lot of
distraction around. I have to concentrate very hard to hear and understand one thing at a time. You might think I am ignoring you—I am not. Rather, I am hearing everything and not knowing what is most important to respond to.

Holidays are exceptionally hard because there are so many different people, places, and things going on that are out of my ordinary realm. This may be fun and adventurous for most people, but for me, it’s very hard work and can be extremely stressful. I often have to get away from all the commotion to calm down. It would be great if you had a private place set up to where I could retreat.

If I cannot sit at the meal table, do not think I am misbehaved or that my parents have no control over me. Sitting in one place for even five minutes is often impossible for me. I feel so antsy and overwhelmed by all the smells, sounds, and people—I just have to get up and move about. Please don’t hold up your meal for me—go on without me, and my parents will handle the situation the best way they know how.

Eating in general is hard for me. If you understand that autism is a sensory processing disorder, it’s no wonder eating is a problem! Think of all the senses involved with eating. Sight, smell, taste, touch, AND all the complicated mechanics that are involved. Chewing and swallowing is something that a lot of people with autism have trouble with. I am not being picky—I literally cannot eat certain foods, as my sensory system and/or oral motor coordination are impaired.

Don’t be disappointed if Mom hasn’t dressed me in starch and bows. It’s because she knows how much stiff and frilly clothes can drive me buggy! I have to feel comfortable in my clothes or I will just be miserable. When I go to someone else’s house, I may appear bossy and controlling. In a sense, I am being controlling, because that is how I try to fit into the world around me (which is so hard to figure out!) Things have to be done in a way I am familiar with or else I might get confused and frustrated. It doesn’t mean you have to change the way you are doing things—just please be patient with me, and understanding of how I have to cope.

Mom and Dad have no control over how my autism makes me feel inside. People with autism often have little things that they do to help themselves feel more comfortable. The grown ups call it “self regulation,” or “stimming’. I might rock, hum, flick my fingers, or any number of different things. I am not trying to be disruptive or weird. Again, I am doing what I have to do for my brain to adapt to your world. Sometimes I cannot stop myself from talking, singing, or doing an activity I enjoy. The grown-ups call this “perseverating” which is kinda like self-regulation or stimming. I do this only because I have found something to occupy myself that makes me feel comfortable. Perseverative behaviors are good to a certain degree because they help me calm down.

Please be respectful to my Mom and Dad if they let me “stim” for a while, as they know me best and what helps to calm me. Remember that my Mom and Dad have to watch me much more closely than the average child. This is for my own safety, and preservation of your possessions. It hurts my parents’ feelings to be criticized for being over protective, or condemned for not watching me close enough. They are human and have been given an assignment intended for saints. My parents are good people and need your support.
Holidays are filled with sights, sounds, and smells. The average household is turned into a busy, frantic, festive place. Remember that this may be fun for you, but it’s very hard work for me to conform. If I fall apart or act out in a way that you consider socially inappropriate, please remember that I don’t possess the neurological system that is required to follow some social rules. I am a unique person—an interesting person. I will find my place at this Celebration that is comfortable for us all, as long as you’ll try to view the world through my eyes!

06:32AM (-08:00)

Aspergers & Split Personality

Question

Is it common for a child with Asperger’s to have a split personality? My son is a really good kid at school, but then a complete monster at home. Is this normal?

Answer

Asperger’s Syndrome is known to manifest itself differently with different children. Also, children with Asperger’s Syndrome may react differently to various situations depending on their individual personalities. Your child may feel more comfortable with the familiar surroundings at home, and feel freer to act out more at home than in public, where he is surrounded by strangers and in a less familiar environment. The stress of school may be relieved by a “meltdown” or other difficult behaviour at home. This is a common occurrence.

Dr. Tony Attwood, a clinical psychologist, is a world renowned expert on Asperger’s Syndrome. Here is what he says about split personality and Asperger’s. “Quite a few children with Asperger’s Syndrome are Dr. Jeckylls and Mr. Hydes. They are saints at school, but they soak up the anguish, then squeeze it out on their brothers and sisters when they get home. We do not know why this happens…”
Asperger’s is treated in two ways, and both of them help manage the anxiety that accompanies this illness. The first is cognitive psychology, and the second is prescription medication. The first thing you need to do in order to help your son is to find a psychiatrist or psychologist who specializes in Asperger’s Syndrome. This specialist will be able to help your son. He or she will help you and your son discover the reasons behind his behavioral changes.

In addition, a specialist will help you do two things:

1. Modify the situation or the environment in which he lives to reduce difficult behaviour;

2. Create interventions for handling your son’s anxiety.
   Please don’t be intimidated. Changes don’t have to be complex or unmanageable. The changes you need to make might just involve changing lighting to a lower level, adjusting sound levels in your home, or creating a new schedule.

If initial interventions do not help, a psychiatrist can prescribe medications which will provide your son with the help he needs. It’s important to note that psychotropic (mood-altering) drugs like Zoloft or Prozac can help children, but they can also cause serious problems for children. If the psychiatrist prescribes medication, ask about dosage levels and, more importantly, side effects.
   Just about all drugs have side effects, and it’s important for you to know about them so you know what to expect. You know your son better than anyone else; ask yourself if he can handle side effects like nausea, hypersensitivity, or prolonged sleepiness. These are all possible, depending on the medication prescribed.

06:37AM (-08:00)
Asperger's: Common Questions - Quick Answers

What is Asperger's syndrome?

- A child with AS wants to fit in and make friends. He just does not know how to do it.
- AS usually affects a child's social skills, communication skills, and behavior.
- Asperger's syndrome (AS) is a problem of child development.
- He usually functions well in every day life. But, he has problems interacting with others.
- It causes a wide range of developmental problems in young children.
- It is a brain disorder.
- It is one of the pervasive developmental disorders (PDD). Other PDD's include autism, Rett's syndrome, childhood disintegrative disorder, and PDD-not otherwise specified (PDD-NOS).
- It is sometimes called high-functioning autism.
- Unlike an autistic child, a child with AS has fewer problems with language. He usually has average to above average intelligence.

What causes it?

- It may have something to do with genetics, or how the brain works.
- Parents do not cause AS.
- The cause is unknown.

Who can get it?

- Parents of a child with AS are more likely to have another child with AS.
- It is more common in boys than in girls.
- Anyone can get AS.

What are the signs and symptoms?

The signs and symptoms of AS are similar to those of other behavioral problems. It is very important that a doctor sees your child if you think he has AS.

- Social Skills—
  - Has problems making friends.
  - Lacks social skills.
o Seems unaware of others’ feelings. o Unable to carry on conversations.

- Communication Skills—

o Cannot start a conversation or keep one going.

o May have problems with nonverbal communication or body language:

§ Avoids eye contact.  
§ Does not use or understand hand gestures.  
§ Does not change his face when talking with others.  
§ Example: Not smiling when telling something funny.  
§ Does not understand other people’s facial expressions.  
§ Example: Not understanding why someone would smile at a joke.  
§ May have a short attention span.  
§ Repeats a word or phrase over and over again.  
§ Words may be very formal and loud.

- Behavior— o Clumsy.

o Does not like changes in every-day routines. o Only interested in a few things.

§ Example: Collecting rocks, or listening to music. o May have obsessive behavior.

§ Collects categories of things such as rocks or paper clips.  
§ Knows categories of information like Latin names of flowers or football statistics.  

o May have problems with reading, writing or math skills. o Lacks organization skills.

o Repeats certain behaviors over and over again. How is it diagnosed?

- The doctor will watch your child and ask you about his symptoms. How have his social and language skills changed over time? His behavior?

- It is usually diagnosed between 3 and 9 years old.

- He may need to be seen by a developmental pediatrician or psychiatrist (special doctors
who are trained to diagnose AS).

- He may need tests.

- AS cannot be diagnosed at birth.

- AS can be difficult to diagnose because the child can function well in every-day life.

  - A doctor should see the child as soon as any signs or symptoms are noticed. Is it contagious?

  - No. AS is not contagious. How is it treated?

- There is no cure.

  - Treatment depends on the level of functioning of your child. A child with higher intelligence will have a better outcome.

  - Types of treatments include: o Behavioral modification
    o Education and training o Language therapy
    o Medicines for specific behavioral problems o Parent education and training
    o Psychotherapy
    o Sensory integration training--the child is treated to be less sensitive to things that bother him a lot
    o Social skills training

- It is important if all of the child's caregivers are involved in the treatment. This can include family members, close friends, babysitters, teachers, etc.

How long does it last?

- Many children are able finish high school, attend college and get a job.

- There is an increased risk of developing a mental disorder, depression or anxiety.

- There is no cure.

- With treatment, your child can learn to live with the condition.

- Your child will most likely continue to have problems. But, he will be able to make friends and have long-lasting relationships.
Can it be prevented?

· AS cannot be prevented because we do not know what causes it. When should I call the doctor?

· Your child has a legal right to receive special services at school. Talk to your doctor or teachers for more information. They can help you decide what school setting and education plan will be best for your child.

· Call your doctor, your child's doctor, your child's school, or a support group for help. There are many organizations that can help you cope and teach you how to manage life with a child with AS.

· Call your doctor if your child shows behaviors of AS from the signs and symptoms list above.

· Call your doctor if you have any questions about your child's condition. Quick Answers—

· Unlike an autistic child, a child with AS has fewer problems with language. He usually has average to above average intelligence.

· There is no known way to prevent it.

· There is no cure. With treatment, your child can learn to live with the condition.

· The cause is unknown.

· It is usually diagnosed between 3 and 9 years old.

· It is not contagious.

· He usually functions well in every-day life. But, he has problems interacting with others.

· Call your doctor, your child's doctor, your child's school, or a support group for help.

· Asperger's syndrome (AS) is a problem of child development.

· AS usually affects a child's social skills, communication skills, and behavior.

· Anyone can get AS. It is more common in boys than in girls. References—

· National Institute of Neurological Disorders and Stroke. NINDS Asperger Syndrome
How to help your child with ASD to do better at school...

Question

My daughter is 10 years old, high functioning and now in middle school. Her teachers are constantly sending me notes saying she isn’t working up to her ability and they can’t get her to stay on task or ask for help. When she’s home (1 on 1), I can get her to do well with homework. I obviously can’t go to school with her everyday….what are some ways the teachers can get her to stay on task without making her stand out to the rest of the class? She is also legally blind and doesn’t want to appear different in any other way.

Answer

If your daughter’s teachers expect her to respond to the predominantly visual learning methods that are used in most schools, obviously, they will not work for her because she’s legally blind! If this situation exists, no wonder your daughter can’t stay on task or ask for help. In addition, her Asperger’s affects her attention span and motivation. It’s unclear from your question whether your daughter is in a special education situation. Whether she is or not, I suggest the following.

First of all, your daughter should be evaluated by an educational child psychologist – either privately or through the school. A full diagnosis and specialized treatment is very important, including a complete assessment of her strengths and weaknesses, including her vision problem. Children with Asperger’s Syndrome often are assumed to be able to function successfully in mainstream education, but cannot through no fault of their own.

Asperger’s Syndrome children are very smart, but their problems with social interaction
and repetitive behaviours make mainstream education difficult. In addition, your daughter has a serious vision problem, an added cause of difficulties. Once evaluated, she can be appropriately placed in a mainstream educational program with instructional aide support or in special education (probably the best option).

Based on your description, it sounds as though the school’s program (whether it’s mainstream or special education) is not meeting her needs and the teachers do not have the knowledge they need to help her. Special training and classes for them is vital, as they must address issues with Asperger’s as well as her vision problem. The school has a responsibility to re-evaluate your daughter if she is not progressing well. In many countries, this is a legal, federally mandated responsibility. You should formally request the school to address your daughter’s difficulties and, with your input and that of her doctors, teachers, and psychologist, prepare a specific, educational plan to address all of her disabilities. You may need an advocacy group’s help if the school is reluctant to do this.

Often a child with Asperger’s and other diagnoses is more successful when placed in a special education classroom (or even a special school) with trained teachers and aides, who provide a consistent, individualized educational program in a smaller group of students. Counselling and occupational therapy can be easily scheduled, monitored, and supported by special education teachers. The child may have the same teachers and aides for several years, increasing their understanding of her needs and maximizing her progress.

While your daughter may not want this type of placement at first, because she will appear to be “different,” once she experiences the improvement in her ability to participate in the curriculum, she will understand why a special placement may be the best option for her. Counselling may help her come to terms with the fact that she is different in some ways from other students, but that she is also very gifted, as well. I highly recommend it.

08:14AM (-08:00)

Aspergers Kids & Lack of Motivation

QUESTION

I have a 30-month-old son. We are worried about high functioning Autism and/or Asperger’s. He meets some of the criteria for Asperger’s but not all. For example he does have some speech delay (i.e., has language but does not link words consistently). He has a large vocabulary, but does not always use it. He knows his alphabet and will point
to letters all the time. He is not clumsy and actually has great motor skills. Big thing that makes worries me is a lack of trying to engage in play.

**ANSWER**

A Token Economy best suits the needs of children with Aspergers. A Token Economy is a system where the Aspergers child earns tokens as a reward for desired behaviors or actions. A predetermined number of tokens are then exchanged or "cashed in" for an item or activity the Aspergers child desires.

A Token Economy is flexible and can be easily tailored to suit the individual needs of a child with Aspergers, and importantly, their individual desires – what motivates them.

Token Economies that use money tokens seem to be the most successful with Aspergers children in increasing their ability to delay gratification, and lessening the risk of satiation (overuse of a reward can result in the child no longer viewing it as a reward). Using money in a Token Economy negates the need for the Aspergers child to decode an abstract concept, as in the 'real' world people are paid money for completing tasks by way of employment.

A token economy works well with Aspergers children at school and at home right through Elementary School, and can continue to be used successfully at home throughout High School.

Aspergers children take a long time to establish trust, and for this reason a token economy should focus on rewarding desired behaviors and actions. Once the program has been established for a number of years, you may then be able to introduce "fines" or response costs, where the Aspergers child is fined for inappropriate behavior. This correlates the Token Economy program with real-world experiences for Aspergers children – if I drive too fast, I get a speeding fine; if I park where I shouldn’t, I get a parking fine. However, the focus of the program must be on the positives, because children with Aspergers are prone to quickly losing their motivation and trust.

Be creative with the reinforcers offered as motivation for AS children. Offering a 'menu' of rewards to choose from seems most successful. Initially for children with Aspergers "cashed in" rewards need to be fairly instant i.e. at the end of each day. Over time this can be stretched to the end of each week. As the AS child matures this delayed gratification may be able to be stretched to a month or term, however small rewards and motivators should be offered consistently along the way.

As with all strategies used with Aspergers children, patience and perseverance are the keys to success when using a Token Economy – but the rewards for both participants and facilitators are immense!
Helping siblings to cope with Aspergers...

Question

My AS daughter is 10 and my youngest daughter is almost 4. My 10-year-old verbally attacks my 3-year-old and my 3-year-old just stands there looking dazed and confused. How can I get my 10-year-old to stop doing this and how can I protect my 3-year-old from it? It is really starting to take a toll on my relationship with my husband. (The 10-year-old is his stepdaughter and 3-year-old is ours together.) Not to mention the toll it is taking on my 3-year-old. She loves her sister so much and wants nothing more than to spend time with her. Her feelings get so hurt when her sister yells, screams, calls names, and tells her she hates her. I have tried sending 10-year-old to her room, talking to her, taking things away, watching the situation and trying to stop it before it happens, but it happens so quickly, it’s hard to see it coming. What can I do?

Answer

First of all, find a time when you and your husband can sit down and have a talk with your 10-year-old, without the 3 year old being present. Calmly, each of you should tell her how sad and upset you feel when she yells and screams at her little sister. The goal is to make her feel guilty about this behaviour and to understand that it is unacceptable. Point out to her how awful it would be if you and your husband acted that way – toward her. Ask her how she would feel if you yelled, screamed, and called her names. Be specific describing such a situation to help her understand how bad she would feel. Then make the point that her little sister feels the same way.

Tell her that she cannot continue yelling, screaming, and calling names, and that, if she does, she will be punished. The punishment should be “time out” in a room alone for 15 minutes, with no fun activities available to her, following by apologizing to her sister. Do this every time she acts inappropriately. Each time, after her time out, sit her down and explain again why she must not act this way and that it is unacceptable. Find out why she had “a meltdown.” Help her find an alternate way that she could have handled the situation. Have her practice it. You may have to do this many, many times.

To stop verbal abuse you may need to use other forms of behaviour modification as well. You must determine the need that your daughter’s behaviour fulfils and teach her a replacement behaviour. For example, if she yells when her little sister uses her things, teach her to come to you with a single code word, and when she does, help her handle the situation. This takes time. If the child is severely out of control, then removing the child from the situation is required. As you know, this may be easier said than done. Behaviour modification should be started early. You may need the help of a counsellor or psychiatrist to help you deal with this now before it escalates into physical abuse. Hopefully your 10-year-old will learn to communicate the cause of her anger and get her needs met by doing so. Unfortunately, children who get what they want because of misbehaviour are likely to continue and escalate such behaviour.

Your daughter may have Oppositional Defiant Disorder (ODD) or another disorder in
tandem with Asperger’s. Some theorists claim that ODD is a result of incomplete development; the ODD child has never completed the developmental tasks of normal children. The child is stuck at the 2-year-old level of development and never grows out of it. In this case, medical intervention may be necessary.

Another theory about ODD is that it is a result of negative interactions, possibly interactions that occur away from home. This theory states that having successfully used anger and abuse as a way to get needs met, the Asperger’s child continues to use it.

ODD does not usually occur alone. About 35% of ODD children have an affective disorder and 20% may have a mood disorder, such as Bipolar Disorder. Other ODD children have personality or learning disorders. It is imperative that your daughter is evaluated for other disorders, as this will be the key to treating her successfully.

09:19AM (-08:00)

What is the best way to teach social stories?

Question—

Social Stories: what is the best way to teach social stories, by parents, a therapist, or in a peer group setting? Are there good resources for the homeschooler?

Answer—

Social stories can be effectively used to teach appropriate behavior in a variety of settings. Social stories may be used by parents, therapists, or in peer group settings. Home schooling parents often use social stories effectively. Social stories are used to address the following psychological and social symptoms:

* Feelings of isolation from others;
* A lack of imagination in play or expression;
* Consistent shyness, anxiety, and unhappiness;
* Depression during the years of adolescence and early adulthood;
* Obsessions, including irrational fears and anxieties;
* Timidity;
* Difficulty in relationships with others.

The Importance of Social Stories—
Social Stories are a teaching device for children. The stories are used to teach everyday social skills to children who have a diagnosis of autism or a related disability. The stories contain accurate and useful information for someone encountering situations that they may find difficult or confusing. The stories approach a topic by describing it in explicit detail and focus on teachable skills needed within the story. A typical social story will discuss a given situation, how someone is expected to react in that situation, and why the reactions are appropriate.

Deciding on an Appropriate Social Story—

Social stories are individualized in that each child is seen as an individual whose problems accompany a diagnosis of Asperger’s Syndrome or high-functioning autism (AS/HFA).

An appropriate social story captures the areas of the child’s life that are challenging. The child’s behavior is evaluated by parents and teachers at home, in public, and at school. Parents, teachers, and therapists look at the child’s tantrums, withdrawal, social, and escape behaviors. They target these behaviors, and use a social story that addresses the behaviors.

Lining Up—

At school, we sometimes line up.
We line up to go to the gym, to go to the library, and to go out to recess.
Sometimes my friends and I get excited when we line up, because we’re going someplace fun, like out to recess.
It is okay to get excited, but it is important to try to walk to the line. Running can cause accidents, and my friends or I could get hurt.
I will try to walk to the line. (The behavioral goal for the Aspie.)

As you can see, Social Stories are short and to the point. They are structured to describe social situations, explicitly describing what the child with Asperger’s can expect from the situation, and what society expects of the child.

The Benefits of Social Stories—

Social Stories are beneficial in that they focus on “theory of mind” impairments (i.e.; mind blindness), which are
inabilities to understand the feelings and behaviors of other people. In addition, social stories not only provide information about social situations, but also help the Aspie learn how to handle them.

Socially relevant information (like Social Stories) with illustrations and text, have been shown to be effective with Aspies. In conclusion, Social Stories provide the opportunity for the child to practice needed skills and can be used by parents, teachers, and therapists.

09:41AM (-08:00)

**Asperger's Syndrome and Tics**

Alex could feel it. He was in the middle of an exam and didn't want to make a scene, so he tried to control it. But it was no use. The stress of the exam was getting to him, and the longer he held in his tic, the more he could feel it building up inside him. Finally he had no choice but to let it out. It wasn't as bad as he anticipated — his shoulders jerked slightly and no one seemed to notice.

Alex has transient tic disorder, a temporary condition that affects up to 25% of people before the age of 18. Sometimes a person will have one kind of tic — like a shoulder shrug — that lasts for a while and then goes away. But then he or she may develop another type of tic, such as a nose twitch.

Aspergers can have many complications such as tics. Tics are rapid sudden movements of muscles in your body or tics can be sounds. Both kinds of tics are very hard to control and can be heard or seen by others. However some tics are invisible like toe crunching or building up tension in your muscles.

Simple tics involve just one group of muscles and are usually short, sudden and brief movements such as twitching the eyes or mouth movements. Some simple tics can be: head shaking, eye blinking or lip biting. Simple vocal tics can be: throat clearing, coughing or sniffing.

Complex tics involve more than one muscle group and are longer movement which seem more complex such as jumping, hoping, touching people, hitting yourself or pulling clothes. Other complex vocal tics can be: repeating words of others or yourself all the time or repeating out loud what you have read.

Tics may increase as a result of negative emotions such as stress, tiredness or anxiety, but positive emotions as well, such as excitement or anticipation. These emotions are
often experienced in those diagnosed with Aspergers. A strong urge can be felt before the tics appear and sometimes with intensive therapy these urges can be suppressed. When tics or urges to have tics are suppressed there can be a built up off other tensions or even stress. Often when the tic is gone those who suffer from it feel a sense of relief.

Whenever kids with Aspergers focus their energy on something else like play computer games or watching TV their tics are decreasing due to relaxation.

What's a Tic?

A tic is a sudden, repetitive movement or sound that can be difficult to control. Tics that involve movements are called motor tics and those that are sounds are called vocal tics. Tics can be either simple or complex:

· Complex motor tics aren't as rapid as simple motor tics and can even look like the person is performing the tic on purpose.

· Complex motor tics usually involve more than one muscle group.

· Complex vocal tics involve more meaningful speech (such as words) than simple vocal tics.

· Simple motor tics involve a single muscle group.

Shoulder shrugging is one of the most common simple motor tics; others include:

· eye blinking
· facial grimacing
· head twitching
· jumping
· kicking
· lip biting
· nose wrinkling
· repetitive or obsessive touching

Common vocal tics include:

· barking
· coughing
· grunting
· hissing
· sniffing
· throat clearing

Transient vs. Chronic Tics—

It's perfectly normal to worry that a tic may never go away. Fortunately, that's not usually the case. Most tics are temporary and are known as transient tics. They tend to not last
more than 3 months at a time.

In rarer instances people have tics that persist for an extended period of time. This is known as chronic tic disorder. These tics last for more than a year. Chronic tics can be either motor or vocal, but not both together.

Personal experience—

My 9-year-old son with Aspergers has several simple tics and a few complex ones. His tics appear mainly in his face and are there for very visible to others. He twitches his mouth and eyes all the time. He bites his lips in various ways so the skin around it is always red and irritated. Even though he feels the urges to do so he seems unable to control the movements. He is in tic therapy for this and as a mother it is painful to see this expression of anxiety or stress in your own child.

All I can say to all you moms & dads out there: try not to worry about it too much; it will go away once they grow older or are able to express their feelings in another way. Most kids with tics will be tic free once they have reached puberty.

The Doc's Diagnosis—

Tics can sometimes be diagnosed at a regular checkup after the doctor asks a bunch of questions. No specific test can diagnose tics, but sometimes doctors will run tests to rule out other conditions that might have symptoms similar to tics.

The Embarrassment Factor—

Many times, people don't see themselves having a tic — they're not walking around with a huge mirror at all times! So it's only natural that they may think that their tic is the worst tic ever. Of course it isn't, but it's still a concern for many people with tics. And these exaggerated thoughts can cause unnecessary feelings of embarrassment or angst, and actually make the tic worse.

Nobody wants to make tics worse, but is there any way to make them better? While you can't cure tics, you can take some easy steps to lessen their impact:

· A tic? What tic? If a friend of yours has a tic, don't call attention to it. Chances are your friend knows the tic is there. Pointing it out only makes the person think about it more.

· Avoid stress-filled situations as much as you can — stress only makes tics worse. So get your work done early and avoid the stress that comes with procrastination and last-minute studying.

· Don't focus on it. If you know you have a tic, forget about it. Concentrating on it just makes it worse.

· Get enough sleep. Being tired can makes tics worse. So make sure to get a full night's rest!
Let it out! Holding back a tic can just turn it into a ticking bomb, waiting to explode. Have you ever felt a cough coming on and tried to avoid it? Didn't work out so well, did it? Chances are it was much worse. Tics are very similar.

In certain cases, tics are bad enough to interfere with someone's daily life and medication may be prescribed.

Don't let a little tic dictate who you are or how you act. Learning to live with and not pay attention to the tic will make you stronger down the road.

06:49AM (-08:00)

Should I actively try to teach him ways to socialize in order to “f...

Question

How should I deal with my 12-year-old Asperger’s son now?
Should I simply accept him as he is now, or should I actively try to teach him ways to socialize in order to “fit in” better? By socialize, I mean look in a person’s eyes when talking, how to be a friend, conversations should be two way instead of him delivering a monologue, etc. Are these things even “teachable?”

Answer

Yes, those things are teachable! And you should definitely work on them with your son. This type of teaching should begin even earlier than age 12. But, at age 12, your son is likely to learn them more easily than he would have at a younger age.

Teenagers with Asperger’s Syndrome often have a difficult time during the teenage years. They become isolated socially and face rejection and bullying due to the fact that they act differently from others. They long for friends, but have very weak social skills. There are some teenagers who do well during these years, if they are indifferent to peer pressure and focused on a special interest of their own, such as music or computers.

Encouraging your son to develop a special interest may help
him form friendships with other teens that have the same interest.

One of the biggest issues for most Asperger’s teens is that they don’t care about the usual fads, teen activities, and peer expectations. Sometimes their interests are more appropriate for younger children. Boys may be rejected if they are not interested in sports. Some of these issues can be resolved by helping your son learn about fads, teen life, and sports. Even if your son isn’t very interested or doesn’t want to participate in them, it will help him understand his peers. Teach him how to talk about celebrities, teen rituals, and sports using social stories and role playing (see below). Focus on teaching him how to speak briefly and then wait for the other person to respond before he speaks again.

Encourage your son to initiate contact with peers, leave phone messages, and arrange social activities. Encourage him to join clubs, especially those that focus on a special interest of his. Some teens enjoy talking with other Asperger’s teens in internet chat rooms, forums, and on message boards.

It helps “Aspies” if parents are involved in arranging social interactions with peers. Parents should help organize and supervise appropriate activities. Michelle Winner’s “Social Thinking Program,” which emphasizes how to join a group, become a part of it, how to converse on common topics, develop social skills (eye contact, for example), and make friends by creating “Friend Files,” may help your son.

Behavioural Therapy with a counsellor also helps Aspies learn how to function. Any kind of therapy takes effort on the part of the teenager and his parents. The success of therapy depends on the teenager’s own desire to fit in.

Social stories can be used to teach appropriate behaviour in a variety of settings. Social stories may be used by parents, therapists, or teachers. Social Stories are a tool for teaching social skills to those with autism and related disabilities. Social stories provide accurate information about situations that your son may find difficult or confusing. A situation is described in detail and focus is placed on a few key points: important social cues, events and reactions the individual might expect to occur, the actions and reactions that might be expected of him, and
why. The goal is to increase the individual’s understanding of, make him more comfortable in, and teach some appropriate responses for that particular situation.

My teenaged son with Aspergers goes crazy when he sees a woman’s fe...

Question

My teenaged son with Aspergers goes crazy when he sees a woman’s feet. He likes to touch them. I can’t go out anywhere because I always have this problem. When I try to stop him he turns violent and tries to hit me or hits himself. What can I do to help him?

Answer

Teens with Aspergers have a difficult time understanding sexual feelings and appropriate actions regarding sexual activities. Many times, the sexual interests of people with Aspergers, at your son’s age, are one-sided, not reciprocal, as it is when he touches the feet of women he doesn’t know. As you have seen, this results in some terribly difficult situations. Your son is unable to understand the rules that govern this type of behavior; he only knows that he must (as far as he is concerned) touch those feet! He misunderstands the situation and acts too intense and very inappropriately. His frustration when you try to stop him results in violence.

If all sense of proportion is lost, an obsession like his can lead to a criminal offense. A lack of concern for
others can result in an assault that is damaging. People with Aspergers often lack insight into the feelings of others and deny responsibility for their actions; this is an inability to see inappropriate behavior as others see it. This situation is very serious because of the potential for arrest and prosecution. Sit him down and explain to him very graphically how the women feel when he approaches them and touches them. He must understand that they are terrified, don't know what to do, and upset because this type of behavior in public is illegal. Tell him he could be arrested and put in jail. Repeat this – over and over.

Adults with Asperger's, who have average or above IQs, report a high frequency of obsessions and compulsions that are intrusive, upsetting, and overwhelming.

People with Aspergers tend to be obsessive about their interests, so it's no surprise that a lot of them are obsessed with sex. Reports have been made regarding these obsessions, but they haven't been studied much. Sexual obsessions are more commonly reported by people with Aspergers who also were diagnosed with Obsessive/Compulsive Disorder. Compulsions occupied at least one to three hours per day in 26%, and 56% reported anxiety if prevented from performing their rituals.

It's difficult to determine if your son’s behaviour is distinct as a sexually offensive behavior or one that is a manifestation of Asperger’s Syndrome, or both. The two are merged. He will continue this behavior unless intensive treatment is provided. His insight and ability to stop is extremely limited and you are not able to control him at his age and size.

Your son may well need professional counseling support. Consult with a psychotherapist familiar with both sexually offending behaviors and pervasive developmental disorders. Family psychotherapy and careful supervision are warranted. The therapist may recommend that he participate in group social skills training and group treatment for adolescents with sexually offending behaviors and pervasive developmental disabilities. A therapeutic, highly structured and supervised educational program would seem necessary.

Individuals with ASD who have obsessive-compulsive symptoms may benefit from standard treatments for OCD such as serotonin reuptake inhibitors as well as cognitive and
behavioral therapies. Serotonergic drugs can reduce obsessions, although finding the right drug may take time and, once found, its effect may be partial and temporary. Also as ever; be mindful of any side effects.

The sooner you arrange for your son to get some help, the better.

09:01AM (-08:00)

Thoughts of an adult with Aspergers

I recently received a really insightful email from a woman with Aspergers (Trudy) and with her permission really wanted to share it with you. I have left the email virtually intact so that the words are direct from Trudy and not edited in any way by me …

“Hi ! I just needed to write to you, after reading an email I received of this week’s Aspergers question. I am 33 & a mother of 6, I have lived my whole life not knowing that I had a name, “Aspergers” it made sense when I learned about myself, “the condition”. I have to say that I am not satisfied with the way Aspergers are being treated, to me it is as if we are in the dark ages, & going about it all wrong!!! I am no expert, no do I have any qualifications to show, but I do know what it is like to be “me”.

We are no different to gay people who are programmed from a young age not to act gay, humanity has finally accepted they are “different from our condition”, so why can’t the Aspergers people sit and stim, along side a gay man embellishing his gestures? I was raised strict ,and by that I mean, they taught me to be a perfect model human, no sign of my aspergers was allowed to stay, & I have trouble now even getting people to believe that I am different. I do it sooo well, I even had the marriage & kids, the job the big home, friends & went along as a puppet! Not happy, but normal in the eyes of others, my aspie self still inside, but crying, just the way gay people talk about the way they tried to deny that part of them, ….it hurts! & that’s why we stim. Just like an itchy turtleneck jumper & tight shoes make me feel, so does the rules of correct behaviour! (some of which make no sense, like lies or contradictions) & no matter how long you put that jumper on me, I will never get used to it. I will only bare it for so long until I will SNAP and scream, so to with society’s expectations of me!

Yes, let us know about what is normal to “you”, we “need” the info to understand you! PLEASE STOP TEACHING US TO “BE” NORMAL, spend all of your efforts on teaching those around us how to accept us & you will see how beautiful as aspergers can be, & we will stop most of the withdrawing behaviour all by ourselves, WE ARE QUITE BRIGHT U KNOW! …..and we DO have feelings just that they don’t show unless we feel safe to be ourselves & comfortable with the surrounding human input! So stay calm, and just talk
to us, we take in phenomenal amounts of info, but we see "more" than u. We see a lot of the inaccuracies in your gestures, as compared to your speech, we hear more, like the speech patterns & vague inaccuracies in your tone compared to what is being said & those mixed messages are what confuses us. We are living lie detectors but u imagine how complicated the world is then! Learn how to be honest around us, we benefit greatly! If u are feeling something, tell us, but don’t be a drama queen. We are very sensitive & to us, it is just like another sense along side sight & touch etc…& we get overwhelmed by it & we cant describe it!

Have u noticed that aspies like using computers and prefer the words without emotional attachments! Telephones are bad as we can still hear the confusing stuff, just like in person, but worse, as we lack the input of a face & gestures,… but u may see an aspie that wont look at u,… well.. they are not comfortable with something that is coming out of u. They detect a lie & are looking away to save themselves from the confusing info. But we also look away from u if we are attempting a lie, as we think that u can see it, the way we can! ..Yes, we need to practice being around u ,but u need to learn to be around us even more!!! as I think QUITE FRANKLY, normals are the slow learners!

anyway enough for now!!!
please …& I mean…PLEASE email me back
as I need to know if u got this message & what u got from my speech (and tell the truth, as I don’t mind)
you don’t need to say much & I don’t mind if its short at all thanks for reading!
Trudy Beckham"

What does it mean to have Aspergers?

Aspergers is not widely recognized by the public or by health care providers. What does it mean to have Aspergers? Do they have severe AD/HD, mild autism, learning disabilities, or are they just “nerds?”

For years, psychiatrists have debated how to classify and subdivide the category of Pervasive Developmental Disorder (PDD). Pervasive Developmental Disorder is a category that contains several specific diagnoses. Individuals with PDD have problems with the social interaction and often show delays in several other areas. These other areas may include language, coordination, imaginative activities, and intellectual functioning. The degree of severity can vary tremendously in the various forms of PDD. Autism is one of the more severe forms of PDD. An individual with Autism has marked difficulty relating to other human beings. He or she frequently has delayed or absent speech and may be mentally retarded. Aspergers is on the milder end of PDD. Individuals with Aspergers generally have normal intelligence and normal early language acquisition. However, they show difficulties with social interactions and non-verbal communications. They may also show perseverative or repetitive behaviors.

The Young Aspergers kid: A preschool aged Aspergers kid might show difficulty
understanding the basics of social interaction. He or she may have difficulty picking up social cues. He may want friends but be unable to make or keep any friends.

Elementary School Aged Aspergers kid: One often hears the phrase, “poor pragmatic language skills.” This means that the individual cannot use the right tone and volume of speech. He may stand too close or make poor eye contact. He may have trouble understanding age-appropriate humor and slang expressions. Many are clumsy and have visual-perceptual difficulties. Learning difficulties, subtle or severe, are common. The Aspergers kid may become fixated on a particular topic and bore others with frequent or repetitive talk even when the other kids have given clear signals that they are no longer interested in the topic. Some have difficulties tolerating changes in their daily routine. Change must be introduced gradually.

The Teenager: This may be the most difficult time for an individual with Aspergers. Those with milder forms of the disorder may first come to treatment when they are in middle school. In adolescence, social demands become more complex. Subtle social nuances become important. Some may show an increase in oppositional or aggressive behavior. Individuals with Aspergers have difficulty understanding which of their peers might want to be a friend. A socially marginal boy might try to date the most popular girl in his class. He will probably experience rejection. He is unaware that some other girl might accept his invitation. Because of his social naiveté, he may not realize when someone is trying to take advantage of him. He can be especially vulnerable to manipulation and peer pressure.

Adulthood: There is less information on Aspergers in adulthood. Some individuals with mild Aspergers are able to learn to compensate. They become indistinguishable form everyone else. They marry, hold a job and have kids. Other individuals live an isolated existence with continuing severe difficulties in social and occupational functioning. Individuals with Asperger’s often do well in jobs that require technical skill but little social finesse. Some do well with predictable repetitive work. Others relish the challenge of intricate technical problem solving. I knew a man, now deceased, who had many of the characteristics of Aspergers. He lived with his mother and had few social contacts. When he visited relatives, he did not seem to understand how to integrate himself into their household routine. When the relatives would explain the situation to him, he was able to accept it. However, he was unable to generalize this to similar situations. Although he was a psychologist, his work involved technical advisory work, not face-to-face clinical sessions.

Associated Difficulties: Aspergers may be associated with learning difficulties and attention deficit disorder. Indeed, many kids and adolescents with Aspergers have previously been diagnosed with AD/HD instead of Aspergers. Individuals with AD/HD may have difficulty with social interaction, but the primary difficulties are inattention, hyperactivity and impulsivity. In individuals with Aspergers, the social awkwardness is a greater concern. As individuals with Aspergers enter adolescence, they become acutely aware of their differences. This may lead to depression and anxiety. The depression, if not treated, may persist into adulthood.

Treatment for Aspergers:
Medications: There is no one specific medication for Aspergers. Some are on no medication. In other cases, we treat specific target symptoms. One might use a stimulant for inattention and hyperactivity. An SSRI such as Paxil, Prozac or Zoloft might help with obsessions or perseveration. The SSRIs can also help associated depression and anxiety. In individuals with stereotyped movements, agitation and idiosyncratic thinking, we may use a low dose antipsychotic such as risperidone.

Social Skills Training: This is one of the most important facets of treatment for all age groups. I often tell moms & dads and teachers that the individual needs to learn body language as an adult learns a foreign language. The individual with Aspergers must learn concrete rules for eye contact, social distance and the use of slang. Global empathy is difficult, but they can learn to look for specific signs that indicate another individual’s emotional state. Social skills are often best practiced in a small group setting. Such groups serve more than one function. They give people a chance to learn and practice concrete rules of interpersonal engagement. They may also be a way for the participant to meet others like himself. Individuals with Aspergers do best in groups with similar individuals. If the group consists of street-wise, antisocial peers, the Aspergers individual may retreat into himself or be dominated by the other members.

Educational Interventions: Because Aspergers covers a wide range of ability levels the school must individualize programming for each student with Aspergers. Teachers need to be aware that the student may mumble or refuse to look him in the eye. Teachers should notify the student in advance about changes in the school routine. The student may need to have a safe place where he can retreat if he becomes over stimulated. It may be difficult to program for a very bright student with greater deficits. In one case, a student attended gifted classes but also had an aide to help her with interpersonal issues. That student is now in college. Kids with Asperger’s are often socially naive. They may not do well in an Emotionally Disturbed class if most of the other students are aggressive, street-wise and manipulative. I have seen some do well when placed with other students with pervasive developmental disorders. Some do well in a regular classroom with extra support. This extra help might include an instructional assistant, resource room or extra training for the primary teacher.

Psychotherapy: Individuals with Aspergers may have trouble with a therapist who insists that they make an early intense emotional contact. The therapist may need to proceed slowly and avoid more emotional intensity than the patient can handle. Concrete, behavioral techniques often work best. Play can be helpful in a limited way if the therapist uses it to teach way of interaction of the therapist uses play as a break form an emotionally tense if it is used to lower emotional tension. Adults and kids may also do well in group therapy. Support groups can also be helpful.

Moms & dads play an important role in helping their Aspergers kid or adolescent. This Aspergers kid or adolescent will require time and extra nurturance. It is important to distinguish between willful disobedience and misunderstanding of social cues. It is also important to sense when the Aspergers kid is entering emotional overload so that one can reduce tension. They may need to prepare the Aspergers kid for changes in the daily routine. One must choose babysitters carefully. Moms & dads may have to take an active
role in arranging appropriate play dates for the younger Aspergers kid. Some moms & dads seek out families with similar kids. Kids with Aspergers often get along with similar playmates. Moms & dads should help teachers understand the world from the Aspergers kid’s unique point of view. Parenting an adolescent with Aspergers can be a great challenge. The socially naive adolescent may not be ready for the same degree of freedom as his peers. Often moms & dads can find a slightly older adolescent who can be a mentor. This person can help the adolescent understand how to dress, and how to use the current slang. If the mentor attends the same school, he can often give clues about the cliques in that particular setting.

Adults may benefit from group therapy or individual behavioral therapy. Some speech therapists have experience working with adults on pragmatic language skills. Behavioral coaching, a relatively new type of intervention, can help the adult with Aspergers organize and prioritize his daily activities. Adults may need medication for associated problems such as depression or anxiety. It is important to understand the needs and desires of that particular adult. Some adults do not need treatment. They may find jobs that fit their areas of strength. They may have smaller social circles, and some idiosyncratic behaviors, but they may still be productive and fulfilled.

10:05AM (-08:00)

Aspergers & Bereavement

Question

We lost my father-in-law last year. My 12-year-old son with Asperger’s is totally devastated. It is not helped by the fact that he spends the time before school and after school at his Grandma’s house and is constantly reminded of Granddad’s absence by his empty chair. Due to the fact that I have to work full time, my sons have spent much of their time from Monday to Friday with their grandparents so it is like their second home - they even have their own bedrooms there! I am finding it very difficult to help him come to terms with Granddad’s death. I bought a book from the National Autistic Society but it doesn’t seem to be helping. He is OK most of the time, but will then fall into a black mood and will overreact to the slightest incident and go into a meltdown. Do you have any advice on what I can do to help him?

Answer

This is a sad and difficult situation for all of you. As you know, Asperger’s Syndrome is a neurobiological disorder. Children with Asperger’s Syndrome have difficulties with social interaction and responses to social situations. With regard to the emotional aspects of death and grief, your son may react, as you have seen, by getting upset or angry. These reactions occur because he doesn’t fully understand what has happened and why it happened, and, due to his Asperger’s, doesn’t know how to ask for help in handling the
death of his grandfather. Many people without Asperger’s react to a death with anger and despair, too.

Many children with Aspergers feel that if a beloved relative dies, a “rule” has been broken (i.e.; good people should not die) and they feel very hurt. So, when it happens, the child feels betrayed. This can lead to anger and outbursts. In addition, any unexpected event is particularly difficult. You son finds it hard to grieve and doesn’t know how to handle his feelings of despair and sadness. He may not be able to express his grief through tears or talking.

Even if your son can’t ask for help, it is definitely called for in this situation. Patience, understanding, and support on your part are required. Be sensitive to his need to talk if he exhibits one and don’t put up barriers to it, such as telling him he’s too young to understand what happened. If he doesn’t show a need to discuss the death, you should open a discussion anyway. It may be wise to ask a counsellor or psychologist to talk with him, too.

Children with Aspergers have average or higher levels of intelligence and will appreciate honest, simple explanations about death and grief. Explain that birth is the beginning of life and death is the end of life and that, when someone dies, we feel bad because we loved the person, didn’t want him to die, and we will miss him. Don’t tell him his grandfather “went to sleep,” “went away,” “got sick,” that only old people die, or that the death was “God’s will.” All of these are open to misinterpretations, such as “If I go to sleep when I’m sick, will I die?” Or, “Will God make me die?” At his age, your son is able to understand that death is irreversible and that he will die eventually, but he needs reassurance that he will most likely live a long time.

Some questions your son asks may seem insensitive, for example, “Are you going to die, Mom?” He may show curiosity about dead animals or ask about what happens physically to dead things. These questions may seem gruesome, but they are a way of learning about death. Children should not be made to feel guilty or embarrassed about their curiosity.

Your son may feel that the death of his grandfather, who was a good person, was unfair. This is the time to gently explain that many things that happen in life are not fair and that we should try to help each other cope when unfair things happen. Perhaps, discussing some nice things to do for his grandmother would help him feel needed. Many Aspies respond very well to being needed by others.

Your son will need a lot of time to accept this death and may react with anger at unexpected times. Be understanding. Time will help ease the pain. Use books to help him understand and provide a good model of acceptable behavior for him. Also, keeping a journal of his thoughts about his grandfather may help.

08:35AM (-08:00)
Asperger's Kids & Sleep Problems

The first known attempt to evaluate the sleep patterns of kids with ASPERGERS, taking into account sleep architecture and the cyclic alternating pattern (CAP), finds that kids with ASPERGERS have a high prevalence of some sleep disorders and mainly problems related to initiating sleep and sleep restlessness together with morning problems and daytime sleepiness, according to a new study.

The study, authored by Oliviero Bruni, MD, of the Center for Pediatric Sleep Disorders at University La Sapienza in Rome, Italy, focused on eight kids with ASPERGERS, 10 kids with autism and 12 healthy control kids. The parents of the kids with ASPERGERS filled out the following materials:

1. Sleep questionnaire.
2. Pediatric Daytime Sleepiness Scale, which evaluates the relationship between daytime sleepiness and school-related outcomes.
3. Autism Diagnostic Observation Schedule, a semi-structured, standardized assessment of communication, social interaction and play or imaginative use of materials for individuals who have been referred because of possible autism spectrum disorders.
4. Child Behavior Checklist, a questionnaire used to examine daytime behavior in kids.

In addition, the kids took the Wechsler Intelligence Scale for Kids, which measures verbal IQ, performance IQ and a full-scale IQ, and also underwent an overnight polysomnogram, or sleep study.

Several sleep parameters, such as time in bed, sleep period time, number of awakenings per hour, and sleep efficiency, were evaluated. CAP, a periodic EEG activity of non-REM sleep characterized by repeated spontaneous sequences of short-lived events (phase A) with the return to background activity identifying the interval that separates the repetitive elements (phase B), was also scored.

According to the results, 50 percent of the kids with ASPERGERS were reluctant to go to bed, while 75 percent felt a need for light or a television in the bedroom, 87 percent had difficulty getting to sleep at night and 75 percent fell asleep sweating. In addition, 50 percent felt unrefreshed when waking up in the morning, 87 percent had difficulty waking up in the morning and 87 percent felt sleepy during the day.

With respect to the CAP, in comparison to healthy controls, subjects with ASPERGERS showed a lower total CAP rate in the first two sleep stages, but not in slow wave sleep. In addition, they showed an increased percentage of synchronized EEG patterns and a decreased percentage of desynchronized EEG patterns. Further, the duration of the A and B phases, and consequently the entire CAP cycle, was longer. Compared to the kids with autism, ASPERGERS subjects showed an increased CAP rate in slow wave sleep and a decrease in the second sleep stage. The duration of the A phases was longer, as well as the CAP cycle duration.
This study showed peculiar CAP modifications in kids with ASPERGERS and represented an attempt to correlate the quantification of sleep EEG oscillations with the degree of mental ability or disability.

ASPERGERS is one of several autism spectrum disorders (ASDs) characterized by difficulties in social interaction and by restricted and stereotyped interests and activities. ASPERGERS is distinguished from the other ASDs in having no general delay in language or cognitive development. Although it is not mentioned in standard diagnostic criteria, there are frequent reports of motor clumsiness and atypical use of language.

It is recommended that kids in pre-school sleep between 11-13 hours a night, school-aged kids between 10-11 hours of sleep a night, and adolescents about nine hours a night.

The American Academy of Sleep Medicine (AASM) offers some tips to help your youngster sleep better:

· At bedtime, do not allow your youngster to have foods or drinks that contain caffeine. This includes chocolate and sodas. Try not to give him or her any medicine that has a stimulant at bedtime. This includes cough medicines and decongestants.
· Do not let your youngster fall asleep while being held, rocked, fed a bottle, or while nursing.
· Establish a relaxing setting at bedtime.
· Follow a consistent bedtime routine. Set aside 10 to 30 minutes to get your youngster ready to go to sleep each night.
· Interact with your youngster at bedtime. Don't let the TV, computer or video games take your place.
· Keep your kids from TV programs, movies, and video games that are not right for their age.

Kids are encouraged to inform their parents of any sleep problems they may have. Moms & dads who suspect that their youngster might be suffering from a sleep disorder are encouraged to consult with their youngster's pediatrician or a sleep specialist.

08:10AM (-08:00)

Aspergers & Picky Eating

Question

My son was diagnosed with Asperger's in January, 2008. His eating habits are not that great. He will only eat about 3 specific foods which are not all healthy. How can I
introduce something new to him if he doesn't like to try anything new? Unless he has eaten it before, he will not try it.

Answer

This is a common problem with people with Asperger's. Some AS adults will eat only three or four foods for months at a time. For AS kids, many foods taste terrible to them (but not to others) or have disgusting textures or smells. They can't help these reactions; they are a part of Asperger's. Unfortunately your son's three choices are not healthy ones, so he isn't getting a balanced diet. For that reason, his diet must change.

Your son's diet should include protein from eggs, milk, cheese, fish, beef, and chicken, pork, even hot dogs. He needs grains, which provide B vitamins, from breads, hamburger and hot dog buns, corn, and cereals. He needs vitamins and minerals, including vitamin C, from juices, fruits, and vegetables. He requires calcium and vitamin D from milk and cheese. Getting him to eat these foods is the challenge.

You will have to eliminate the three items he will eat from your home and offer him a variety of other healthy foods, letting him choose what he will eat from them. Prepare for a battle royal when you do this! He may scream, cry, and have "meltdowns" at every meal. But, when he gets hungry, he will try at least some of the new foods. Whatever you do, don't give him any of his preferred three foods, or they are all that he will eat and he will never try any of the new foods. Needless to say, the rest of the family must not eat his preferred foods, either.

Perhaps he would try some whole grain cereals. Many children like Life cereal or Cheerios (with or without milk). If he'll eat the cereal, see if he likes a sliced banana on it. Use Splenda to sweeten cereal, fruits, and baked items. Try popcorn (a whole grain). Don't load it up with butter. Fruit juices may appeal to him. There are new ones on the market that are delicious and have a serving of fruit and one of vegetables in each glass. Try hot dogs and hamburgers. He may like scrambled eggs. If he will drink milk (even chocolate milk or a milkshake), it will give him protein and calcium.

Try mixing rice or noodles into a cheese and chicken
casserole. Most children like macaroni and cheese. See if he does. Try tacos made with whole grain tortillas, hamburger, and cheese. Will he eat fried chicken or chicken nuggets? How about fish and chips?

Many fruits may taste sour to him. Canned peaches and pears are sweet and may appeal to him. Cut fruits into bite sized pieces so they are easy to eat. Don’t chastise him if he doesn’t eat them; maybe in the future he will. Make small apple or blueberry muffins. Yoghurt with fruit is an option you could try.

As far as vegetables are concerned, it may be an uphill road! But, sometimes vegetables can be hidden in other foods, for example, in those juices mentioned above. How about putting some onion in his hamburger? Potatoes are vegetables and he might eat oven-fried French fries (called chips by the British). Blend some cooked cauliflower into mashed potatoes. He may not notice the difference. He may like sweet potatoes. He might like creamed corn or cornbread. Does he eat any soups? You could try tomato soup made with milk; he might like it or chicken noodle soup.

It’s very important not to make “a big deal” about what he doesn’t eat. If you do, eating will become an even worse power struggle than it’s going to be. Offer various new foods at each meal. If he doesn’t like them, don’t make an issue of it. He’ll eat something when he gets hungry! Avoid serving soda pop and sweets so he doesn’t fixate on them. When he finally accepts a new, healthy food, offer it often, but not at every meal, so he has to keep trying new foods.

My last suggestion is to make sure he has a multivitamin each day. Get one that is chewable, tastes good, and has a cute shape. Also, drinking Ensure or Pediasure is a good way to supplement his diet with vitamins and minerals.

Aspergers and Mindblindness

Question
How can I understand the way my son thinks?

Answer
Children with Asperger’s Syndrome may have underdeveloped areas in the brain that cause problems in: communication, learning appropriate social skills and responses, understanding the thoughts and feelings of others, and focusing on “the real world,” as opposed to becoming absorbed in their own thoughts and obsessions.

Those with Asperger’s are often extremely literal in their interpretation of others’ conversations, for example, they may wonder if cats and dogs are really raining down or think there are two suns when someone talks about two sons. They are unable to recognize differences in speech tone, pitch, and accent that alter the meaning of what others’ say. Your son may not understand a joke or take a sarcastic comment literally.

Learning social skills for children with Asperger’s Syndrome (AS) is like learning a foreign language. A child with AS is unable to recognize non-verbal communication that other children learn without formal instruction. Some examples are: not understanding the appropriate distance to stand from another person when talking, how to tell when someone does not want to listen any longer, and how to interpret facial expressions.

Many AS children will be highly aware of right and wrong and will bluntly announce what is wrong. They will recognize others’ shortcomings, but not their own. Consequently, the behavior of those with Asperger’s is likely to be inappropriate through no fault of their own.
Children with AS need routine and predictability to give them a sense of safety. Change can cause stress and too much change can lead to meltdowns (tantrums). Changes that are stressful for them are: a different teacher at school, a new routine, doing things in a different order (e.g.; putting pants on before a shirt), going to the bathroom at someone else’s home, changing a bedroom curtain or the color of the walls, to name a few. Routines and predictability help them remain calm.

Your son’s thinking may be totally focused on only one or two interests, about which he is very knowledgeable. Many children with Asperger’s syndrome are interested in parts of a whole (intricate jigsaw puzzles), designing houses, drawing highly detailed scenes, astronomy, the computer, insects, Pokemon, trains, and many more. Because his brain is obsessed by his interest, your son may talk only about it, even
when others are carrying on a conversation on a different topic.

AS children notice details, rather than the “whole” picture. The importance of the detail prevents the AS child from understanding the bigger picture, so instructions may get lost in his focus on a single detail. A lesson at school may be totally ignored in favor of a fly on the wall. Multiple instructions are extremely difficult for these children to retain and follow.

AS children are not able to access their frontal cortex or prefrontal lobe efficiently, so they must call on social skills from their memories. If a social skill has not been taught, they won’t have it. Consequently, turn taking, imagination, conversation, and other’s points of view cause AS children great difficulty. The AS person may be unable to realize consequences outside his or her way of thinking. In addition, they cannot recognize when someone is lying to them or trying to take advantage. Some get into trouble with the law as a result.

Anger in AS children often occurs due to over stimulation of the senses or a change in routine. It is often the only response the AS child knows. Anger management presents problems. They see things in black and white, which results in tantrums when they don’t get their own way, feel threatened, or overwhelmed. Some children with Asperger’s bottle up anger and turn it inward and hit or bite themselves, never revealing where the trouble is. Many people with AS are perfectionists reacting with anger when things don’t go as they wish.

One of the most difficult thinking patterns of Asperger's is mindblindness. Mindblindness is the lack of ability to understand the emotions, feelings, motivations, and logic of others and not care that they don’t understand! Consequently, they behave without regard to the welfare of others. The only way they will ever change their thinking or behavior is if it is in their own interests to do so. Even then, convincing a child with Asperger’s to change his mind is an uphill battle.

11:27AM (-08:00)

Asperger's Syndrome and Mindblindness

Question
Brain blindness: how to break through rigid thinking that prevents them from making a connection between their behavior and negative consequences? Once my Aspie children get an idea, no amount of evidence to the contrary will shift them.

Answer
One big challenge for those with high-functioning Asperger’s syndrome, is mindblindness (sometimes called brain blindness). Mindblindness refers to the inability of people with Asperger’s to understand and empathize with the needs, beliefs, and intentions that drive other people’s behavior, and their own. Without this ability, Aspies cannot make sense of the world. The world is constantly confusing them, and they go through life making mistakes because nothing makes sense (mindblindness). Aspies cannot connect their own needs, beliefs, and intentions to experiences and positive or negative consequences, at least not on their own. Many Aspies are unaware that they even have this problem, even if they know they have Asperger’s!

Yet, Aspies can learn to compensate for mindblindness with a lifetime of constant “counselling” by good teachers, parents, counsellors, and therapists. Some adult Aspies can read books and learn, but AS children need others to help them. With good help, Aspies can grow up to lead nearly normal lives. A good book for parents, teachers, and older Aspies to read is: Mindblindness by Simon Baron-Cohen.

Parents must understand that their Aspie children must be taught to use logic to make sense of the world and the people in it, one personal situation at a time. Here are some “rules” written by a gentleman with Asperger’s that may help parents assist their Aspie children. He named them “Rules to Make Sense” and recommends that Aspie children be taught them.

“1) Every human behaviour has a reason behind it, even if I don’t see it.

2) I will not give up my unrelenting, autistic singlemindedness until I find the reason for a behaviour, or until I am satisfied that I do not have enough information to find it.

3) When I find the reason, all the pieces will fall into place, and not a single one will be left that doesn’t fit.

4) After I find it, I will dig further to try to disprove it.

5) If I find a single piece that doesn’t fit, then I still have a problem. Go back to step two with the problem.

6) I will force myself to accept what I have in front of me as the truth, even if I find it hard to believe.”
Here are a few more facts that Aspies must learn.

1) Most people usually talk about the things they want, and openly say what they believe. Women talk more than men and focus on feelings more.

2) When somebody's behavior flies in the face of logic, concentrate on his or her feelings.

3) Some people are so messed up that it is just not possible to figure them out. Know when to give up.

A parents’ strategy should be to get their Aspie sons or daughters obsessed with the need to make sense of the world and help them understand that the mysteries of human behavior disappear when one understands the appropriate states of mind behind them. Also, to help them realize that once the state of mind is understood, people’s future behavior can be anticipated. But, how does a parent do that when the Aspie isn’t motivated to do so because they don’t realize there’s a need?

A parent must:

1) Teach the Aspie to make sense of the world by himself (eventually).

2) Constantly explain people's states of mind to him and what they mean until he learns to figure them out on his own. This means explaining the wants, needs, and beliefs that drive human behavior and the reasons behind all the unwritten rules that are part of human relationships.

Give the Aspie books to read. Explain his challenges and that he is in a state of confusion without being aware of it. Explain how each person feels about the world and about his own life. Explain that every person has a different set of values and that their behavior is driven by these values. Explain also your own state of mind and emotions constantly. Explain why you explain things to him. Explain that he should ask you questions about things he doesn’t understand. Do these things over and over and over.

Explain his own needs to him. It is only when he understands what he wants himself that he will have a basis for understanding that others also have wants, and that peoples’ wants are what makes them behave the way they do.
If you explain something over and over, and he never ‘gets it’, the reason could be that there is more basic knowledge that he doesn’t have in order to understand.

Protect your Aspie children from the cruelty of strangers. Some people are not going to pass up the opportunity to treat them badly. You should explain that this is going to happen, and that they should not feel ashamed to go to you for support. They are going to meet people that will try to convince them they are worthless. You must convince them that they can and will make a success of life, as many Asperger’s people have. You must explain the states of mind of these people and why they do what they do – over and over.

Explain before punishing. If you punish a child for doing A, all that he is going to learn is that if he does A again, he is going to be punished again. He will not understand why he should not do A in the first place.

It is this constant explaining and counselling by parents, teachers, and therapists over years and years of living, repeated over and over again, that eventually will help the Aspie break through the bonds of mindblindness and learn to handle life successfully, on his own. Don’t give up; keep trying and get others to help you.

08:06AM (-08:00)

How to teach a younger sibling not to pick up unwanted behaviours f...

Question

I would like some tips on how to teach a younger sibling (age 3, not in school yet due to rural location) not to pick up unwanted behaviours from his brother.

Answer

You might be concerned that your 3-year-old will pick up unwanted behaviours because he might have Asperger’s Syndrome, also. Asperger’s does, indeed, have a genetic component.
New research in the area of Asperger’s has shown that toddler siblings of autistic children are more likely to exhibit the same atypical behaviours as their brothers and sisters with autism, even when they don’t eventually develop the disorder. Andy Shih, PhD, of the Baby Sibling Research Consortium, states that this increases the importance of careful monitoring of high-risk siblings of children with autism (or Asperger’s) for any signs of a disorder. If one should occur, you are well-situated for early intervention. If atypical behaviours occur, but there is no Asperger’s, you will feel relief at knowing that your second child does not have it.

If you have a child with Asperger’s, the odds are 50 to 100 times greater that your second child will be diagnosed with Asperger’s. At the age of three, it might be difficult to tell if the child has Asperger’s. Ask yourself the following:

• Does your younger son have age-appropriate communication skills?

• Does he follow his brother’s exact behaviours?

• Is he overreacting to sensory stimuli (actions, lights, sounds)? Does he cover his eyes or ears to avoid sensory stimuli?

If you answered “No” to these questions, your son is probably just imitating his older brother, and that is very common with siblings. He might see his older brother as a role model, or he sees his brother getting a lot of attention for these behaviours, and he is imitating him to get some of the attention.

If you answered “Yes” to the above questions, consider having a professional, such as an Intervention Specialist or special education teacher, observe your three-year-old when he interacts with his brother, and when he is alone. You might be thinking of waiting to see if your son outgrows these behaviours; however, if he does have Asperger’s Syndrome, you should begin early intervention. Make sure that the professional you consult is experienced in assessing autism spectrum disorders, and that his experience specifically includes Asperger’s Syndrome.

Your awareness of the sibling relationship, along with the
help of a professional, and the book mentioned above will give you information and assistance to help with your three-year-old, if he, too, is diagnosed with Asperger’s Syndrome. Stay in touch with the professional involved and re-read the book so that you can provide a comprehensive level of care for both your children.

07:26AM (-07:00)

25 Parenting Tips for Parenting Aspergers Kids

Parenting Tip 1 – Visual Charts

I found that creating a chart for my 8 yr. old with aspergers, helps him to stay on task. It may seem facetious to most but I really believe he responds well to having some sort of written regime. Mornings before school used to be a nightmare, but now he has each task written out with a particular window/timeframe. He seems to be responding very well with this. No more frustrated mornings, running out the door to catch the bus. He actually even likes to challenge the timeframes on the chart to show that he can beat them. Now we’re out for the bus with time to spare. Hope this advice can help someone else

Ray

Parenting Tip 2 – Gentle and consistent learning

Our eight year old son has Asperger’s and OCD. He was very speak and motor delayed and a major behavior problem for everyone but me. We’ve since learned that I, his mother, also have Asperger’s so I understand that not pushing him too hard and letting him have too much noise, people talking at him, just stimulus in general, is crucial to keep those troubling Asperger’s symptoms to a minimum. I have forced him to face his fears and aversions but in a quiet, methodical, gradual way and it’s worked well. When we watch a show or observe a situation, I ask him, “Are they being good friends?” “Why was he mad?” “Do you know why she is crying?” etc. It helps to build that kind of observation into every day. Keeping their environment calm, simple (not a lot of stimulus going at once,) and gentle but firm reminders of what is acceptable and what is not, has been key. Our pediatrician told me when he was four not to even THINK about putting him in a
normal school environment because of his reactions to upsetting things - well, after 18 months of intensive speech and motor therapy, firm but gentle parameters consistently enforced, he’s never had a bad report from school about behavior and he’s now in second grade - and about 18 months ahead of his classmates in all subjects. Don’t lose heart with the diagnosis. Your child needs to be able to function in society as an adult without you, if at all possible, so remember that teaching what is acceptable and helpful and safe will be invaluable later. Being firm is alright if it’s done gently.

Rebecca

Parenting Tip 3 – Square pegs and round holes

From my observations, it is very common for Aspies to talk a lot, although they may go off on tangents of interest to now one but themselves. I have a 17 year old with Mild Aspergers. ADD medication does not help and makes him feel worse. His diagnosis went from ADHD to NLD/ Aspergers in 8th grade. We have struggled through this. As a mother, I give him supplemental programs to improve his weakness while I encourage him to pursue his strengths. I use the summer time to enroll him in non-academic classes. He has done PACE, biofeedback and lots of athletic sports and weight training to increase coordination and back strength. These kids clearly have poor nerve enervation in their back muscles that attributes to poor posture- it is not due to low self- esteem. I am looking for another social skills class for the summer of 2009 for teenagers. Finally, I also have come to realize that while these kids may be loners because of lack of social skills, but — they are also loners by choice. They want and need more private time than the average NT kid. I am coming to accept my son’s ways as what works for him and I have stopped forcing NT ways on him. His nervous system is different and that will never change. What is normal for me is not normal for him. My advice is to support, love and finally truly accept your child as god gave him to you. Trying to force a square peg in a round hole will destroy your child. Let him know he is loved and keep a strong family unit.

Emily

Parenting Tip 4 – Individual Differences

As a home schooling parent of three aspies & four NT’s, it continues to surprise me the differences between children in the same family. One thing that helped for us is when I finally figured out each person’s pattern of highs/lows or attention/inattention (I don’t pick up patterns easily, so that was a long time coming!). Two of my kids had behavior improvements right after eating, so I set their problem subject areas for then, since we could more effectively work with them.
Several could only concentrate in the morning which became math time for them, while one of my aspies definitely clicks in late afternoon, so that's when we do her work. I found that we have fewer battles and blow-ups when I simply accommodate their natural rhythms. I wonder what kids locked into a school program do about such differences?

Wendy

Parenting Tip 5 – Homework Troubles

For homework troubles, try breaking down the homework in sections. Draw a red line after question 5 and do these after school, draw a line after question 8 and do these after supper, do the rest of the questions after bath and before bed. Use manipulatives to assist with math. Try using a different colored pencil for each question. Will the teacher accept the assignment if the student tells you an answer orally and you write it down? Will they be more willing to do the work if the answers are typed on a computer? Try doing the homework in a different location like the library, the park picnic table, or a coffee shop. Talk to the teacher about your struggles at the next ARD meeting, sometimes they will shorten the length of the assignment for the least amount of work needed to show comprehension. Don't give up we've been there and our son is ready to graduate from high school!

Cathy

Parenting Tip 6 – Sensory issues

I was reading about the sensory issue comment and how just going in public creates problems for our children. I’ll tell you how I’ve helped my son be able to take public outings. First I’ll explain his mind as a behaviorist did in order to help me get a picture of how it felt to him to go to the grocery store or a department store. She told me that an average brain will survey its surroundings and take in something like 10,000 items a minute but only about 15 of those things are relevant to what we are doing at the time. So the other 9985 things get filed into the unnecessary to think about category and the 15 things we are focusing on get put on our “desk”. With Asperger’s all 10,000 items get put on our “desk” all at once so we are overwhelmed with the pile and imagine that pile getting bigger and bigger by the moment. WOW I thought, that could be overwhelming, my poor baby. No wonder we get meltdowns in public. So how can I help him get thru the times I HAVE to go to the store with him in tow. First I tell him where it is we have to go, then I tell him what it is I am buying at each store (I try not to stray from my list) and approximately how long it will take at each location. Now that he can read I get him to help me with the shopping list to (wink wink) make sure
Mommy doesn’t forget anything.
This has helped me tremendously in any excursion. I still get the meltdowns if I have to go someplace I didn’t mention but not as bad as it used to be.
I also took lots of stuff out of his room and in my house making it sparse in decorations to help minimize the overload.
In doing that my son is more calm on a regular basis which helps him handle any unexpected things that might pop up.
Also the calming music to him is played on the way to town and calming to him maybe classical or heavy rhythmic music like I mentioned before but I use to just automatically put it on when we got into the car and that started to cause me problems to.
He tells me music or no music now and ta daaaa he gets to set his own mood.
Works great. My other two kids that are younger just roll with the punches now and I feel like I have conquered yet another hurdle…lol Hope this helps someone out…

Miki

Parenting Tip 7 – Music

One day my son kept asking me for the song that went dah dah dah…I’m looking at him so confused and finally I figured out it was, the VW commercial he had seen on TV so many times.
So I went online and found the actual music for him. I’ve discovered that music with heavy bass (boom boom boom) and rhythmic (repetative) beats soothes him completely. There is this one song called Spirit in the Sky and he will sit and listen to it over and over if he is stressed and it will make him actually fall asleep.
I also use to sing to him in a monotone type voice This Old Man…it was sometimes the only thing that would allow him to go to sleep.
As a parent that’s been doing it for 9 years I’m certainly learning that you always have to keep on trying to find out what it is that will work with your child.
Diligence and patience is a must. LOL Another thing I just thought of, when my son is feeling overwhelmed by like shopping or something a rhythmic pounding with the balls of my fists on the top of his head will also calm him.
He wants me to do it fairly hard and I do it a lil’ harder until he tells me I’ve got it. Has anyone experienced this sort of sensory calming with their child?

Miki

Parenting Tip 8 – The Police

Hi, today i went to the Police station to add us (my ASD son and me (family/carer)) to their computer system.
I highly recommend everyone to do this. It only takes 30min and for a life of peace! Specially useful for those times when melt-downs and aggression happens in home or public and police get involved…or if you have a “runner” – an ASD kid who wanders off or runs away a lot.
It makes it so the police have a you and your ASD kid in their files to look up and be
prepared as to what to expect when they encounter your ASD kid and importantly what they should NOT do! Medications and allergies and close friend for emergency contact. It's simple and if you're hurt or your child is lost they know what to do to best help. Please I urge all to do this.

Therese

Parenting Tip 9 – Eating The Right Foods

I was reading the current Blog about eating habits and as my wife and I have 2 children with AS we were having the same problem with a healthy diet for the kids. A friend of our put us on to a cook book written by Jessica Seinfeld called Deceptively Delicious and what she does is steams and purees her vegetable and then mixes into the families favorite foods and generally you don't even know you're eating a healthy meal. My 2 kids generally eat everything in the book with out complain. The meals are also very easy and not time consuming for the cook of the family to prepare. Hope this will be helpful to other families.

Tim

Parenting Tip 10 - Helping your child in the store

I've always had trouble in stores keeping my son from touching EVERY single thing he comes in contact with. He has never broken anything, but has made several messes by knocking things off shelves. It would always be embarrassing and no matter how many times I scolded him he would always turn right back around and touch this or that. Finally I found a way to keep his hands busy. I have my son carry a little stress ball with him when ever we go into a store. That seems to cut down on all those embarrassing mishaps of him knocking things on the floor. It works so well that he also has one at school to help him keep his hands to himself and off of other students.

Erin

Parenting Tip 11 - School problems

I recently received a question from a reader of the newsletter about her 8 year old grandson with Aspergers: "How to help with the situation of school for a child who is withdrawn (not disruptive) therefore the teachers don't have a problem"
I replied:
A child with Aspergers who is withdrawn and does not join in with the rest of the class is just as much of a concern than one who is 'acting out'.
The trouble is schools and teachers will often ignore this as they associate problems with poor behavior.
There are several reasons why this may be happening. He may be bored and just 'zoned out'.
If this is the case his interest and motivation to engage will need to be captured. Another reason for withdrawal is chronic low self esteem and lack of confidence.
Many Aspergers kids know they are 'different' and don't want to stand out from the crowd. They are often afraid of being laughed at or teased.
It is important to get to the root of the problem.
Gently encourage him to talk about what changes he would like to make to the classroom environment to make it a better place.
He may well tell you what some of the problems are.
Arrange an appointment to see his teacher and discuss your concerns. It may be that his teacher hasn't even noticed that there is a problem!
It's really important to keep the channels of communication between home and school open so that you are both working together and are seeing the same picture.

Parenting Tip 12 - Humming and boundaries

I would like to pass along a hint that we found worked great with our Aspergers grandson. My husband and I pick up our grandson (7) and granddaughter (4) from school on occasion.
After spending the after school hours and dinner with us we drive them home.
Always on the drive home our grandson would hum driving his sister and I crazy and usually ending in a sibling fight.
We told our grandson that he could run around and hum as much as he wanted before he got into the car, but once in the car it had to be quiet with no humming.
It has worked amazingly and now they both sit quietly and listen to music, taking turns which song they like.

Now for some parents this may well be an approach that you are already using of sorts, but I wanted to mention this tip as it's a great basic behavioral approach that can really work.
Variations of this can involve for example using an egg timer to allow a child a certain amount of time to do a particular activity with a visual cue for when they need to stop. So for some of you I hope you can try out this approach and for others perhaps a reminder to use such techniques to help everyone in the family.

Parenting Tip 13 - Changing Schools

Hi I just thought I'd let you know. For the last 2 years I was having problems with my youngest son at school.
The school was saying he was just a bit below average ability and ignoring the fact he
has ASD.
2 weeks ago he got so upset with a teacher saying "look at me while I'm talking to you. How do I know when your listening if you’re looking at the floor?"
I changed his school.
After 10 mins with the SENCO (Special Educational Needs Co-ordinator) she announced that he has ultra sensitive hearing and smell which must have caused him huge problems in the class.
As he had been put in a class of 30 and 12 of them had ADHD, because he was in the lowest set which was set 9.
He is now in a class of 9-12 for hard subjects and 25-30 for easy subjects.
Within 3 days she had put him back on his IEP (Individual Educational Program) the last school had taken him off it, had a risk assessment done for science as he had been burnt 3 times in the previous school and she is having him statemented after 3 months.
Now I collect a happy 12 year old as he has no pressure to perform or to act the same as others, he can look at the floor she doesn't mind, he can tap his legs, its fine, and his targets have been lowered to more reasonable ones that he can achieve.
I would just like to say don't give up your child's happiness it depends on you fighting for them.

Shazza

Parenting Tip 14 - Handling Transitions

I'm a mother with a 6-year-old daughter who will soon be diagnosed with Asperger's Syndrome.
Transitions tend to be very difficult, and my daughter often starts talking in a negative way "I hate going home....I never want to go home.....or I never want to come over to so-and- so's house ever again."
The translation: "I don't want to leave, Mom, I'm having a lot of fun." I say that the next activity will be fun.
She says, "No it won't." I explain why it will be fun, and she still says "No, it won't."
I used to keep explaining in other ways or try to change the subject, but she would continue on the negative kick and then I would get mad at her and we would both be in a bad mood.
Recently, I've found that if I stop responding to her after the first or second "No, it won't." then she loses steam and becomes interested in something else.
Another thing that I've found that works in transitions or with getting her to do something is adding a little fantasy to our activity.
I change my voice just a little to become a fantasy character (Shrek, Cookie Monster...) and call her be a fantasy name (Princess Fiona, Grover, Big Bird...) and suddenly the obstinet behavior evaporates and she is completely compliant.
When it is Mom demanding something of her she balks, but if we are playing characters from a fun show, she'll do just about anything!"

Maureen
Parenting Tip 15 - 4 Great Tips from a Mom

I am relatively new to your site but I will list the things I have found useful with my son, Eric, who is now 13 yrs old and was diagnosed with AS in the 3rd grade:

1. To prevent blow ups and resistance to going to appointments or having family over or going to a family/friends house for a visit, I prepare my son well in advance and remind him about as the date approaches. I tell him these are things he has to do. No exception.

2. He likes to wear red shirts and a black jacket each day even though now it is hot here, I don't try to get him to change.

I bought enough red polo shirts for the school week.

I also let him have his hair long but he has to keep it clean as part of the deal.

He doesn't like to shower/bathe and that was always a battle as well.

Now he showers and washes his hair Sun, Tue, and Thurs.

3. I organized his room so there is a place for everything.

I put hooks up for his coat, clothes, etc and labelled each area to help him keep his room clean and his stuff put up.

4. To help him remember his school assignments and tools he needs as pencils, etc. I will ask him due dates of projects and ask him if he needs pencils before he leaves for school.

Debbie

Parenting Tip 16 - Appeal from a Grandmother

"I am a grandmother of a boy who was diagnosed with ASD in December 2006 and is now 4 1/2 years old.

He was very withdrawn, would speak very little, and very solitary.

After me and my daughter found out he was autistic we changed our and his life completely.

Because I am retired and have all the time in the world for him here what I did. I never let him alone one single minute.

Here I am now writing to you and he is sitting on the floor playing and watching kids TV.

I stop every now and again and ask him what is happening now and maintain a constant dialogue with him.

This is very exhausting but the results are remarkable and he is talking to me all the time.

The intention is just THAT.

When he does any little thing now he tells me even if he needs to go to the washroom he will say 'I need to go pee' and before I used to go with him now he just goes by himself.

A LOT of attention and TENDERNESS has proven beneficial.

So my suggestion is this ALL GRANDMOTHERS should spend as much time with their ASD kids as possible and play with them always speaking and asking questions and making statements.

Our daughters and sons are young themselves and need help as
well.
So when I STOP because like I said it is exhausting my daughter steps in. We take turns.
Of course his progress is enormous but he gets EXTRA help at school and at day care.
Never leave an autistic child alone too long because my impression is that they need the permanent presence of an adult.
All this has worked for my grandson he now talks a lot and even says what happened at school, at day care, what he did on that day, he is very sociable and interacts with the others kids and asks them 'come play with me' 'let us play hide and seek things he never did before.
PLEASE GRANDMOTHERS STEP IN...

Ana

Parenting Tip 17 – Meltdowns

I am the parent of an 11yr old Asperger’s child. A trick I have found helpful to minimize major meltdowns was a simple reward system.
For every two (2) hours that he does not have a meltdown, or major tantrum he gets a simple reward.
It could be an ice cream, a special sticker, a fruit bar, string cheese, or an ice pop, anything that is special that he does not get on a regular basis.
It doesn’t always have to be food but if it is it can be a healthy snack. Getting to go to the market or any quick trip can also be a reward.
Hope this tip helps someone else. I love the tips from other parents, it has been a God-send for me as I am a single parent of 4 with virtually no other support team except your wonderful website.
Thank you and keep up all the great work

Erin

Parenting Tip 18 – Vacations

We have a son who is 8 he was diagnosed as being Aspergers last year.
We left him with his older sister and we went on a (well needed) vacation.
Before I left I bought a tape recorder. We recorded us saying good night and be good and we love you.
I told him if he starts to miss us just say what you are thinking into the recorder. He did and he even tried to read into the recorder.
I have to say it worked. I think I will still use the recorder for other time too

D Dubois
Parenting Tip 19 - Explaining Your Child To Their Teacher

I've enjoyed reading your articles and have found them very helpful. I'd like to share an idea with your readers.
I've been working on it all summer and many of your readers might find it helpful as a Back-to-School activity to do with their AS child.
My son (age 7) was diagnosed with AS two years ago and we've struggled to explain exactly what AS is to the staff and teachers at his school.
The part that bothered me most at our meetings was that I wanted the teachers to not see my son as the AS kid but as Jacob, who happens to have AS.
So, we designed a scrapbook together to give to his teacher at the beginning of the year. It has Jacob's picture on the front and uses an alphabet format to explain AS and the individual struggles Jake has.
The part I love most is that his picture is on every page and he helped me write it and drew pictures for it.
He loved putting in the stickers and we talked about what we felt was important to know. (This also was a great way for me to start gently explaining to Jake what AS is.)
I doubted a could get a teacher to read a 300 page book on AS, but I sure can get him/her to look at a colorful, artistic scrapbook with 26 pages!
The format I used is below, but your readers could alter it anyway they choose:
A is for Aspergers B is for Brain
C is for Computers D is for Drawing
E is for Exceptional F is for Frustrated G is for Goofy
H is for Help
I is for Intelligent J is for Jacob
K is for Ketchup
L is for Likes/ Dislikes M is for Math & Music N is for Noises
O is for Optimistic
P is for Perfectionist Q is for Quiet
R is for Routines S is for Special T is for Touch
U is for Unique
V is for Vocabulary W is for Writing
X is for X-cellent
Y is for Yearns to make friends Z is for Zany
Parenting Tip 20 - A Success Story

I live in Australia this year in January or February my now 10 year old son was diagnosed with Aspergers. I think what I want to share with you is our journey to having this diagnosis made. My son as a baby was the happiest and easiest of my three sons. He has always been a very clever little man and could speak fluently from about 16 months of age, he had an absolute compulsion to push buttons. He would speak to anyone and looking back, would interrupt and continue talking way past what is socially acceptable. I never realised my son was any different to other children, probably because all three of my children are very similar and I just thought they took after me (maybe they do). When he started school aged 4, everything changed with the teachers complaining that my son was very immature, would tap things and touch other people, would talk out of turn and although he had been diagnosed as gifted was not learning and could not write to an acceptable level. At 6 years old I started seeking answers as he had become highly volatile and was hurting teachers, students and property and spending every day in detention so that he could complete his work. At 8 years old he was expelled from his school for using inappropriate language and his other meltdowns, his work refusal and avoidance of school as well as being teased and bullied and he was behaving this way in return. At the next school he became the victim of daily physical attacks and constant bullying. It took 3 years of different services and doctors assessing my son for a diagnosis of Aspergers and ADHD to be given. Since he started school 6 years ago I think I have spent more time at the principal’s office than the students. Since he has had this diagnosis, started on Concerta for the ADHD, and has started at a school that is willing to accept he is different and put different strategies into place, he has absolutely excelled. The school read all the books I gave them, attended training seminars and have really put in an effort to make an environment in which my son is accepted and can learn. He has learnt to skip, played football on a team and made friends as well as he has finally started to learn academically. On top of this he has had one meltdown at school and three meltdowns at home in the last 8 months. It is like living with a different child. In a conversation I had with him the other day I asked him about school which he promptly replied “My school is the best school and everyone wants to go there. They can teach and I can actually learn, it is fantastic.” Yesterday I offered him a day off school as he had hurt himself in a clumsy accident, he refused the offer saying, “I want to go to school.” I never thought I would hear these words from my son. It just goes to show if you can find a supportive and patient environment to match a good
home life things can get better.

Vicki

Parenting Tip 21 - Finding the right physician

Don't know if this is the kind of "tip" you seek for your newsletter but ... My grandson was diagnosed as Asperger/ADHD in 2007 after much frustration, changes in medications for ADHD, etc. Our local pediatric community was of virtually no help (as would be the situation in most small/mid-size communities). After several fruitless searches and useless referrals, we found a Developmental Pediatrician whose specialty is ADD/ADHD/Asperger.

Anyone within driving distance of Macon, Georgia might like to know there is understanding and assistance in the offices of Dr. Stephen Copps and Mark Prigitano, therapist who works with Dr. Copps to help children develop social skills, greater self-esteem, etc.

Terry

Parenting Tip 22 - Walking

Our 16 year old daughter has Asperger's and, in common with some adult Asperger's in the region, she loves to walk. She walks about two to eight kilometres a day. Fortunately we live in a very safe area, and we have put in a lot of time teaching her road skills. She always wears a fluoro orange vest. We find that if she doesn't get to walk in the neighbourhood, she walks in the kitchen. That is, she paces around and around the kitchen for anything up to an hour. She knows to do this when no one is using the kitchen. Because this is obviously the way she offloads so much sensory over stimulation we do not stop her now. We used to, because we found it very irritating, but also found she would get quite withdrawn and depressed. Since her diagnosis we understand her behaviour and are much more tolerant. I would suggest that if your Asperger's teenager is exhibiting repetitive behaviors that are not offensive, to let them do them, as it seems to be important for their mental wellbeing. Our daughter also no longer attends school because she found it physically too challenging being jostled in the corridor, etc, and mentally not stimulating enough as she was well ahead of her age level. In the end it was not a difficult decision for us because she does not enjoy the company of her peers at all, and I only work occasionally as a casual relief teacher. However, it has meant that we have to work on creating a fulfilling life for her.

Christine
Parenting Tip 23 – The Library

We joined her up to the local library at twelve months old and she reads three to four adult books per week. She loves to write for several hours a day. We never go into her room without knocking and waiting for her to invite us in, and we do not interrupt her when she is writing. We believe it is even more important for her with her Asperger's to have her own creative space and time than for non-Asperger's teenagers. She loves music of all genres and art in all forms, so although we live two hours drive from the nearest city, we make sure we take her to quality cultural events at least once every three months. It is possible for Asperger's teenagers to have fulfilling lives outside of school, especially since in Australia they can receive a disability support pension, which our daughter receives and is learning to budget, use EFTPOS, etc. But it does take effort on parents' part. It's definitely worth it, though, as our daughter has blossomed, learnt heaps of life skills, and is much happier than when she was trying to attend school which she described as "torture". I hope this helps anyone in the situation we were in, who might be agonising over their Asperger's teenager being utterly miserable at school.

Christine

Parenting Tip 24 - Classical Music

My son is 7 yrs old. He was recently diagnosed by the children's hospital in our city as having PDD-NOS-A Typical Autism. The special ed department at his public school says he is AS. I don't care what the diagnoses as long as he gets the help he needs. Anyway, sometimes car rides can be difficult with him and his sister in the same vehicle. One Friday they both were out of school. Friday is grocery store day. Taking them both at the same time in the same car can be bad but, also going to the grocery store can be really bad. We are a house who likes to listen to different kinds of music. Usually we listen to blues, the old hard rock, and occasionally country. It just so happened on this Friday I thought, we haven't listened to classical in a long time. I had a CD of Bach's Bradenburgs in the van. I popped it in the player. I noticed my son was calm and quiet. After a while he asked me what that song was that I was playing. He said he really liked it.
He started talking to me on a higher level than he has before. I think the classical music is helping him. His music teacher has had problems with him in class and has communicated this with me. I emailed her what I found out. She said she had noticed he was calmer in class the few times she played classical in class. She said there was a study called the Mozart Effect done in the past. I had not heard of this. I relayed the info I had to my son's class room teacher, whose has been wonderful. I bought some CD's for her to play in class. I haven't heard how it is working, yet but I hope it is helping. I don't think anyone will be hurt. Anyway I hope this might help others.

Anonymous Tip

Parenting Tip 25- Use an Exercise Ball!

My son has been diagnosed within the autism spectrum disorder, he is 10 and loves being on the computer, but finds it hard to just sit on a chair and sit still. He will twirl the chair on one leg, rock back and forth, and whatever else he can find to do with it. We have gone through a couple of chairs. I came up with the solution to two problems. My son is also on medication that has made him gain some weight which he is struggling with. I was looking to buy an exercise ball for myself at my computer, because I had read that by doing that you will strengthen your inner core muscles. So I thought it would be great for me, but then before I even got to use it I thought what a great idea for a chair for my son. And it has worked out wonderfully. He can roll back and forth in the living room, the chair can move all the time and not break anything and he is also getting some great exercise and has lost a couple pounds just having the ball for a month. I don’t know why I never thought of this before but I sure wish I would have. So anyway, that’s what’s worked for me to get rid of some of that excess energy that my son has.

Lorrie.

10:27AM (-07:00)
Are there any connections between ADHD children and those with Aspe...

Question

Are there any connections between ADHD children and those with Asperger’s Syndrome? My child is diagnosed with ADHD, but he seems to cross over a bit with weak social skills and emotional behaviour. How do you determine what is ADHD and what is Asperger’s?

Answer

The symptoms of Attention Deficit Hyperactivity Disorder (ADHD) and Asperger’s Syndrome do mimic one another, and there are some connections between ADHD and Asperger’s. In fact, there are dual diagnoses of ADHD and Asperger’s Syndrome in many cases. Both of these diagnoses are developmental disorders; they share many of the same behavioural features and both affect children in the areas of behaviour, communication, and social interaction. As a result, there is often some confusion as to which disorder(s) is present. Medical, mental health, and educational professionals need to be trained to differentiate between the disorders and diagnose the correct one.

Here is a list of the behaviours seen in Autism/Asperger’s Syndrome and Attention-Deficit Hyperactivity Disorder:

Autism / Asperger’s Syndrome Difficulty interacting with peers Fearlessness; feelings of invincibility Temper tantrums without provocation Inappropriate laughter

Resistant to intimacy

Physical over-activity or lack of physical activity Minimal eye contact

Impulsive work effort that results in mistakes
Inconsistent fine motor skills

Attention-Deficit Hyperactivity Disorder Disruptive with others; cannot talk or play quietly Impatient; does not want to wait

Risk taker; willingly becomes involved in potentially dangerous activities

Exhibits severe temper tantrums

Interrupts others; talks and/or acts inappropriately Resistant to intimacy during younger years Constantly active

Inattentive; has difficulty listening or conversing

Avoids attending to details; makes mistakes in work activities.

Both ADHD and Asperger's Syndrome Problems with gross/fine motor skills Behavior driven by impulses

Difficulty with appropriate emotional responses.

09:40AM (-07:00)

Q & A on Autism

Question

Hi- I have a 5 year old son that has autism he doesn't like to sleep in his own bed. We have tried everything. It's frustrating because he will continue to come into my bed and that is very difficult to deal with. If we try to put him in
his bed it will trigger an outburst and it will last well into the night. Which makes us very tired and emotionally drain. How do I transition him back into his bed and help him understand he has to stay there and he can't sleep in my bed. Now that he is getting older and bigger it's very difficult.

Answer

Routine is key backed up by social story/Pecs or some kind of visual cue. For example the routine could be story - bath - hot drink - bed. The social story could feature his favorite cartoon character, animal or something like that. Then it's down to good old fashioned perseverance with the routine rigidly every night - and you should see change.

Question

My son refuses to do what is asked of him at school. He has days where he completely shuts down and will not write or perform math assignments. The school is trying to make accommodations for him, yet he refuses to even try. They hear, and we hear come homework time, that it's too hard or the answer is zero. We are very frustrated and don't know how to move him past this.

We believe it is attitude. He also has lots of fine motor issues. Penmanship is very poor as is spelling. He cannot tie shoes, button buttons or snap snaps cut with scissors...
I thought we were making progress with school when we got some assistive technology and then I come to find out they were still expecting him to write it before typing...he perseverates on Star Wars and the teacher says he is being silly. He puts his head down during math time. He has had a very difficult time learning his math facts—can solve them with strategies but if he can't do a problem immediately he melts down, at least at home. At school he puts his head down and refuses to even try the work. He is extremely inflexible and very easily frustrated. I don't know if this helps, but this is our biggest hurdle yet to overcome.

Answer

It's possible he may be overwhelmed by the sheer volume of work clumped together. Has anyone tried breaking work down into bite sized chunks for him as they may be more
beneficial. Equally dependent on his age and how appropriate this is - can the teachers or yourselves hone in on the Star Wars thing as a positive? So use this in Maths, English, Geography - in fact most subjects you could slant with a Star Wars angle to improve his interest and ability in them.

He may well have a "mental block" on maths for example but I bet he doesn't have such a block if maths can be presented with Star Wars (e.g. measuring angles of the Millennium Falcon to the Death Star, or working out percentages of stormtroopers killed in Return of The Jedi etc.)

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Question

I have an 11yr old - year 6 at school. I recently had a meeting with his class teacher and she is having trouble getting him to complete class tasks. He is obsessed with reading (which he does during class time instead of listening) then gets extremely upset because he does not know what is going on in the classroom. I have told the teacher to use this as a reward for completing work which she is doing but he will often just sit at his desk and not do anything for each subjects class task (e.g. complete so many maths questions). I have suggested we draw up a contract (visual) and get him to sign it and refer him to this when he is off task. My question is do you have any resources or previous experience with such a contract which may help us get it right? And give us ideas on how to construct one. The teacher is extremely helpful and willing to do whatever I suggest.

Answer

It needs to be in clear "black and white" language with no ambiguity. He needs to be involved in it as much as possible (but clearly within certain boundaries of what it's actually there for - no point in a contract that says "Johnny has 10 ice creams each school day" just because that's what he wants")! It could be themed in line with tastes - check out this sample dinosaur contract (not for exactly the same purpose but to give you an idea): http://www.gigglepotz.com/dino.pdf

Also a contract is only as useful if it is regularly re-visited - by both you and each teacher (daily would be best).
Aspergers & Game Addiction

Question

I have a partner and many family members with Asperger’s, but the worst affected is 19. He has very limited social skills, his eating pattern is poor, and so is his sleeping pattern. But he is addicted to a game on his computer. How do we as parents encourage him to spend less time on the computer, eat better, and sleep more?

Answer

Playing electronic games provides repetition, consistency, and security in his life. Also, electronic games are predictable. He can count on the same actions and results every time he plays the games. People with Asperger’s Syndrome want to feel safe and secure in their activities. The electronic games allow him to follow predetermined rules that result in predictable outcomes.

It sounds like your son is concentrating on electronic games at the expense of his health. He spends time in front of a video screen that could be better spent learning new eating habits and practicing better sleeping patterns.

Check into Asperger’s support groups for your son; there might be one in your local area. Support groups give advice on daily living skills and healthy lifestyles. Encourage your son to join one of these groups; he will meet people who are his age and may be experiencing similar difficulties with Asperger’s Syndrome. In addition to information, a support group can give your son the opportunity to talk about his feelings about Asperger’s and the help necessary for him to cope with adult responsibilities.

Another resource for your son is an Asperger’s specialist who can inform and teach your son social skills. A specialist, such as a psychiatrist, might prescribe Melatonin, which will help your son sleep better at night.
Your son is in his late teens, and he is fast approaching adulthood. You can use reasoning and negotiation instead of rules and orders. However, if the excessive computer use continues, you might need to move it into a room that restricts his access to it. Also, the computer can be used as a reward if your son tries new foods and establishes a regular pattern of sleep. Although your son is getting older, there are rules that are still effective in changing his behaviour; you should establish those rules in your household.

In terms of nutrition, many autistic children suffer from food allergies, overgrowth of intestinal yeast, and sensitivity to sugar and dairy products. Consult a doctor to see if your son needs to adjust his diet. Changing your son's diet to wheat-free, dairy-free, and sugar-free products requires patience because people with Asperger's can be very strong-willed, and implementing change can be difficult for both of you. See if other family members will adopt a diet similar to your son's; this will make him feel integrated into the family. Also, read diet books, look into websites, and read advice from nutritionists.

Your son's sleep patterns can be changed with consistent hours. He needs to establish a time that he will go to bed each evening and get up each morning. If he complains that he cannot get to sleep or wake up at a given time, tell him that there are parts of our bodies called circadian rhythms, and they help our bodies rest. If your son can get to bed at a specific time several nights in a row, the circadian rhythms in his body will reset and help him go to sleep and wake up at a given time each evening and morning. Remove all distractions from his bedroom to help him concentrate on rest and sleep.

06:26AM (-07:00)

**Aspergers & Split Personality**

**Question**

Is it common for a child with Asperger's to have a split personality? My son is a really good kid at school, but
then a complete monster at home. Is this normal?

Answer

Asperger’s Syndrome is known to manifest itself differently with different children. Also, children with Asperger’s Syndrome may react differently to various situations depending on their individual personalities. Your child may feel more comfortable with the familiar surroundings at home, and feel freer to act out more at home than in public, where he is surrounded by strangers and in a less familiar environment. The stress of school may be relieved by a “meltdown” or other difficult behaviour at home. This is a common occurrence.

Dr. Tony Attwood, a clinical psychologist, is a world renowned expert on Asperger’s Syndrome. Here is what he says about split personality and Asperger’s. “Quite a few children with Asperger’s Syndrome are Dr. Jeckylls and Mr. Hydes. They are saints at school, but they soak up the anguish, then squeeze it out on their brothers and sisters when they get home. We do not know why this happens…”

Asperger’s is treated in two ways, and both of them help manage the anxiety that accompanies this illness. The first is cognitive psychology, and the second is prescription medication. The first thing you need to do in order to help your son is to find a psychiatrist or psychologist who specializes in Asperger’s Syndrome. This specialist will be able to help your son. He or she will help you and your son discover the reasons behind his behavioral changes.

In addition, a specialist will help you do two things:

1. Modify the situation or the environment in which he lives to reduce difficult behaviour;

2. Create interventions for handling your son’s anxiety.

Please don’t be intimidated. Changes don’t have to be complex or unmanageable. The changes you need to make might just involve changing lighting to a lower level, adjusting sound levels in your home, or creating a new schedule.

If initial interventions do not help, a psychiatrist can prescribe medications which will provide your son with the help he needs. It’s important to note that psychotropic (mood-altering) drugs like Zoloft or Prozac can help
children, but they can also cause serious problems for children. If the psychiatrist prescribes medication, ask about dosage levels and, more importantly, side effects. Just about all drugs have side effects, and it’s important for you to know about them so you know what to expect. You know your son better than anyone else; ask yourself if he can handle side effects like nausea, hypersensitivity, or prolonged sleepiness. These are all possible, depending on the medication prescribed.

05:48AM (-07:00)

Aspergers & Curfew Violation

Question

My 21 year old is staying out all night and not telling us where he has been. I am worried as he is not really “street wise” and probably at big risk.

Answer

Those with Asperger’s have a lot of difficulty recognizing when someone is lying to them, using them for their own purposes, or befriending them in order to get them involved in inappropriate activities. Many Asperger’s teens and adults are surprised that someone would even try to take advantage of them. While they understand if something is true or false, they cannot understand why someone would use the truth to create lies, say one thing but mean something else, or believe something that is not true.

The slow or confused processing of emotions many Aspies experience can impede awareness of dangerous situations and stop rational thought. The emotional warning signs that are meant to protect them from difficult or harmful situations may malfunction, or work so slowly that they lose effectiveness. This means that Aspies are less prepared to defend themselves verbally or physically in an argument or conflict or say “No” to inappropriate activities. Consequently, your son, even though he is an adult, may fall victim to exploitation or worse through no fault of his own.
Even though he is an adult, you must still try to protect your socially naïve son as he is not ready for the same amount of freedom as other adults. Does he have a trustworthy friend or relative (a cousin, perhaps) who could help him by going out with him and keeping him out of trouble?

This person can try to help him understand that many people act friendly, but may want to get him involved in foolish or dangerous activities. Also, this person could help him get involved in clubs or groups in which he will meet responsible friends.

Counselling is definitely called for in this situation. You and a counsellor may be able to convince your son to tell you what is going on when he is outside the home. Also, he needs to tell you when “friends” want him to do something wrong or dangerous. Convince him that by doing so he is doing the right thing, obeying the law, and keeping himself and others safe.

It is probably a good idea to put your name on all his bank accounts so that both of you must agree before he can access his money.

Sit down with your son and have a long talk about what he shouldn’t do when he is with friends, including inappropriate sexual activity, criminal activity, take drugs, drink, drive after drinking, and so forth. Make it very clear to him the negative consequences of doing each of these things, in very specific terms. Make it clear that he must not engage in these activities even to gain the friendship of others.

One of the good things for young people with Aspergers in this situation is that they can be very “black and white” in sticking to rules. So if you can emphasise some of the laws around certain behaviors e.g. petty crime, certain sexual behaviours, use of alcohol/drugs etc. you have a much better chance of compliance than with non-Aspie teens. In such situations quite rigid thinking can be a good thing if it helps to keep your son on the “straight and narrow”.

You should also consider the possibility of a group home or assisted living situation for your son to help him learn to become independent and act responsibly.
Aspergers & Impulse Control

Question
My son will strip off at times and swear – how can I stop these behaviors?

Answer
Because of an inability to control impulses, understand appropriate and inappropriate behavior, and empathize with others' feelings, as well as experiencing nearly constant frustration in dealing with daily life, children with Asperger's often behave inappropriately at home or in public. Stripping off is particularly inappropriate and is something about which you must be direct and forceful. Your son may refuse to accept that his behavior must change, in which case he will not respond to the suggestions that follow. If so, counselling is appropriate. You can use the techniques below for both stripping and swearing.

Sit down and have a talk with your son. Establish firm rules for his behavior; let him know that stripping and swearing at home or in public are inappropriate and disrespectful of others. Ask him why he does these things. He may respond by saying that he gets frustrated or angry when certain situations occur. If you can address the situations, you may be able to find ways for him to avoid them or handle them more appropriately.

Behavior modification techniques can be effective. Make two firm rules. “No stripping off.” “No swearing. {List the swear words he is not to use.}” Make a chart of the rules. List a consequence for each day he strips off or swears. Choose a consequence that deprives him, for one day, of something he loves to do, perhaps watch TV or use the computer. List a reward for each day that he follows the two rules. You might consider extra TV or computer time, money (don’t offer too much per day), or a special privilege after he goes for 7 days (they don’t have to be consecutive) without breaking the rules. If this plan does not work, increase the consequences by depriving him for two days when he breaks the rules.

If your son does not respond to your attempts to teach him to stop these behaviors, I recommend immediate psychological counselling. If he strips off in public, he could be arrested and jailed, which you want to avoid. Besides helping him control these behaviors, a counselor will help him handle frustration and anger in ways that are appropriate for his age.
Aspergers Kids & Bullying

Question

My son is being home-schooled this year because of the bullying that went on in his public school class. How can Asperger’s kids be helped with bullying or, even better, get it stopped in the first place?

Answer

Unfortunately, the majority of children with Asperger’s Syndrome experience bullying or victimization at school. There are many reasons for this, but mainly it is because children with Asperger’s stand out from typically developing students due to their problems in social situations. Children who bully are socially savvy and are able to keep from getting caught, which makes bullying difficult to spot and stop. Students with Aspergers have a low social IQ, so they either do not notice the bullying, retaliate, or get the blame for it shifted onto them! It is the responsibility of adults, parents and teachers, to address this issue.

Your decision to homeschool your son is a wise one in this situation. Be sure that he knows he must tell you right away when he is bullied. Warn him against being aggressive or provoking the bully. Help him practice being assertive and not showing fear. Encourage your child to stick with friends at all times when he is away from home. Also warn him against trying to appease the bully, for example, if the bully says he should steal something and then they’ll be friends, your son should be taught how to say no.

The myth of the “overprotective mother” in this case is bogus; parents and professionals must assume a “protective” role with Asperger’s children. These children are extremely vulnerable and independence should be introduced gradually, in controlled, non-threatening situations.

Your next step is to see if anti-bullying laws exist in your country or state and get a copy of the law. Your child’s rights are contained in these laws. Many states have anti-bullying laws that should contain the following:

1) The word “bullying” must be used in the bill/law/statutes
and the law must mandate programs, using the word “shall.” Some other words used are, “hate crimes” harassment, discrimination, or intimidation.

2) The law must be an anti-bullying law, not a school safety law. Anti-bullying laws discuss individual student

3) There must be definitions of bullying and harassment. Any child can be a bullying victim and all children should be protected.

4) There should be recommendations on how the policy will be implemented. Log on to: www.bullypolice.org/wa_law.html for more information.

5) An effective law involves education specialists at all levels, i.e.; the State Superintendent of Education’s office, school district and school personnel, parents and students.

6) Laws should include a date by which policies must be in effect.

7) There must be consequences for reprisal, retaliation, or false accusations and procedures for reporting bullying anonymously.

8) There must be school district protection against lawsuits. Parents of bullies should know that they can be sued for their child’s behavior and school districts should know that they can be sued if they fail to comply with anti-bullying law.

Next, make an appointment with the school principal to see a copy of the school’s anti-bullying policy. The vast majority of schools have disciplinary policies to address this type of misconduct. Explain what happened to your child and demand to know what steps are being taken so that your child can return to school without harassment. If the school principal refuses to cooperate with you to get bullying in the school stopped, speak to the School Board, publicly stating what is happening. You will get a response! If you know of other bullying victims, get their parents to work with you. If the school district still won’t cooperate, get a child advocate or attorney and take steps to see that they do.

Notify the police if your child is assaulted. Get a restraining order so that a bully is required by law to have
How do I help my 12 year old son to come to terms with his diagnosis...

Question

How do I help my 12 year old son to come to terms with his diagnosis and help him understand that it is not the end of the world?

Answer

Asperger’s Syndrome is a form of autism; those who have it experience various symptoms, exhibiting a range of behaviors. People with Aspergers have a different way of thinking, concentrating on special interests. Many people with Aspergers can speak eloquently and have extraordinary abilities in engineering, computer science, and systematic thinking, yet have serious difficulties with social interaction and functioning in the world. However, Asperger’s is not the end of world; it is treatable. It is very normal for your son (and you) to react with sadness, self pity, anger, or depression when you receive the diagnosis. You are mourning the life you thought you were going to have. But that does not mean that you won’t have a good life; it will just be different.

If your son is willing, discuss with him his diagnosis and your plans to help him. Reassure him that he will do fine. If he cannot get over his sadness and anger, get him into counselling. Once properly diagnosed, reassured, and treated, he will feel much happier and more optimistic.

Start now to educate yourself and your son. There are tons of books available for adults, children, and teens that explain Asperger’s and provide information and help. Read a book and discuss it together. Then, get online and start researching Asperger’s symptoms and treatments. There is a wealth of information on this site!
Become involved in the forum on this site. Also find a support group in your area. Other parents will provide moral support and comfort. Your son may enjoy talking with other children with Aspergers online. Be sure to monitor the sites he visits to make sure they are appropriate for him.

I want your son to know that having Asperger’s is not the end of the world. It creates difficulties in the social sphere, yes. But special interests can lead to career skills, and, in some cases, to career success. Good social skills can be learned over time. With reinforcement and guidance from loving people; progress is possible. With knowledge and support from parents, teachers, mentors, medical professionals, and peers, the inner strengths of these special people shine, adding uniqueness to our world.

10:20AM (-07:00)

**Asperger’s & Depression**

**Question**

Can you tell me about Asperger’s and depression?

**Answer**

Children with Asperger’s have difficulty verbalizing their feelings and thoughts. This can be misinterpreted by some and can lead to the assumption that because these thoughts and feelings aren’t verbalized, that they don’t exist. Often, the opposite is true. Many children with Asperger’s have an overwhelming number of thoughts and feelings that go unexpressed. This inability to express feelings can lead to depression.

Children with Asperger’s often find school a challenging environment. Difficulty with social interaction can lead to a child feeling isolated and friendless, especially during the tumultuous teenage years. Those feelings of isolation and confusion can lead to depression. This can be compounded by an inability to express the feelings of depression to
Learning to cope with these feelings is an important part of learning to cope with Asperger’s syndrome. In his book, “Helping Children Overcome Depression and Anxiety: A Practical Guide,” Kenneth W. Merrell outlines some clear cut and creative strategies for helping your child’s teachers and counsellors deal with depression. By utilizing some of Mr. Merrell’s intervention methods and strategies, school personnel can work with you and your child to help recognize signs of depression and to help your child overcome it.

Since depression in children with Asperger’s is often linked to feelings of isolation and frustration with not being able to express himself, it’s important for parents to understand that while children with Asperger’s don’t necessarily express their feeling, that doesn’t mean that they don’t have them. Talk with your child about how he might be feeling about his social relationships with others. Try to give him the words to use, such as mad, sad, frustrated and angry. By giving him those words and trying to help him differentiate those words and identify those feelings, you can help him develop his voice while expressing his emotions. You may not be able to make his social relationships smoother for him, but you can try to get him to understand that his feelings surrounding those relationships are valid.

Talking to your child with Asperger’s about emotions can be a frustrating experience for you, but the benefits will hopefully outweigh the frustrations you are dealing with. It’s also helpful for you to understand the warning signs of depression. Watch for behavioral changes that might indicate depression in your child. Is he more easily frustrated? Is he giving up on his social relationships? Has he lost interest in things that typically gave him pleasure? Does he have difficulty sleeping? Has he gained or lost a significant amount of weight?

If you notice unusual changes, speak with your child’s doctor about the possibility of depression and possible treatments.
How can I help my son to better manage his frustrations?

Question

How can I help my son to better manage his frustrations? Answer

Children with Asperger’s are easily frustrated. For the, living in the world can be confusing and they need to have someone there to translate and explain every day events to them. One of the best things you can do with your child with Asperger’s is to help him learn to identify his feelings and emotions, and then teach him how to cope with those same feelings.

Tony Attwood has developed a cognitive behaviour therapy program which he outlines in his book, “Exploring Feelings: Cognitive Behaviour Therapy to Manage Anger (Anxiety).”

The program is designed to keep the interest of the children while encouraging the cognitive control of emotions. The program was designed as an anger management program for children with Asperger’s, so the needs of children with Asperger’s are addressed in the program.

The program is designed to help children identify feelings and emotions and then discusses appropriate responses to those feelings and emotions. The program does not have to be implemented by someone with a background in cognitive behavior therapy. A teacher or a parent could use this program effectively.

Remember that your child with Asperger’s is also a child, not simply a child with Asperger’s. All children get frustrated and all children need to learn to manage those frustrations. All parents deal with teaching their children
appropriate ways to behave and appropriate ways to deal with anger and frustration. For a child with Asperger’s, the challenge is to communicate effectively and to try not to get frustrated yourself.

If your child is a teenager, remember that all teenagers struggle with testing limits, learning to make their own decisions, and learning to function independently. All teenagers struggle with making and keeping friends, with finding success at school, and even with the development of romantic relationships. Your child may be more or less frustrated than a neurotypical child, but he may not have the skills to handle those frustrations.

Set appropriate limits while trying to give your child some leeway to function independently. That is a difficult task for any parent. Allow your child the ability to express his frustrations in appropriate ways and ensure that he understands what is appropriate. As a parent, you can model and teach appropriate ways of coping. Often, a program such as Tony Attwood’s can help ensure that you find an effective way to communicate these skills to your child.

07:56AM (-07:00)

Succeeding in College with Asperger Syndrome

Question

My adult son is doing wonderful at college managing his courses and his job. This past year he has even been developing new friendships. However, he is not managing his finances well. For a while he only had to pay for his car payment and insurance. Now, he has also accumulated some credit cards and short-term loans. While he lives away at school, his mail and bills come here—so I’ve been checking his mail. He has not been paying his bills on time—I’ve had to make some payments for him. He knows that I am holding him accountable to reimburse me. How can I help him develop an organized budget system, while at the same time not offending him and turning him away from us? It’s been difficult to get him to answer our phone calls and emails, and maintain that delicate balance of discussing these
problems while maintaining our nice parent/son relationship. I’d appreciate any advice or resources for this.

Answer

Congratulations on raising a well-adjusted, successful adult. Leaving home, managing college courses, a job and developing new friends are all huge accomplishments for a person with Asperger’s Syndrome. These types of life changes can be overwhelming for any young adult.

Going away to college creates feelings of newfound independence. It is normal for your son to pull away a bit as he finds his own way. Balancing this independence with the need for parental guidance may be difficult for all of you. Assure your son that it is still your job to support him through life, no matter how old he is. While you are willing to help in any way, you will expect him to take full control of his financial situation, just as he has taken control of the other areas of his life. Paying his late bills for him will keep his credit report in good shape, but he will not learn to manage his money this way.

One way you can help from a distance is to find a good computer bookkeeping program. These programs make budgeting and bill paying quick and easy. Use the program yourself and recommend it to him. This will help the encounter seem more equal—a genuine product review rather than a parent-to-child demand. Encourage him to share this new information with any friends who may be struggling with their finances. This is a common problem for college kids everywhere. Sometimes the freedom is just overwhelming. Once he has come up with a solution for his financial struggles, make sure he budgets for the money he owes on those late bills you paid. Live and learn, right?

There are many things to learn at college other than that major being pursued. This time of life can be stressful for the student and the family. It is difficult to make life changes and they seldom go perfectly. The book “Succeeding in College with Asperger Syndrome: A Student Guide” by John Harpur, Maria Lawlor and Michael Fitzgerald - will be a helpful guide that your son can refer to as often as necessary.

This book will answer many questions regarding life as a college student with Asperger’s. Covering concepts such as studying, peer interaction, household chores, relationships and time management, this title takes on all aspects of life
Aspergers & Peer Rejection

Question

I need to help my child deal with friends and rejection of friends. I want to be able to help my son fit in with his peers.

Answer

Everybody wants friends. Friendships are what make us who we are developmentally, emotionally, and intellectually. It starts when we’re babies. Parents sit mesmerized, waiting for the baby to make eye contact, smile, and coo. It’s the beginning of real, social connection. From that moment, life is all about friends.

As little children, we spend most of our time trying to make and keep friends. The early years of school continue to focus primarily on friendships, emphasizing socialization over academics. Yet, children with Asperger’s Syndrome have genuine struggles making friends and keeping them. This sets the stage for most of the obvious problems related to Asperger’s.

Your son should know that you are an available support for him when things happen that are beyond his control. Asperger’s kids need structured, step-by-step guidelines to help them in sticky situations. You can set up a plan for him to use when dealing with his friends and peers.

Use your son’s specific friendships to draw out your guidelines. If he has a friend who is happy to play, but acts differently when others are around, he needs a plan of action on how to handle the situation. This can be pretty typical behavior for kids when they fall into social cliques. Help him make a list of “if-then” actions.
• If my friend is happy to play, then we’ll play together on the swings.

• If my friend calls me names in front of other kids, then I will play with someone else or tell my teacher.

• If my friend acts like he doesn’t know me, then I will tell him I don’t like how he is treating me.

Another example could be time on the playground. Lay out the guidelines of acceptable behavior on the playground. Give him examples of problems that may arise and write out guidelines on how to deal with these issues. With practice your son will be able to replay his guidelines in his mind and put them into action.

• If a kid bullies you on the playground, tell the teacher as soon as possible.

• If a teacher doesn’t help you with a bully on the playground, tell another adult you trust as soon as you can.

• If the kids try to skip your turn on the slide, calmly tell them it is your turn.

Rejection is tough for all of us. There will be times when your son will be rejected. It may be that his Asperger’s has nothing to do with the rejection. You can still have guidelines for dealing with rejection. He should know what appropriate behavior is for a person who has been rejected. Reassure him that this is normal and that everyone suffers from rejection at some point in life.

A book that may help your situation is “The Friendship Factor: Helping Our Children Navigate Their Social World and Why It Matters for Their Success and Happiness” by Kenneth Rubin, Ph.D. and Andrea Thompson.

04:30PM (-07:00)
Aspergers Children & Anger Control

Parents of Aspergers kids are faced with many behavior problems such as aggression and violent behavior, anger, depression and many other inappropriate behaviors. However, parents can overcome these issues much easier with the correct techniques.

Part of the problem stems from a conflict between longings for social contact and an inability to be social in ways that attract friendships and relationships.

Focus on prevention and on helping Aspergers children develop communication skills and develop a healthy self-esteem. These things can create the ability to develop relationships and friendships, lessening the chances of having issues with anger.

Anger can also come in Aspergers sufferers when rituals can't get accomplished or when their need for order or symmetry can't be met. Frustration over what doesn't usually bother others can lead to anger and sometimes, violent outbursts.

This kind of anger is best handled through cognitive-behavioral therapy that focuses on maintaining control in spite of the frustration of not having their needs met.

While it is better to teach communication skills and self-esteem to the Aspergers children, communication skills and friendship skills can be taught to teens or even adults, which can eliminate some of the social isolation they feel. This can avert or reverse anger symptoms.

There are many sources of stress for children and adolescents with Aspergers. Some will react to this by becoming anxious, some by feeling depressed, while others become angry, and rage against the frustrating incidents in their day.

Some individuals internalize their feelings and tend to blame others when things go wrong. Those who externalize their feelings have great difficulty in controlling their temper.

There may be no particular rationalization or focus – just an aggressive mood or an excessive reaction to frustration or provocation. The provocation can be deliberate teasing by other children, or being "set up" as a form of live theater enjoyed by the children who do not get into trouble.

Children with Asperger's seem to evoke either the maternal or the predatory instinct in others. Children with this syndrome often lack subtlety in retaliating. Other children would wait for an appropriate moment to respond without being caught.

The child with Asperger's can also lack sufficient empathy and self-control to moderate the degree of injury. They are in a blind fury that gets them into trouble. The teacher sees the child being aggressive and may not be aware of the taunts that precipitated the anger.
It is useful to use strategies to help the child understand the nature and expression of specific feelings, particularly anger. It is also useful to encourage self-control, and to teach the child to consider alternative options.

08:33AM (-07:00)

Aspergers Kids & Exercise

Physical education classes are usually a nightmare for a child with Asperger Syndrome. Most have awkward gaits and cannot run fast. Their poor motor coordination means they cannot throw or catch balls, balance themselves, or master movements like hopping or skipping.

Besides being unable to perform most activities required in gym class, some Aspergers kids may be overwhelmed by the smell of the locker room. The coach's whistle and the yelling in the swimming pool may be painful to the ears. Others cannot stand to take showers. Many Aspergers kids are unable to button themselves or tie their shoelaces without help.

Aspergers kids often have trouble following a gym teacher's spoken directions, especially if there is more than one part to them, such as "Choose a partner and line up against the wall." They may be unable to imitate the teacher's motor activity, especially if it is modeled as a mirror image.

Competitive sports often cause trouble, because Aspergers kids can be extremely rule-oriented. They may have rigid ideas about how a game should be played and be unable to "change course midstream." They may tantrum if they are not first at bat, or if their team loses.

Finally and most importantly, Aspergers kids with high pain tolerance can be injured in sports and not report it to their school teachers. There have been many stories of Aspergers kids with broken arms and legs who went on playing the game.

For all these reasons, many moms & dads of Aspergers kids often request "Adapted Physical Education." These are special classes with activities appropriate for their child's special needs. Some schools will allow moms & dads to substitute participation in outside activities such as bowling for attendance in gym classes.

Many Aspergers kids do not like "roughhouse." They may have fears of playground equipment. Many prefer sedentary activities and like to play alone. For example, one four-year-old with Aspergers spends all day quietly lining up his toy cars to match the sequence in his mother's car pool line at school. This means it can be hard for moms &
dads to get their kids to exercise.

Many moms & dads hire physical therapists to work with their kids individually at home. Some report that a little "rough house" helps their child not only physically but also socially. You can also purchase special equipment for "proprioception training" over the Internet. After-school programs at the YMCA or individual sports like karate and swimming are good choices for Aspergers kids. Another simple strategy is to have your child do physical chores such as making his bed or running upstairs to fetch a toy - anything that gets him moving physically is helpful.

07:59AM (-07:00)

Aspergers Kids with Sleep Issues

Kids with Aspergers are often hard to put to bed. They may sleepwalk or have problems staying asleep. Some sleep too much, others too little.

The reasons Aspergers kids have trouble falling asleep are:

• compulsions such as hand-washing or fiddling with their lights
• fears
• obsessive thoughts
• reactions to medications
• wanting to stay up with their parents and siblings

Just as they are too restless to go to bed, Aspergers kids often have trouble waking up. They will mope around in the morning and be unable to focus on getting ready for school and other chores.

A youngster's sleep problems can affect his parents' marriage. Most therapists tell moms & dads not to let the youngster sleep in their bed, and to take turns getting up with him. That way each parent gets a full night's sleep every other night. It is best to teach the youngster to stay in his bed and not wander around the house. Also, do not allow him to skip school because he missed sleep.

Some moms & dads enforce a strict bedtime and a regular bedtime routine as a way of calming their youngster for sleep. Another good trick is to use flannel sheets and to experiment with pajama fabrics until you find one that your youngster tolerates. Enclosing the youngster in a sleeping bag or under a bed tent can help. So does playing "white noise" in the background (e.g., run a fan).

Your pediatrician may prescribe sleeping pills such as Sonata, Ambien, Desyrel or Serzone.
Treats/Gifts for Kids with Aspergers—

Are you stuck trying to figure out what to give your youngster with Aspergers for a birthday or holiday treat? Wondering whether, if you give your youngster more treats related to his or her passion, you are just encouraging traits that cause trouble for him or her in school?

Relax. Birthdays and holidays are not the time to try to fix other people. These celebrations are all about unconditional love - appreciating people for who they are now, regardless of the world's expectations. And as moms & dads we all know how to do that, because no matter how difficult or problematic our kids appear to others, and no matter how exhausted we are at the end of the day, we still love our kids just the way they are. So take a deep breath and do something that may prove surprisingly rewarding - give them what they ask for, as long as it is age-appropriate, within your budget, and represents positive rather than negative values (e.g. don't give video games which glorify violence). And then go one step farther, even if it seems like a monumental task. Give them the treat of your time and understanding, because to your youngster, even a teen, that is the best treat of all.

In the case of a youngster with Aspergers, this can be a more challenging task than with other kids, because you will need to meet them on their own ground; in other words, you need to show them that you take a real interest in their special interest. "What?" says the overburdened mom or dad, "I don't have the time or energy to learn about dinosaurs, or architecture of Medieval Europe, or crocodiles, or computer technology (or whatever the passion may be). But now is the time to make time, and to learn to speak your youngster's language, to demonstrate your love for him or her. When Monty Roberts (author of The Man Who Listens to Horses) talks about gaining the trust and affection of a horse, especially a difficult or untrained horse, he talks about observing the horse, learning his language, which he calls "Equus", and then speaking that language back to the horse through nonverbal communication that is meaningful for the horse. Our kids are more complex beings, but similar to the challenging horses that Monty Roberts worked with, they need extra support to build trust and affectionate bonds with others. Because they have a harder time reaching out to others socially, they need someone to reach out to them who can speak their language, and understand what is most exciting to them. A mom or dad is the very best person to fill that need.

This task is not as daunting as it may seem. Think about your youngster's passion for awhile, and you will find that you can find an interest of your own in some aspect of it. For instance, if you are an artist, you might paint landscapes for the dinosaurs, or pictures including medieval architecture. If you are interested in languages, then you can learn
how computer languages are similar to and different from languages that we speak. Or perhaps you have a collection of stamps or coins or travel souvenirs; you could focus on collecting these items from countries where different types of crocodiles live (did you know that there are 23 different crocodilian species?). Well, you get the point.

But at a more serious and important level, you will be experiencing a twinge of happiness at the delight in your youngster's eyes when you open a present that is a book of medieval cathedrals, or crocodiles of the world, or whatever his or her passion may be, and you exclaim to your youngster, "Now I can learn more about what you know so much about!" Finding your own aspect of his interest to appreciate is important, because you must take the time to demonstrate a genuine interest in his or her subject; the bright youngster with Aspergers will see right through any pretence on your part. Then take the time to develop this interest alongside your youngster, sharing your aspect of this interest with him or her by making time for conversations, collecting materials relevant to the shared topic, proposing field trips or even watching documentaries on the subject together. As you share your enthusiasm with your youngster, his or her interests may broaden to include yours; or yours may broaden to include his or hers! In either case, you will be having more and longer conversations with your youngster, and sharing a growing mutual interest. You might learn a lot, not only about the subject, but also about your youngster.

What aspects of the subject does your youngster find really fascinating? One youngster was fascinated with horses at an early age, but seemed averse to riding them. It turned out that he had a strong aesthetic sense of the beauty of horses in motion; he later became a gifted artist. His family supported and encouraged his development as an artist because they understood the true nature of his interests early on. An older teenager developed a passion for learning about trees, but in fact what he loved most was the peaceful solitude and lack of criticism he experienced when he was alone in the forest. Studying trees when he couldn't be in the forest was a way to reconnect to that powerful, peaceful experience. His family might have tried to create a more peaceful environment at home, or tried to criticize his social behavior less harshly if they had understood his interest better.

Discerning true needs and wants: giving the right treats to your youngster and yourself.

How should you discern the true nature of your youngster's passionate interests, before you go shopping? Spend time, even just fifteen minutes a day for two or three days, relaxing with a cup of tea or coffee while you sit near your youngster and quietly observe how he or she spends the time pursuing these interests. What does he or she focus on? Remembering that kids with Aspergers are often oriented visually, be alert to visual images which seem to please your youngster. If your youngster likes cars, for instance, and uses the computer to access images, is it the mechanical design of the cars, or comparing their relative speeds in races, or the landscapes that the cars travel through in video games that are most exciting?

Sometimes the passionate focus seems to transfer inexplicably from one interest to another, but that might be the moment of insight for you - the moment when you can see what is similar between the two different topics. For example, a youngster successively
interested in dinosaurs, crocodiles, sharks, and medieval knights might really be most interested in fierce defensive behavior and protective armor. A teenage girl interested in Queen Elizabeth the First, National Velvet and horseback riding, and women explorers and scientists might be seeking stories of female empowerment. Remember that you can always ask your youngster directly what he or she most wants. Kids with Aspergers like life to be predictable, even, or perhaps especially, during the celebration times such as holidays.

Then consider your own needs carefully. If time for solitary relaxation and creative self-expression are high on your list, perhaps you can connect with your youngster and his or her interest by taking time to use your art to create images related to his or her interest area. If you need to get out more, perhaps scheduling some field trips to explore your youngster's passionate interest in a topic, while allowing your youngster the choice of where to go, would create a happy time for both of you. Just planning the trips can be a source of conversation and contentment. Finding time to browse in a bookstore when family members have gift cards enabling each person to choose a favorite book or two is a favorite activity in our family. Take a few moments for yourself for silent relaxation, and after you've allowed the thoughts to settle, write down your needs, and prioritize them. What treat can you give yourself that is also a treat to your youngster?

Remember that the objective of giving these treats, and the real goal of birthday celebrations and the holidays, is to open the channels of unconditional love, and to share that love through communication in a spirit of celebration, and new understanding.

10:27AM (-07:00)

Denying the Diagnosis of Aspergers—

Anosognosia means denying that you have a medically diagnosed condition and not following doctors' orders. Kids with Aspergers, diabetes, alcoholism and bi-polar disorder commonly react with anosognosia. Diabetic adolescents typically go through several hospitalizations and insulin crises before they accept the fact that they will have to spend the rest of their lives monitoring their blood sugars, injecting insulin and following a special diet. No one, especially teens, wants to accept the idea of a lifelong disorder that makes him or her different from peers. They often take three to five years to process a diagnosis such as diabetes or Aspergers.

Anosognosia is an "aggressive" reaction to diagnosis, but kids and teens can have other kinds of reactions classified as passive, negative, internal, external or assertive. A passive reaction is "My doctors and parents should take over my life because I have Aspergers." A negative reaction is about dwelling on the worst aspects of the condition. This is the opposite of a positive reaction, which is concentration on the positive aspects of the disorder: "Asperger's means I'm a genius!" People who react "externally" look for
their condition in other people. Finally, people who react "assertively" embrace the diagnosis and take control of their problems.

Many kids go through a gamut of emotions such as anger, fear and denial. Very young kids may be frightened and believe that having Aspergers means they are sick and may die. Some feel isolated, as if they are the only ones with this problem. Still others are angry that they have been singled out to have a neurological disorder. Finally, many kids go through a period of anosognosia. Such Aspies believe that if they try hard enough and ignore their doctors, they can be just like everyone else.

However, if the youngster is over age eight years or so, the most common reaction to a diagnosis of Aspergers is relief. Usually both the youngster and his parents finally and gratefully understand that they are not to blame for the youngster's problems. Many kids are grateful that it's "just" Aspergers because they had come to believe that they were insane. A period of denying the diagnosis is usually just an initial reaction that goes away after the youngster and his parents have time to think things over.

If anosognosia occurs, it is much more common in parents of kids with Aspergers than in the kids themselves. This is one reason that most Aspies do not receive their diagnoses until after they enter school -- i.e., moms & dads ignore the signs. The preschooler's average to high intelligence and good verbal skills can mask the problems of social interaction until she spends all day in a classroom with other kids.

In addition, when doctors or other professionals diagnose Aspergers, moms & dads often deliberately choose to skip medical treatment. If the youngster does not have glaring educational handicaps, then accepting services at school is not a clear-cut decision. Many moms & dads do not want their youngster to have a "label" and to become part of the population in special education classes.

Some experts believe that the way a family gets the news about their youngster's Aspergers determines whether they accept the diagnosis. Dr. Tony Attwood is one of the leading experts on this condition and has developed a method of explaining Aspergers to kids over age eight years. Believing that "the person will perceive the diagnosis based upon how the clinician explains it," Dr. Attwood advises doctors to be as positive as possible. They should start out by saying, "Congratulations! You have Aspergers!" and then. "You're not bad or mad, you just have a different way of looking at the world!" The next step is to point to famous people who had Aspergers and lived successful lives such as Albert Einstein and Thomas Jefferson.

Dr. Attwood advises doctors to divide a large sheet of paper or blackboard into two sections. One column would be a list of attributes of Aspergers, such as "an obsessive interest in one subject." The other column would be the positive aspect of that attribute, such as "advanced knowledge, ability to concentrate for long periods of time, attention to detail." Instead of mentioning social deficits, a doctor would point out that adults often prefer kids with Aspergers and that Aspies have often develop a unique sense of humor and make extremely loyal friends.

Luke Jackson, a thirteen-year-old author with Aspergers, believes adults should tell kids
about their condition as soon as possible. "You (doctors) may think you are doing them a favor if you can't fit them neatly into your checklist of criteria and say they haven't got it," Luke writes. "It just muddles them up more and makes them and all around them think they are even more freakish." He and others believe that getting the diagnosis is only a positive experience because you can learn what worked for others, you can qualify for services at school, and you can get professional help from mental health clinicians.

Authors Patricia Bashe and Barbara Kirby are both parents of kids with Aspergers. They tell moms & dads that while receiving a diagnosis of Aspergers can be devastating, things will eventually get better. They write, "There may never be a time when you won't look back and say who your youngster might have been without Aspergers. However, when the shock wears off and it will, you will realize that this is the same youngster you have nurtured and loved since birth."

10:29AM (-07:00)

Advocating for Your Aspergers Kid

Friends and family of kids with Aspergers often feel as if they are in the position that Helen Featherstone describes above in her book, A Difference in the Family: Life with a Disabled Youngster. They are involved with kids who cannot fend for themselves: kids who need advocates to stand up for them. A youngster's call for help means that they can no longer be "ordinary people" without a choice to make. If they choose to advocate, it means taking on a job that will deeply affect their lives.

The task of advocacy takes many forms on the individual to community to societal levels. As one advocate wrote, advocacy can range from "asking a neighbor to turn down a radio to demanding a full-time specialist to help your youngster in school" to lobbying Washington for more effective services.

Advocacy in Everyday Life—

Advocacy on the everyday level is often about simply educating people about Aspergers, a disorder most people have never heard of. It is explaining the same things over and over every time a new person enters the youngster's life. Jonathan is not being willful, selfish and disobedient: these behaviors are a result of his disorder. Sarah wants to make friends with you, she just does not know how. Aspergers is developmental disorder part of the autism spectrum. Yes, Taylor is very bright and academically gifted, but he really does need special services at school.

Advocacy can be about always having playgroup at your house so that your youngster has friends. It can be setting up your home with attractive toys and playground equipment so that other kids will want to come over and play with your youngster.
Advocacy on the everyday level can be about not allowing other kids to bully your child, even if it means going to PTO meetings and setting up an anti-bullying program at your youngster's school. It can be a brother or sister standing up for a sibling with patient explanations when others make fun of him.

Diane Kennedy, mother of two boys with Attention Deficit Disorder and a third son with Aspergers, found that she had to become an advocate among medical professionals. "What began as a mission to obtain care for my sons," she writes, "turned into a quest to promote earlier and better diagnosis, treatment and understanding of individuals with autistic spectrum disorders and ADHD." She ended up doing her own medical research and presenting her conclusions to the medical community about the connection between ADHD and Aspergers.

Advocacy in Your Youngster's School—

Moms & dads of kids with Aspergers also find themselves in the role of their youngster's advocate in the public school systems. Since special education laws are designed to educate each handicapped youngster as an individual, moms & dads (as their youngster's representative) meet with school staff every year to develop an Individual Education Plan for the youngster. However, they must work through disability laws, not Aspergers laws. Moms & dads often know more about the syndrome than school staff; they certainly come to IEP meetings with superior knowledge about their individual youngster. Yet moms & dads often meet with resistance when they ask for services for their youngster.

Unless moms & dads have specific knowledge of federal, state and local laws and unless they understand what services are available in their district, they cannot be effective advocates. The school districts officials do not necessarily volunteer such help and information. Usually if moms & dads do not ask for services such as instruction during summer sessions, early childhood intervention, speech therapy, transportation and the like, their youngster will not receive them. Experts advise moms & dads/advocates to prepare for an IEP meeting by observing classes, exploring programs and options, sharing professional assessments of their youngster, and having knowledge of laws and services available. It is a good idea to bring spouses and get everything in writing.

This means that, as unfair as it seems, the burden of advocacy is on the moms & dads. A study done in 2000 by the National Council on Disability concluded that:

Federal efforts to enforce the law have been inconsistent, ineffective and lacking real teeth over several administrations. Enforcement is the burden of the moms & dads who too often must invoke formal complaint procedures and due process hearings including expensive and time-consuming litigation to obtain services their kids are entitled under the law.

Moms & dads of kids with Aspergers usually get their best help for the IEP process from other moms & dads of kids with similar problems. Moms & dads in the same district who have been through the process can explain how the district operates, who key personnel
are, and how best to approach staff for services. By banding together, moms & dads can often create their own original
solutions such as starting self-contained classrooms that draw kids from larger areas.

Advocacy Through Interest Groups—

Local chapters of groups such as the Autism Society can provide invaluable help to moms & dads. Some chapters
have 24-hour hotlines so you can discuss any problem even as it occurs. Some offer free libraries and/or social
programs for families and educational services such as lectures and classes. Some chapters offer unusual options such
as sex education classes for kids within the autism spectrum.

On a national level, advocacy groups lobby legislatures for more favorable laws for kids under the autism spectrum. They
operate websites that disseminate information on the latest academic studies, medical breakthroughs and new
techniques for helping these kids. They raise money for research and public education.

Barbara Kirby and Patricia Bashe are advocates of kids with Aspergers. Not only have they written a guidebook for
moms & dads and maintained a comprehensive website called OASIS at http://www.udel.edu/bkirby/asperger/, they
also work through the Asperger Coalition for the United States and Homes for Independence. They sum it up as follows:
"Advocating for your youngster means laying the groundwork for understanding and becoming your youngster's
ambassador to the world."

10:32AM (-07:00)

Aspergers Kids & School

Before the landmark Supreme Court case of Brown v. Board of Education in 1954, school districts frequently did not allow
handicapped kids to enroll. Today legislation such as the Education for All Handicapped Kids Act of 1975, amended in
1990 in 2004 to become the Individuals with Disabilities Education Act, protects the right of handicapped kids to a free
and appropriate education in the public schools.

The "spirit" of laws that apply to handicapped kids is that each youngster should be educated as an individual. This is a
good thing for kids with Aspergers in particular. They need individual treatment because they can range from highly gifted
students who excel in academics to kids with a variety of learning disabilities and comorbidities like Oppositional
Defiant Disorder. The majority are usually between the two extremes.

From birth to age three years, federal laws require that handicapped kids receive early intervention services. These
may be speech and language therapy, nutritional counseling, vision and medical services, parental counseling
and so forth. Usually a
teacher comes to the youngster's home and works with her one-on-one, although some kids receive services in public school classrooms or clinical settings. However, kids with Aspergers often do not receive a diagnosis until after they enter school so they tend to miss Early Intervention programs.

Once a youngster enters school, moms & dads can require a free evaluation and assessment by a multidisciplinary team. If the team determines the youngster does not require special education, moms & dads have the right to appeal the decision and get another free evaluation. The most common problem is that Aspergers kids often appear too bright and verbal to need services. Their solitary lifestyle can mask their social deficiencies. For this reason, many moms & dads end up hiring lawyers to receive public school accommodations for their kids.

If the school determines that the youngster needs special education, moms & dads should find out what is available at that school and in that district. Services can be speech and language therapy, occupational and physical therapy, counseling, vocational education, and assistive technology like special computer software. Moms & dads have to consider if the youngster should be in a self-contained classroom or mainstreamed or in a combination of both. Moving the youngster to a different school or even school district with better facilities might be beneficial. Often it's a good idea to hire or have the school provide an expert in Aspergers to help staff and moms & dads decide what's best for the youngster.

A handicapped youngster can receive services under the Individuals With Disabilities Act (IDEA) or under Section 504 of the Rehabilitation Act of 1973. Section 504 is about getting access and removing barriers to education. For example, a youngster in a wheelchair may need a special door opener, but once she receives access to the classroom, she is treated like other students. Schools tend to encourage moms & dads to go for 504 accommodations rather than services under IDEA because it is less work for them. One of the few advantages in using 504 accommodations is that the youngster receives no "label." However, many more services become available under IDEA.

Under IDEA, moms & dads and school staff meet together at the beginning of the school year and come up with an "Individualized Education Plan (IEP)." The plan must be written, and include an assessment of the youngster's current strengths and weaknesses. The IEP must contain measurable goals for the year and list specific special education aids and services. Moms & dads and staff meet periodically to make sure the goals are attained. There should be an IEP case manager who checks the youngster's work every day and develops new strategies. Most IEPs for Aspergers kids have contingencies such as allowing extra time for work, giving out shorter or alternate work assignments, providing the youngster with copies of other students' notes, allowing the youngster to take tests over or have extra time for them, or allowing the youngster to take oral instead of written tests.

Some Aspergers kids need those special contingencies. However, for the majority, the most important need is getting help with social interactions and reciprocity. Aspergers kids can excel academically and fail in life because they do not have social skills. One author wrote of a "cycle" in which Aspergers kids earn advanced degrees but cannot land
jobs because they do not interview well. Then they take a lower level job that requires hand-eye coordination, fail at that, go back and get another advanced degree and so the cycle goes on.

For this reason, many moms & dads opt out of the public system and find a private school that is designed for kids with Aspergers. Sometimes administrators at their public schools even recommend such a placement. In that case, the school district may pay for tuition at the private school. If a doctor recommends such a school, the tuition costs can be tax-deductible or covered by medical insurance. Many Aspergers kids benefit from even a year or so at a residential school that provides intense, twenty-four hour training in social skills.

Classroom Solutions—

Services that Kids with Aspergers Need Most. Many kids with Aspergers are very bright, and may even excel academically in one or more subjects. However, they often need protection from other students who bully or take advantage of them. Aspergers kids do not know which students to avoid. For example, if an Aspergers kid makes a friend, that "friend" may make him do assignments for him, break rules, take the blame and otherwise put the Aspergers kid in jeopardy.

Aspergers kids usually do not understand the "hidden rules" of school but take all rules at face value. They may memorize the rule "Don't swear in middle school." Yet they don't know that all middle students swear, but you don't swear in front of adults, and you don't swear in front of a certain prissy teacher in particular. Aspergers kids also do not understand "hidden social agendas." If an Aspergers kid participates on a high school debate team that meets in a coffee house, she comes prepared like a little professor to talk about the subject at hand. She does not understand that the other students are there to socialize as well as practice for the team.

For this reason, Aspergers kids require individualized training in social and emotional competency. There are many promising new teaching techniques for kids with Aspergers. On the elementary school level, some teachers are using "social stories" with special cartoons illustrated with "emo faces" to help Aspergers kids recognize facial expressions. Acting classes also might help an Aspergers kid better understand emotional reactions.

Self-contained or mainstream classroom? Self-contained classrooms usually have a small number of kids with a variety of special needs. The teacher may have extra training in special education and receive help from one or more aides. Therefore, the big advantage of a self-contained classroom is extra individual attention.

However, there are several disadvantages to self-contained classrooms. Kids with Aspergers often gain more knowledge about social interactions and how the "normal" world operates in a mainstream classroom. Academics may be "watered down" in a self-contained classroom. Kids with Aspergers do not do well with emotionally disturbed kids who are often streetwise and aggressive. If these two groups are together in a self-contained classroom, you often produce a combination of the perfect victim and perfect victimizer.
Sometimes a youngster may start out in a self-contained classroom and gradually transition to a mainstream one. This usually has to be done slowly, and takes an average of two months to two years. It may begin with just a half-hour at a time in the regular classroom for elementary school students, and perhaps an hour at a time in the student’s strongest subject on the high school level. Some experts recommend seating the Aspergers kid next to a successful student who can help him with organization and provide class notes, if necessary.

In general, Aspergers kids do better in classrooms that are predictable and structured with as few transitions as possible. Teaching with an emphasis on visual presentation plays to the Aspergers kid’s strength of visual acuity. Teachers should structure lessons in clear patterns that are easy to follow.

During "unstructured" periods such as lunch, physical education, recess and passing to classes, an Aspergers kid may need special accommodations.

Finding the ideal teacher for a youngster with Aspergers. The teacher should have some understanding of Aspergers. A good teacher should not be “fake” because that will just confuse the Aspergers kid even more. He may develop a special “cue” such as tapping the youngster's shoulder to help the youngster pay attention when his mind is wandering. He should be strong in language skills, and use drama to help the youngster understand other people's emotions. The teacher should be a calm person in control of his classroom: this will decrease the Aspergers kid’s anxiety. Changes and surprises will upset an Aspergers kid. Therefore, the teacher should help with transitions and let the youngster know in advance when he will have to recite in front of the class.

Some authors describe the importance of having a teacher who can deal with "meltdowns" and "rages." In their book, Aspergers and Difficult Moments, authors Brenda Myles and Jack Southwick describe the three phases of "rages" as "rumbling," "the rage itself," and "recovery." It is best to intervene in the "rumbling" stage. During the actual rage, an Aspergers kid may scream, bite, hit, kick and destroy property. For this reason, the authors recommend that a teacher wear comfortable clothes and keep expensive or sentimental items out of reach. During "recovery," the youngster may be exhausted, deny the tantrum happened, or contrite. It is important that the teacher is a sensitive person so that if an Aspergers kid rages at school, then he does not experience complete humiliation in front of his peers.
Aspergers Kids & Sensory Sensitivities

Kids with Aspergers often have to deal with extreme sensitivities to everyday sights, sounds, smells and touch. This sensitivity is not one of their "official symptoms" as described in the Physician's Desk Reference doctors use for diagnoses. However, there are thousands of parent and therapist's anecdotes about this condition. Some experts believe that while sensitivity may cause Aspergers kids to tantrum and "act out" in the first place, after a while such behaviors become learned. Aspergers kids hold on to them because of the rigidity of their personalities. Nevertheless, certain studies indicate that between 42% and 88% of kids with Aspergers do experience such sensitivities.

Hearing problems are the most common. Some Aspergers kids seem to hear sounds others do not. They can be driven to distraction by noises everyone else filters out, such as the buzz of fluorescent lights or the brush of corduroy against a desk. The inability to filter out background noises makes it hard for many Aspergers kids to follow conversations or listen to their teachers' directions.

Some sounds seem actually painful to Aspergers kids. For example, a small child may scream at the sound of the vacuum cleaner; a teen covers his ears at the sound of a police siren. One little boy was so scared of the fire drill siren he sat in fear that it would go off. His mother had to home school him during Fire Safety Month.

Auditory sensitivity makes it hard for parents to take their Aspergers kids to noisy places like video arcades or restaurants with singing waiters, etc.

Taste and Smell. Many experts conclude that Aspergers kids rely more on their senses of smell and taste than sight and hearing. They have strong memories of smells; for example, they may be able to recognize kids by their unique body odors.

Certain smells like food, cleaning fluids, perfumes, shampoos and lotions can make them nauseous. This makes it hard for them to handle routine places like the school cafeteria or shopping mall cosmetic counter.

An Aspie's acute sense of smell and taste may also create eating problems. She may limit herself to certain foods, eat one food at a time, not allow foods to touch on her plate, and so forth.

Many Aspergers kids vomit easily. Everyday substances like toothpaste can make them sick to their stomachs.

Touch. Aspergers kids may be overly or under-sensitive to touch.

If overly sensitive, he may find tags on clothing very irritating. He may only wear certain fabrics or clothes that are old and soft from washings. He may refuse to work with certain textures like glue. He screams in the shower because he cannot stand the feel of water on his skin. One Aspie would hit anyone who touched him: a fact that his little brother
used to get him in trouble all the time.

Hyposensitivity can cause Aspergers kids not to feel or report pain. They may not react to temperatures. One Aspie did not respond whenever his teacher tapped him to get his attention.

Visual problems are less common. Perhaps only one in five persons with Aspergers has them. However, some Aspergers kids get upset by certain pictures, colors or bright lights. Some experience colors as sounds. They often stand too close to others or stare at them inappropriately. They can search for an object and not notice that it is right in front of them. The majority of Aspergers kids have problems making eye contact with other kids.

Proprioceptive and Vestibular disorders. These are about orienting yourself in space, keeping your body in balance and maintaining good posture and movement. In normal kids, a complex network of nerves works together with the senses naturally. You can sit down without looking at your chair. You know where your feet are. You know how to straighten your shirt without looking into a mirror.

Aspergers kids have problems with such abilities that operate on the unconscious level for normal kids. This makes simple activities such as climbing stairs feats that must be learned. Activities that involve complex movements, changes in speed and hand-eye coordination such as handwriting or playing baseball become nightmares for many Aspergers kids.

There are many therapeutic techniques to help Aspergers kids with sensory integration and sensitivity. Early intervention is often crucial.

Working with Sensory Integration Disorders—

Kids with Aspergers often have problems processing, organizing and using information received their senses. This is called Sensory Integration Disorder.

When normal kids sit down to do a task, they filter out background noise. The vast array of sights and smells of a shopping mall do not distract them. They zero in and find the exact object they set out to buy.

However, Aspergers kids often over-attend to some stimuli and under-attend to others. This creates not only problems in the classroom, but also difficulties in completing routine tasks like sitting in a chair, getting dressed, and understanding the intentions of other kids.

Because of Sensory Integration Disorders, kids with Aspergers are often easily frustrated. They may shut down emotionally when they feel overwhelmed or throw tantrums. They can fail at school because little things like a student's sharpening a pencil distract them. This distractibility combined with hypersensitivity to noise, lights, touches and smells often means that they cannot process new material fast enough to produce a normal workload.
Kids with Aspergers will not outgrow Sensory Integration Disorder. Parents cannot cure it by telling their kids to ignore whatever is bothering them.

Therapists and teachers who work with kids with Aspergers use many techniques to help them cope with Sensory Integration Disorder. Some are as simple as playing background music or increasing the child’s exercise time. Aromatherapy, art therapy, object manipulation and massage help some kids. Some kids benefit by working one-on-one with a personal coach.

Applied Behavioral Analysis is another key therapeutic technique used with all forms of autism and Attention Deficit Disorder. Its main principle is to break tasks into tiny steps and to reward correct responses with treats, stickers or small toys. For example, if a child manages to keep working despite a distraction placed near his desk, his therapist may give him a reward.

Applied Behavioral Analysts praise the child specifically. For example, they would say, "You did a good job answering the phone," not just "Good job."

Applied Behavioral Analysis also helps Aspergers kids who do not know how to break jobs into small steps. For example, if they need a book, it may never occur to such a child to ask his parent to take him to the library as a first step.

Another method is called Dialectical Behavior Technique, originally invented to help those with Borderline Personality Disorder. The therapist helps the child learn how to tolerate higher levels of frustration and to control his emotional responses to conflict or frustration.

Another technique involves the parents keeping diaries of their kid's tantrums and frustrations in terms of Sensory Integration Disorder. There are usually three columns in the diary. The first is a record of the incident. For example, a parent would write, "Threw tantrum getting dressed." The second column is the reason in terms of Sensory Integration Disorder: "Johnny cannot tolerate tags on clothes." The third column is the intervention: "Cut off tags."

Many kids with Aspergers go through occupational therapy. They learn through "hands-on" methods how to translate visual and auditory input into motor tasks like handwriting, tying shoes, opening a milk carton or sports activities. Therapists often use specialized equipment such as "Thera-putty," camping pillows, T-stools, inflatable discs and other objects to help kids better orient themselves in space.

Finally, many kids with Aspergers benefit from prescription drugs to reduce anxiety, increase concentration, or help them fall asleep.
Video Games for Kids with Aspergers—

Video games are becoming an increasingly common interest among kids with Aspergers. Although the virtual world and games like "Second Life" can be a great place for kids to practice social skills, make friends, and have fun, some experts are concerned that an intense interest in video games can quickly become an unhealthy and even dangerous obsession.

Can Technology Help?

Video games, in and of themselves, are not necessarily negative influences in the lives of young Aspergers kids. In fact, some researchers believe they can be an educational and entertaining way to build personal relationships and experiment with taking social risks and reaching out to unfamiliar people.

Because kids with Aspergers naturally gravitate toward socially "safe" forms of entertainment like video games, video game manufacturers and programmers have been working to create games that can teach real-life skills to these kids. According to the results of a study conducted by psychologists at the University of Alabama at Birmingham, one interactive computer program called FaceSay has been shown to improve the ability of kids with autism spectrum disorders to recognize faces, facial expressions, and emotions. Created by Symbionica LLC, the game teaches kids where to look for facial cues and helps them practice recognizing the expressions of an avatar, or virtual representation of a person.

Researchers at the University of Texas at Dallas Center for Brain Health started using the game Second Life as a form of online therapy, pairing clinicians' avatars with those of Aspergers patients in a conversation. In their approach, therapists would guide patients through a series of exercises, in groups and individually, during which patients may be confronted with a job interview with a "boss" character or learn to ask another avatar out on a date. The researchers believe that as young Aspergers kids gain confidence in the virtual world, they will gradually learn to more comfortably interact in the real world.

The Experts Weight In—

Despite these efforts by researchers and video game makers, experts question the effectiveness of these games and express concern that young Aspergers kids who are already socially awkward may become dependent on Internet social networking and virtual interaction and never apply the skills in real life. They say gaming is generally a solitary activity that limits the social exposure of people with autistic disorders. Video games are also one of many repetitive activities that kids with Aspergers tend to engage in to avoid adapting to new situations and struggling through social interactions with new people.

"Any treatment, no matter where we do it, no matter how we do it, needs to incorporate strategies for other settings, and if it doesn't do that then it's not useful," said Wendy.
Distorted Social Interactions—

While video games do offer a form of social interaction, it's a distorted social interaction, says Aaron McGinley, summer camp program manager at Talisman, a North Carolina program offering summer camps and semester-length programs for kids ages 8 to 21 with learning disabilities, ADD and ADHD, Aspergers, and high-functioning autism. "When you have anonymity, people act in a different way than when they must take personal and immediate accountability for their words and actions," he says.

For kids who get picked on all day at school or feel ostracized and out of place in their everyday lives, it's soothing to come home and play video games for hours. In the safe haven of online video games, kids with Aspergers can isolate themselves from real-life people and the complexities of face-to-face interactions.

However, according to McGinley, the social setting in online gaming or chat rooms is far more predictable than real-life social situations. "While social conversations in real life are highly complex and unpredictable, online gamers share a common and simple language for communicating," he says.

For example, since most online interaction occurs through typing, there is time to think about a response, and the response can be given in symbols and phrases without regard for facial expressions or nonverbal cues. In addition, online conversation can center around the game being played, whereas most kids in real life also have other interests they want to share, which young Aspergers kids may not understand.

"If everyone in the youngster's high school class played the same video game, this would be an interest that facilitated healthy social interaction," says McGinley. "But lots of kids have a number of other interests and ways to connect with each other. While kids with Aspergers can have a healthy interest in occasional video game play, they have to understand that their peers gravitate toward a variety of other activities and interests, and they must learn to push themselves to interact in a wider range of areas to maintain a social network."

Inappropriate Communication Skills—

The experts are also concerned that kids with Aspergers who immerse themselves in the world of online gaming may be developing inappropriate social skills.

"Online, it may be considered acceptable or even funny to make cross remarks, curse at people, or ignore someone's effort to make contact," explains McGinley. "But if you go to basketball practice and make fun of someone's mom, there's no doubt you'll get a different response. Many kids with Aspergers will struggle making this transition from the virtual setting into the real world."
It is the nature of the disorder for kids with Aspergers to struggle to understand social conventions and cultural mores, notes McGinley. This struggle is compounded when these kids are asked to learn different social rules for online conduct and face-to-face interactions. "It takes a lot of practice for kids with Aspergers to develop basic social skills, and the more time they spend online, the less time they have to practice the skills that will serve them best as they enter into adulthood," he says.

Not only are online video games unproductive socially, they can also be dangerous. Online safety is an issue for all kids, but kids with Aspergers are particularly susceptible to sexual predators and other criminal offenders. While suspicious emails or dubious online behaviors may stand out immediately to a typical high schooler, kids with Aspergers may not understand the red flags unless someone explicitly describes them. They may not realize that certain types of communication are offensive or inappropriate, and may unknowingly welcome danger into the home.

Tips for Moms & dads—

When it comes to video games, moms & dads of a youngster with Aspergers are faced with a dilemma: Do you limit your youngster's time spent doing the activities that interest him most and run the risk that he will withdraw even more, or do you allow your youngster unfettered access to video games despite the obvious social repercussions?

According to McGinley, it's important for moms & dads to find the balance between accepting their youngster's unique interests, and encouraging their youngster to develop social skills and additional interests that might take them outside of their comfort zone. By granting unlimited access to video games, McGinley believes moms & dads offer their kids nothing more than a quick fix. The fixation may be a convenient coping skill for facing the hardship of a long, difficult day at school but it will not be the healthiest path into adulthood.

"If kids with Aspergers and high-functioning autism aren't encouraged and helped to develop social skills and independent living skills, there will be a direct correlation to how many friends they have, and how successful they are in school and on the job later in life," advises McGinley. "They may be soothed in the short term, but that deep underlying desire to make friends or have a boyfriend or girlfriend will remain a source of constant dissatisfaction and further isolation."

McGinley recommends that moms & dads encourage their youngster to develop interpersonal skills off of the computer, and set limits around how often their youngster with Aspergers uses or talks about video games. He also advises moms & dads to offer incentives to their youngster to balance their time spent focused on gaming and time spent doing social activities. For example, moms & dads could agree to allow their youngster a certain amount of time to play video games each week in exchange for the youngster's participation in an after-school activity.

Finding Programs That Can Help—
Kids and adolescents with Aspergers and other autism spectrum disorders frequently fall prey to a fixation with screen time. Television, computers, and video games feed into their tendency toward isolation and their eccentric fascination with certain topics such as books, toys, movies, and other subjects.

For busy moms & dads, consistently monitoring their youngster's recreational time and evaluating his or her social development can be an overwhelming task. Fortunately, there are programs across the country tailored specifically to improving social and academic functioning in kids with learning disabilities, ADD and ADHD, Aspergers, and other autism spectrum disorders.

Talisman summer camps, for example, have helped countless kids ages 8 to 17 who have been diagnosed with special needs. With a highly structured daily schedule, a small staff-to-camper ratio, an emphasis on personal accountability, and plenty of fun and adventure, Talisman camps have been a first choice of families since 1980.

For families that need more long-term assistance for their special needs youngster, Talisman operates an academic semester-long program called Southeast Journeys for adolescents ages 13 to 17. Based out of Zirconia, N.C., Southeast Journeys offers students who may have struggled in more traditional environments the opportunity to excel academically and socially through hands-on experiential learning trips and a small group environment. Using insight-oriented individual and group discussions, students learn communication and problem-solving skills, budgeting, scheduling, healthy living, conflict resolution, and personal responsibility.

Helping your youngster with Aspergers achieve his full potential is a highly realistic and attainable goal. With the help of programs that specialize in working with kids with special needs, your youngster can grow and thrive not only in the virtual world, but also in the real world.

Managing “Fixations” of Kids with Aspergers

If you are the mom or dad of a youngster with Aspergers syndrome, you may have heard your youngster exclaim, "But I can't live without it!" on more than one occasion. You may also notice that the book bag you just saw him pack is suddenly filled with a few more Harry Potter books. Or perhaps that suitcase for the trip to grandma’s house has a Gameboy in it, when she promised she would leave it at home this time.
Fixations or perseverations with certain topics or objects, ranging from books, video games, or trains to history, movies, or any number of other subjects, are a classic symptom of Aspergers syndrome. In addition to impairments in social functioning, the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV), lists as a characteristic of the disorder restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- apparently inflexible adherence to specific, nonfunctional routines or rituals
- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- persistent preoccupation with parts of objects
- stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

What's the Harm?

While these fixations must be understood and accepted as part of the disorder, they are also coping mechanisms that kids with Aspergers use to escape social anxiety, says Aaron McGinley, summer camp program manager at Talisman, a North Carolina program offering summer camps and semester-length programs for kids ages 8 to 21 with learning disabilities, ADD and ADHD, Aspergers syndrome, and high-functioning autism.

For example, video games are becoming an increasingly common interest among children with Aspergers. Although the virtual world and games like "Second Life" can be a great place for kids to practice social skills, make friends, and have fun, the interest in video games can quickly become an unhealthy and even dangerous obsession.

For kids who get picked on all day at school or feel ostracized and out of place in their everyday lives, it's soothing to come home and play video games for hours. In the safe haven of online gaming, children with Aspergers can isolate themselves from real-life people and the complexities of face-to-face interactions.

However, according to McGinley, the social setting in online gaming or chat rooms is unrealistic and far more predictable than real-life social situations. "While social conversations in real life are highly complex and unpredictable, online gamers share a common and simple language for communicating," he says.

Since most online interaction occurs through typing, there is time to think about a response, and the response can be given in symbols and phrases without regard for facial expressions or nonverbal cues. In addition, curse words, rude remarks, and hurtful jokes may be considered socially acceptable online, but they will not be welcome responses in the real world. This disjunction between socially acceptable interactions in the virtual world and the real world can be terribly confusing to kids with Aspergers who already struggle to understand basic social conventions.

A Parent's Dilemma—

Moms & dads of a youngster with Aspergers are thus faced with a dilemma: Do we limit
our youngster's time spent doing the activities that interest her most and run the risk that she will withdraw even more, or do we allow her unfettered access to things like video games and science fiction/fantasy books and movies despite the obvious social repercussions?

According to McGinley, it's important for moms & dads to find the balance between accepting their youngster's unique interests, and encouraging their youngster to develop social skills and additional interests that might take him outside of his comfort zone. By granting unlimited access to video games and other fixations, McGinley believes moms & dads offer their kids nothing more than a quick fix. The perseveration may be a convenient coping skill for facing the hardship of a long, difficult day at school but it will not be the healthiest path into adulthood.

Kids with Aspergers need to be challenged to explore other interests and find healthier coping skills, explains McGinley. It's easy to use video games and other antisocial outlets to cope, but easier isn't usually better.

"If children with Aspergers aren't encouraged and helped to develop social skills and independent living skills, there will be a direct impact on how many friends they have, and how successful they are in school and on the job later in life," states McGinley. "They may be soothed in the short term, but that deep underlying desire to make friends or have a boyfriend or girlfriend will remain a source of constant dissatisfaction and further isolation."

The Importance of Compromise—

The experts at Talisman camps and programs understand that addressing fixations is difficult for moms & dads. On the one hand, video games and other interests encourage more social interaction than kids with Aspergers would ordinarily have, but on the other hand, it's not the kind of social interaction that prepares them for life.

McGinley recommends that moms & dads encourage their youngster to develop interpersonal skills off of the computer, and set limits around how often their youngster with Aspergers uses or talks about their fixations. He also advises moms & dads to offer incentives to their youngster to balance their time spent focused on the fixation and time spent doing social activities. For example, if a youngster is passionate about video games, a mom or dad could agree to allow the youngster a certain amount of time to play each week in exchange for the youngster's participation in an after-school activity.

At Talisman's summer camps and Southeast Journeys academic semester program, the staff knows how to negotiate each youngster's fixations and find the appropriate balance. For example, if a youngster wants to take the entire series of Harry Potter books on an experiential learning trip, the staff will explain that the books are too heavy and the youngster will be permitted to choose only one favorite book. This way, the staff acknowledges how important the particular interest is to the youngster and offers him a choice in the process, while setting clear and fair limits and ensuring the student will still get the social interaction he needs out of the program.
Similarly, if a youngster insists on bringing his portable video game or DVD player to the Talisman program, McGinley encourages moms & dads to reach a compromise. For example, you can bring it and use it on the plane trip, but when you arrive at the program, it will be held in the office.

When children with Aspergers have a clear structure around when they can engage in their particular interest, they are more willing to accept rules limiting its use. At the Southeast Journeys academic semester program, kids are allowed to read their favorite book at designated times, but they are not permitted to bring the book to meals. This way, the students learn that their interests are perfectly acceptable when explored in socially appropriate ways, places, and times.

If you are looking for a summer or academic program for your youngster, McGinley recommends communicating with each prospective program about its policies and expectations. If a program has zero tolerance for Pokemon cards or comic books, a youngster who is interested in those things won’t be a match.

The fixations and perseverations of kids with Aspergers fulfill a need in their lives that will likely never disappear completely. However, their usefulness in real life is extremely limited. Everyone needs an occasional break from the rigors of daily life, but kids with Aspergers depend on their moms & dads and programs like Talisman to set limits around these fixations and offer guidance in navigating the complex social world around them. By making a plan and following through with it, you accept your youngster for the unique being she is while giving her the tools she needs to live up to her full potential.

10:48AM (-07:00)

**Aspergers Kids & Social Skills: Home & School**

Angela Ver Ploeg, came to work as a school psychologist in Alaska in 2000, after years of similar work in Ohio and Tennessee. She has a Master's Degree, and an additional Educational Specialist degree. Van Ploeg has immersed herself in the world of kids and adolescents with Aspergers, and in learning about their daily lives at school and at home. Her intensive study of Aspergers has made her both an expert and an innovator in the treatment programs she recommends to moms & dads and teachers. Her insights about the unusual traits of Aspergers are complex and often profound, but her suggestions for families have an encouraging simplicity and practicality.

When asked about the kids she sees with Aspergers, Ver Ploeg says that often they experience many problems. For example, a very bright child was brought to her who was being expelled for the last six weeks of school - and it was the third year in a row in which he had incurred expulsion. For these kids, frustration often mounts because they do not cope well with stress. Many of the stresses they face involve their inability to read social
cues as well as other kids do; and consequently, they make social mistakes and are often bullied. But instead of seeing kids with Aspergers as indifferent to their social ineptitude, Ver Ploeg says that kids with Aspergers as young as eight years old suffer an agony of loneliness. One eight year old told her, "I can't make friends. I don't have friends." It is only later, as these kids grow older, that she sees them make an adjustment, and adapt to the lack of a more complete social life. She is certain that at every age they care very strongly for others, even though they often have great difficulty expressing their feelings.

The School Environment—

Schools can exacerbate these problems, or they can help alleviate some of the difficulties that kids and adolescents with Aspergers face. Ver Ploeg tells the story of a young boy who was one of 800 kids in a gym - being supervised by one teacher. A large group of boys started bullying the boy with Aspergers, teasing him about why he was hiding in the corner. Finally he picked up a chunk of broken concrete and threw it at them. He was punished, and sent to her office for counseling. But no one sent the bullies to her office. Clearly, that particular school was unhelpful, and probably should have dealt with the incident very differently. Ver Ploeg says that a simple hall pass, allowing the child with Aspergers to remove himself from what must have seemed a threatening and confusing situation, could have solved the problem on that day. Hall passes provided as an outlet for times of social stress, offer a simple, practical solution.

Some smaller schools, such as some of the small rural schools Ver Ploeg works with in Alaska, have fewer problems because they practice an ethic of inclusion. Because all the kids and teachers know each other (and perhaps in part because of local cultures emphasizing community), there is more acceptance. Kids get used to someone behaving differently, and use expressions such as, "That is just him" (or her). In these kinds of schools with inclusion settings, bullying is addressed by the whole group. Kids may even explain the situation to each other. The inclusion provides the acceptance that fosters healthier relationships.

School Programs for Aspergers—

The best school programs honor all kids' needs, including the kids with Aspergers, and that may mean, for the Aspergers kids, bypassing much of the regular curriculum and focusing on areas that are interesting to them, and intellectually stimulating. If school is fun and challenging for these kids, and they have opportunities to share their special interests, they will do better both academically and socially. Because many kids with Aspergers are also very bright, the school may have to make extra efforts to meet their needs academically. Ver Ploeg took one child to a high school algebra class every day for an hour when the child was still in elementary school. Social skills training can be even more of a challenge for the regular school, but several approaches can work well, including teaching problem-solving methods, weekly social skills training sessions, and video-taping kids and letting them see themselves, so that they can gradually make adjustments to their social behavior. Sensory integration issues may also be important for many kids and adolescents with Aspergers; for them to adjust fully to the classroom, it often helps to allow these kids to move away from a bright window, or to wear headphones, or dark glasses. Moms & dads should be fully involved in learning about
their kid's needs in school, and should meet with school personnel during the IEP and as part of any counseling programs offered to Aspergers kids and their families.

The Home Environment—

The home environment can also help or hinder the child or teen with Aspergers. Ver Ploeg says she has seen some wonderful homes, where kids find both unconditional love, and firm boundaries that provide a necessary structure to their lives. She illustrates her point with a story about a family she knows. When she talks to the father, he says of his son, "Oh, we think he is wonderful - sure he's different from other kids, but he's our boy." This family is very structured, sticks to a schedule with their son's activities, and warns him if changes are coming up. They drive him to regular after school classes for physical activities such as swimming. The family members pour a lot of energy and love into this child, but at the same time, provide him with lots of structure. It can be a challenge for families to be so supportive, but the effort pays off. Some home environments are so well adjusted for the child that the Aspergers is not noticed.

One of the most important ways that the moms & dads can be supportive - and bridge the distance between school and home - is to organize play dates when the mom or dad can be present to help facilitate social interactions when needed. Visits from friends seem to work best for kids with Aspergers when a mom or dad is involved and provides highly structured activities that all the kids will enjoy. For example, volunteering to be a scout leader is one way to ensure a regular flow of such activities in a structured social environment.

If moms & dads, teachers, and school personnel can find ways to honor and respect the special needs and the special abilities of kids with Aspergers, these kids will have a good chance of finding their way in the adult world as well. In the schools, honoring and respecting must take the form of ensuring acceptance for the child's differences, as well as supportive programming for those different needs and abilities. In the case of the moms & dads, Ver Ploeg stresses the importance of unconditional love for the unique child they have, and providing a structured, consistent environment. The crucial early interventions must help these young kids to love education, and to think about their future. While many go through a rough period during adolescence, with support they can often emerge into a future with a shining array of possibilities.

10:50AM (-07:00)

Aspergers & Attention Deficit Disorder

Most kids with Aspergers do not receive that diagnosis until after age 6. Usually, they are diagnosed with Attention Deficit Disorder as toddlers. Part of the reason is that doctors routinely screen kids for ADD but not for autism. Another reason is that an Aspergers
kid's social impairment becomes more evident once he hits school. Finally, doctors are reluctant to label a youngster "autistic." It is okay and even a badge of honor to have a "hyperactive youngster," but it is another thing whatsoever to have an "autistic youngster."

Doctors make their diagnoses based on kid's behaviors. Since kids with Attention Deficit Disorder and Aspergers share similar behaviors, the two can appear to overlap. However, there is a fundamental difference between Attention Deficit Disorder and Aspergers. Aspergers kids lack what doctors call "social reciprocity" or Theory of Mind. Theory of Mind is "the capacity to understand that other people have thoughts, feelings, motivations and desires that are different from our own." Kids with ADD have a Theory of Mind and understand other people's motives and expectations. They make appropriate eye contact and understand social cues, body language and hidden agendas in social interactions. Aspergers kids cannot.

One author put it this way: kids with Attention Deficit Disorder respond to behavioral modification. With Aspergers, the syndrome is the behavior.

Both kinds of kids can tantrum, talk too loud and too much and have problems modulating their behaviors and making friends. Both are social failures but for different reasons.

The youngster with Attention Deficit Disorder knows what to do but forgets to do it. Aspergers kids do not know what to do. They do not understand that relationships are two-sided. If an Aspergers kids talks on and on in an unmodulated voice about his particular interest, he simply does not understand that he is boring his friend and showing disinterest in his friend's side of the conversation. On the other hand, the youngster with ADD cannot control himself from dominating the conversation.

An Aspergers kid can appear unfocused, forgetful and disorganized like a youngster with Attention Deficit Disorder, but there is a difference. The ADD youngster is easily distracted; the Aspergers kid has no "filter." The Aspergers kid sees everything in her environment as equally important. Her teacher's dangling earring is as important as what she writes on the blackboard. The Aspergers kid does not understand that she does not have to memorize the entire textbook for the next test. She does not "get" such rules. Aspergers kids tend to get anxious and stuck about small things and cannot see the "big picture." Kids with Attention Deficit Disorder are not detailed-oriented. The ADD youngster understands the rules but lacks the self-control to follow them. The Aspergers kid does not understand the rules.

If the unfocused Aspergers kid is "nowhere," the obsessive-compulsive and "Fantasy" Aspergers kids are somewhere else. "Fantasy Aspergers kids" retreat into a world of their own making - a world where everything goes the way they want it to. They play video games for hours or retreat into books and music. Their daydreaming and fantasizing resembles the behaviors of non-hyperactive kids with ADD.

Obsessive-compulsive Aspergers kids live a world they create from rules and rituals. Like ADD kids, they appear preoccupied and distracted but for different reasons. They appear
Some authors estimate that 60% to 70% of Aspergers kids also have Attention Deficit Disorder, which they consider a common comorbidity of Aspergers. Other authors say that the two cannot exist together. Still others insist doctors have it all wrong and that the two disorders are the same. The real problem is that there is no hard science. No one knows exactly how slight imperfections in brain structure and chemistry cause such problems.

For this reason, getting the right diagnosis for a youngster who exhibits behavior problems may take years of trial and error. Diagnosis is based on observation of behaviors that are similar for a myriad of disorders. The tragedy is that the youngster often does not receive the correct medications, educational strategies, and behavioral modification techniques that could help him function on a higher level. He falls farther behind his peer group and loses ground when he could be getting appropriate treatments.

"Psychiatry has made great strides in helping kids manage mental illness, particularly moderate conditions, but the system of diagnosis is still 200 to 300 years behind other branches of medicine," said Dr. E. Jane Costello, a professor of psychiatry and behavioral sciences at Duke University. "On an individual level, for many moms & dads and families, the experience can be a disaster; we must say that."

10:52AM (-07:00)

Aspergers: Loneliness & Friendships

It is hard to know if kids with Aspergers are as lonely as their moms & dads believe they are. Psychologists do know that playing with a friend, making a friend and being with a friend are "overwhelming skills" for Aspergers kids. Other people make no sense to kids with Aspergers and as one author writes, "they are totally preoccupied with their own agendas."

Teaching Aspergers kids social skills is a formidable task for moms & dads and teachers. It is not like teaching how to ride a bicycle or tie a shoe, but rather trying to teach something no one formally taught you. How did you learn how to read a room? How do you teach someone how to read a room, especially someone who has no understanding of other people's emotions and body language? Kids with Aspergers have no idea about how to reason socially and come up with proper courses of action in social situations. For example, one boy with Aspergers got lost in the school corridors on his way to gym. He had forgotten the route, but he did not think to simply follow his classmates to the gym.
Yet clinicians emphasize the need to teach Aspergers kids social skills because they desperately need them to get along in life. As one author writes, the Aspergers child lack of social understanding "virtually colors every other experience in their lives." Yet the question of whether kids with Aspergers are truly lonely and want friends is a different discussion. Like all kids, some are extroverted and others are more withdrawn. Like all kids, they probably vary in their need for social interactions.

When researchers ask kids with Aspergers about friendship, they are usually very negative. They think of friendship with other kids as too much work and often prefer adults. For example, when a teacher was forcing a five-year-old to participate in a playgroup with other kids, he said, "I hate kids. I don't play with kids. I'm not a kid. I was born a grown-up." Luke Jackson, a thirteen-year-old author with Aspergers, advises other Aspergers kids, "If you like being on your own, then be happy with your own company and don't let anyone convince you it's wrong." His advice to "pushy moms & dads" is "Never force your youngster to socialize. Most Aspergers kids and autistic people are happy to just be by themselves."

However, these kids might be happier by themselves because social activity has caused them so much pain in the past. In one study, gifted kids with Aspergers could not describe friendship in positive terms such as "a friend is someone who is nice to you." They had only negative associations such as "a friend is someone who does not hit you." These kids told interviewers only about how mean people had been to them and seemed to lack any idea of what reciprocal friendship really means.

Yet as Aspergers kids go through adolescence, most realize that they are missing out by not fitting in. It is at this point in their lives that they crave friendships, yet this unfulfilled desire on top of high school pressure to conform, constant rejection and harassment can often cause clinical depression in Aspergers teens. They grow more isolated even as they crave more interaction with others. Young Aspergers kids often believe everyone in their kindergarten is the same and everyone is a friend. Aspergers teens know better.

Some research shows that the more time an Aspergers child spends socializing, the happier he is. Aspergers kids can and do form friendships. When they do, research shows that even one friendship will speed up their entire social development. Temple Grandin, Liane Willey and other adult Aspergers kids have written about compassionate people who took the time to form friendships with them and by doing so, changed their lives for the better.

Families of people with Aspergers often talk about their own feelings of loneliness. They tell counselors that marriage to an Aspergers spouse feels like living alone. An Aspergers spouse often does not attend to details like anniversaries, may not connect with the couple's kids on an emotional basis, and may not benefit from marriage counseling. A mom or dad of a youngster with Aspergers may feel rejection when their youngster refuses to cuddle or express affection. The youngster's needs are unrelenting and yet the moms & dads' rewards are sometimes rare. Siblings hide their lonely feelings about living in a family where one youngster monopolizes their moms & dads' precious time and they miss the normal give and take of sibling relationships. One psychologist writes many siblings believe that the Aspergers child's "disability is an advantage - a passport to
special attention, recognition and privilege."

Helping kids with Aspergers develop social skills will no doubt become easier in the future. Every day educators are developing better techniques. Scientists are closing in on the genetic and environmental causes of autism and may someday develop a cure. There is promising new research being conducted at the University of Western Australia in a comprehensive study of "Friendship and Loneliness in People with Aspergers." Perhaps someday the answers will be clearer for people with Aspergers and those who love them.

10:54AM (-07:00)

**Girls with Aspergers**

Like ADHD, symptoms of Aspergers are different in females than males, consequently, more males are referred for an Aspergers assessment than females; a ratio as high as 10:1 has been suggested. Despite that, epidemiological research suggests a ratio of 4:1 is more accurate, which means that there are potentially thousands of young females with Aspergers who never get diagnosed.

The primary differences between Aspergers diagnoses in females and males seem to be caused by basic differences in the ways males and females express themselves. Aggressive behavior is more noticeable, and a youngster who is overly aggressive is more likely to be evaluated. Because females have a greater ability to express their emotions, they're less likely to act out when they're upset, confused or overwhelmed. Without this behavioral "compass", the other aspects of Aspergers are more likely to go unnoticed.

Another similarity between ADHD and Aspergers in females is that the symptoms are more passive in nature, which makes them more difficult to notice. Because the symptoms are milder, parents are also more reluctant to bring their daughter in for a diagnosis.

Some experts speculate that one reason fewer females are diagnosed is because their peers are more likely to help them cope in social situations, which is where Aspergers symptoms are most readily identifiable. Nurturing is instinctive in females, and so the friends of a young female with Aspergers will intuitively comfort her when she's upset, or guide her through social interactions. In contrast, males tend to be more 'predatory' and therefore more likely to tease a male with Aspergers. Because a female's friends do their best to help her, her parents and/or teachers may never see symptoms - or may not see them often enough - that would warrant a clinical diagnosis.

One of the key symptoms common between males and females is a hyper-focused
interest one particular thing or topic. For males, the special interests are often in areas of science or transportation (trains or airplanes). In females, the focus is often on animals or classic literature. The interest in and of itself isn't unusual, but a youngster with Aspergers will have an unusually intimate knowledge of his or her topic of interest. Young females may play with dolls and have imaginary friends, which doesn't seem at all unusual. However, her interest in these things will continue even when she's a teenager and they should have been outgrown.

Because social situations are stressful and awkward for females with Aspergers, they often learn to mimic people who have stronger social skills. They may adopt someone else's mannerisms, facial expressions and even vocal intonations. Again, this is sometimes misinterpreted - especially in older kids or adults - and may be misdiagnosed as a personality disorder.

Dr. Tony Atwood, in his paper about females with Aspergers, noted that females "are more motivated to learn and quicker to understand key concepts in comparison to males with Aspergers of equivalent intellectual ability." As such, he predicted that females would fare better in the long run, if they're properly diagnosed.

Parents who suspect that a daughter may have Aspergers should seek the advice of a trained medical professional. Be sure to take note of the behaviors in question, including frequency and environment in which the behavior takes place. Because Aspergers symptoms are so much more subtle in females, parents should consult with someone who specializes in Aspergers.

As with other behavioral or learning disabilities, kids with Aspergers have specific educational rights. Parents of a youngster who's been diagnosed with Aspergers should familiarize themselves with the school district's policy about things like specialized learning plans. Often, a young female with Aspergers need just a little extra attention to keep her on track toward reaching both her academic and personal potential.

10:56AM (-07:00)

**Bullying & Aspergers Kids**

Under Section 504 of the Rehabilitation Act of 1973, disability harassment is against the law in all schools, school districts, and colleges and universities that receive public funds. Handicapped kids who are bullied or harassed have legal rights to grievance procedures and due process on the local level; they can also file complaints with the Office of Civil Rights.

Nevertheless, in spite of all these laws and policies, the National Education Association estimates that every seven minutes of every school day, a youngster is a victim of
bullying, and 85% of the time there is no intervention by other students or adults. Your youngster's school may have anti-bullying policies that do not help much on a practical level.

Kids in special education are the most frequent victims of bullies. Kids with Aspergers are inevitably victims of bullying—one expert puts the percentage at 100%. The reason is that Aspergers kids fit the profile of a typical victim: a "loner" who appears different from other kids. Like hungry wolves that attack a limping sheep that can't keep up with the herd, the Child with his clumsy body language and poor social skills appears vulnerable and ripe for bullying. What's worse is the Child often suffers in silence and does not tell his moms & dads about his torment.

Luke Jackson, a thirteen-year-old boy with Aspergers explains it like this:

- Aspergers kids don't realize which things they are supposed to go home and tell. "What have you done at school today?" wouldn't automatically bring about the answer "I have been bullied" unless that subject was specifically brought up.

If your youngster appears under extreme stress, if he is missing school because of headaches and stomachaches, if he has physical injuries and torn clothing, he may be a victim of bullying. If your youngster is stealing money from you, he may be using it to pay off a bully.

Once you determine that your youngster is a victim of bullying, you have to be careful not to make the situation worse. Writing in his book Freaks, Geeks & Aspergers, Luke describes what happened after his mother spoke up to his tormentors.

- The bullies left me alone for sometime after that. But no amount of threatening by my brother, by the teachers, fear of expulsion, pleasant reasoning, absolutely nothing made any difference and they never left me alone. In the end they were physically pushing me around and punching me and it was about the worst time of my entire life.

Luke endured not only physical beatings, but also name-calling, teasing, tripping so his lunch tray fell all over, having his books destroyed and chairs pulled out from underneath him. He ended up changing schools.

One major problem that Luke's mother and other moms & dads of Aspergers kids face is that a school may have an anti-bullying policy, yet the staff looks the other way when it happens. Some school administrators are simply more tolerant of bullying than others. Some schools, including Columbine, tolerate a "pecking order" in which athletes and popular students have special privileges and develop a sense of entitlement that leads to a "bullying atmosphere." In such a school, if moms & dads report bullying, the principal may advise them to enroll their youngster in karate or otherwise teach him to stand up for himself. The underlying attitude is that it is the victim's fault. One principal told a parent of an Child, "Your son is a little different and it bothers other kids, so he brings this on himself because of who he is." Also in such a school, teachers and coaches bully the youngster too.
Another problem in approaching teachers and school administrators is that a child does not have the social savvy to tell his side of the story effectively. Bullies typically lack empathy and real feeling, but many are good at crying on cue and playing the victim. Often the child gets expelled and the bully receives no punishment unless the child has an effective witness.

In a recent survey by York University, only 23% of students agreed with the statement "teachers usually or almost always intervene" when bullies attack. However, 71% of the teachers in the survey agreed. Part of the problem is that teachers do not witness most bullying because it usually happens off-campus (which also means the school may not be legally liable for it). Aspergers kids are most vulnerable when they walk alone to and from school. The other most likely times bullying occurs is during unstructured times such as lunch hour, recess and passing to classes. Bullying peaks in junior high school.

There are things you can do to protect your youngster. It is a good idea to demand an anti-bullying clause in your youngster's Individual Education Plan. This is a proactive way of having solutions in place and holding the administration to its word in the event your youngster is bullied anytime throughout the year. If your school does not have an anti-bullying program, try to work through the PTO to get one in place. Dr. Dan Olweus's model, first used in Europe, is still one of the best. It involves hiring a bullying coordinator, keeping monitors in the lunchrooms, restrooms, corridors and playgrounds, and making sure there is consistent intervention.

If your youngster is a victim of bullying, don't approach the moms & dads of the bully or the bully himself. According to some authorities, moms & dads of bullies are often physically abusive people and many have criminal records. You should talk to your youngster's teacher and principal in private. Ask for an adult aide to accompany your youngster at all times, if necessary. If the bullying does not stop, you can involve the police or file grievances through your local Office of Civil Rights. If your youngster is in danger, you can home school him until the situation is under control or transfer him to a private school. If you have to file a lawsuit against the school and the moms & dads of the bullies, find a lawyer whose expertise is in special education law.

11:00AM (-07:00)

Diet and Nutrition for Adolescents with Aspergers—

As moms & dads, we all know that our adolescents need to eat well. Their bodies are still growing, their brains are still changing, and their hormones may be taking a toll on their moods and energy levels. Yet we also know that adolescents are prone to eating irregularly, and sometimes quite poorly, particularly as they distance themselves from parental controls, and eat more meals away from home. Pizza, cookies, ice cream, and
soft drinks may be the most common foods in their diets at this age. But moms & dads have more influence and capacity to affect their adolescents' diets positively than they may think they do. The keys to positive change in the arena of diet and nutrition are positive attitude, planning, and preparation. These keys are already in your hands.

Moms & dads have a particularly strong advantage in this arena because, generally speaking, moms & dads have higher incomes than adolescents, and adolescents would rather spend more of their incomes on clothing, music, movies, and other entertainment, and as little as possible on food. Adolescents with Aspergers are not much different; the only real difference may be that appropriate diet and nutrition may be even more important to help them keep improving their social skills and relations with other adolescents and adults. Even slight worsening of moods, or additional absent-mindedness due to low blood sugar from skipping a meal, may cause a adolescent with Aspergers to fall into difficulties in important social situations. Once he or she has created a "social storm", such as a rift with a friend, or opposition to a teacher, the adolescent with Aspergers often has more trouble than other adolescents navigating the troubled waters and reaching a safe shore.

Using the keys to positive change in the arena of your adolescent's diet and nutrition is not difficult. The following outline gives many examples of simple and direct changes you can make. A separate article on this website will cover special issues, including how to assess and manage food allergies, and co-occurring medical conditions.

Positive Attitude—

Most of us yearn to have peace at the dinner table and in the home; we would like to provide healthy food, and have our kids eat it with appreciation and without complaints. Yet we may forget that a positive attitude about food has to begin with us.

In many countries and cultures of the world, kids and adolescents are only too glad to have enough food to eat each day. In much of Africa, families still eat all their meals together and in rural areas there is generally a single bowl of food, a grain or root starch with a vegetable sauce that young and old family members share. Meat is often more of a luxury, or may be offered only in small quantities. Soft drinks and sugary desserts are luxury items, and a regular component of the diet only for relatively wealthy people. While living and traveling in rural West Africa for four years, I never observed any adolescents complaining about the food, or refusing to eat a prepared meal.

In the United States, by contrast, we often have too much food, and paradoxically, much of it is not healthy or nutritious. Adolescents complain about the food provided for them, and may refuse to eat, or don't eat well at prepared meals with their families, because they have a confusing array of other choices. They often do not view making daily decisions about what is and is not nutritious as their job, and they shouldn't; it is the job of the adults in the community, whether at home or at school, to guide adolescents to eat wisely by providing nutritious food, and by limiting the supply of non-nutritious foods available.

At the same time, eating together is one of the most affirming and basic family-building
activities possible; it also links us to other human beings in our own community and other communities; it is one activity that we all have in common, no matter what culture we are from! Our first job, therefore, is to return a sense of pleasure and even joy to family mealtimes, and to eating in general, if it isn't already there; our second job is to plan for food that is appropriately nutritious, even planning some meals with our adolescents; our third job is to prepare the food with a calm attitude and with thoughtful attention to the needs of our adolescents, whether it be for portable meals, late-night snacks, or a constant supply of pocket-sized nutritious energy-boosters.

Here are several ways to keep positive attitudes circulating in your home:

1. Try music and candlelight for a change. Ask your adolescent to choose some quiet music that he or she especially likes.

2. Start each meal together, at the table, and wait for everyone to be there. It helps to share a moment of silent appreciation, a chosen quote, or a prayer if you are so inclined. Let all family members take turns choosing the opening.

3. Offer only nutritious foods at mealtimes. Try to buy as many fresh foods as possible, and use color contrasts to make the meal appeal to the artist in your teen.

4. Get family members to take turns helping to set the table creatively with attractive, even unusual, centerpieces or decorations. Some of these may even help generate conversation with ordinarily taciturn adolescents.

5. Do not make meal times a time to criticize or moralize; try to open the conversation to everyone, and avoid topics that exclude some people, or are boring for kids or teens. In the original book, Cheaper by the Dozen (a true story), family members were allowed to call out, "Not of general interest!" when inappropriate or boring dinnertime conversation topics were introduced.

6. Ask family members what their favorite dinners are, and either prepare those meals yourself or allow them to prepare those meals, once a week.

Planning and Preparation—

Turning your kitchen into a generator of good nutrition and better eating habits may feel like a monumental task, but it is entirely manageable if broken down into tasks that only take an hour or less.

1. Based on your family's list of favorite meals, and the cook's preferences, create a new grocery list featuring fresh foods and non-sugar foods for the main meals.

2. Go through the refrigerator and the pantry shelves and gradually reduce and eliminate unhealthy foods. These include those foods whose primary ingredient is sugar (i.e. the first ingredient on the label), and foods with artificial ingredients, including preservatives and artificial coloring. Get rid of all soft drinks. Extra salty or fatty foods should also be limited, but these are more problematic for adult health; adolescents can handle some
salty, fatty foods because of their higher activity levels. Then don't buy unhealthy foods anymore. If anyone asks, you can tell them you can't afford them. Having to buy these foods themselves will immediately reduce your adolescents' (and other family members') need for them.

3. It is also good practice to rotate cooking duties. Cooking is a practical skill and art form that all adolescents should master early in life. A adolescent with Asperger's may especially appreciate feeling self-confident serving tasty food he or she has prepared to friends and family.

4. It is important to continue to provide some snack foods, portable foods, and quick meals. These in-between food sources are often the culprits in poor nutrition and diet, however, so it is crucial to look closely at ingredients, and change the foods that are available whenever you determine that the current offerings are unhealthy. Make sure that you provide a continual supply of a variety of these meal alternatives, or your adolescent will resort to relying on vending machines and friends; neither source can be relied upon for solely healthy and nutritious food!

5. Next, see how many canned or already prepared foods you can replace with fresh foods. These foods are often a hidden source of unwanted sugars, preservatives, and other chemical additives that can actually damage your family's health. Try the local health food store for spaghetti sauce and other sauces and dressings free of chemistry experiments; farmer's markets often have homemade jams, hot sauces, pesto, flavored honey, herb vinegars and other specialties. Check the local bakeries for bread; often bakeries sell their day-old bread at a significant discount - and it is still a lot fresher than what you will find at the grocery store!

6. Pay special attention to breakfast foods. You may have to woo your adolescent to the breakfast table, but it is worth the effort. Breakfast is still the most important meal of the day for regulating energy levels, brain power, and moods.

7. Preparing food should be a happy, not a harassed, activity. We have a rule in our house that the cook gets to choose the music or radio program while preparing meals, and others are in the kitchen at the same time only if they are contributing to a positive atmosphere.

8. Whoever does the majority of the cooking in the family should consider what foods he or she enjoys the most, and should check out a few cookbooks featuring their favorite foods from the library. A happy and inspired cook makes good food; inspiring food makes better mealtimes and better nutrition possible.

Very Easy Recipes—

Simple examples of healthy snack foods:

• apples and peanut butter
• carrots, celery, cherry tomatoes
• cheese and wholegrain crackers
• granola or homemade granola bars
• peanuts and raisins, or other fruit/nut mixes
• quick breads and muffins made from scratch
• whole yogurt with fresh fruit and honey
• yogurt and fruit "smoothies" made in the blender

Portable foods need to be hard, or in a hard container, so that they are not squashed and unappetizing by the time your adolescent gets around to remembering to eat them. Apples and granola bars are a good start; sometimes we get beef, elk, venison or bison jerky from friends who make their own jerky, and more farmers and ranchers are starting to offer these products for sale. We also have a favorite cookie recipe. Using whatever basic chocolate chip cookie recipe your family prefers, cut the sugar by one-quarter cup, and substitute one-half cup quick oats for one-half cup of the flour required. Add chopped nuts, and even coconut flakes, if you prefer. Use real butter rather than margarine. Making a variation of these cookies each week, and filling the cookie jar will provide a more nutritious treat than store-bought cookies.

Quick meals should be meals that adolescents, including those with Aspergers, can cook for themselves in the afternoon after school, or late at night when returning from an evening out, or if they are up late studying. Provide instruction in how to prepare basic pasta, and then make sure that a variety of interesting pasta shapes and sauces are readily available and that your adolescent knows how to find the necessary ingredients and pots and pans by him or herself. Egg-based meals are another example. Make sure that your adolescent knows how to prepare basic scrambled eggs, omelets, fried or poached eggs, hard-boiled eggs, and French toast. With just these two basic food sources in his or her cooking repertoire, your adolescent can create a dozen different healthy meals.

Rather than using direct praise for positive changes in your adolescent's eating habits, which may feel too intrusive or excessive for what he or she will rightly regard as a very basic part of life, ask your adolescent to cook for the family. "You prepare such good food these days; could I get you to cook for everyone once this week or next week?" will make your adolescent feel both self-confident, and needed. For a adolescent, with or without Aspergers, these are the marks of growing into adulthood and family membership as the contributing adult that he or she wants to be, deep down.

11:01AM (-07:00)

Aspergers & Picky Eating

Because of their sensitivity to smell, temperature, taste and texture, kids with Aspergers are often "picky" eaters. Some develop fetishes such as only eating beige-colored foods or foods with creamy textures. They often like very sour or very spicy tastes. Some
develop chewing fetishes and as a result, they constantly suck on pens, pencils or times of clothing.

These kids also sometimes have issues with developing gastric problems such as acid reflux, hiccups, diarrhea, vomiting, or constipation. They are susceptible to celiac disease, which is caused by poor absorption of certain nutrients. The danger is that celiac disease damages the digestive system. Aspergers kids frequently suffer from Dermatitis herpetiformis, which causes skin rashes and tissue damage in the intestine. It has also been shown that gluten can aggravate behavioral symptoms in those with Asperger's that are sensitive to these foods.

It becomes a challenge for moms & dads to make sure their Aspergers kid gets proper nutrition. One trick that works for many moms & dads is to change the texture of a despised food. If your youngster will not eat peas, try serving pea soup. If she refuses orange juice, try orange slices. Most clinicians believe that the less you indulge food fetishes, the less entrenched they become. If an Aspergers kid creates a rule that "no foods can touch on my plate," it can easily become a lifelong rule if moms & dads do not intervene.

One promising food therapy is the "Gluten-Free Casein-Free Diet" or GFCF diet. The theory behind it is that a youngster with Aspergers cannot digest casein (found in dairy) or gluten (found in grains). It is true that undigested molecules of these substances frequently show up in their urine samples. These amino acid chains (called peptides) affect neurological function and can worsen a youngster's symptoms. Peptides may have an opiate effect on some kids.

Moms & dads begin the diet by first eliminating either the casein or the gluten food group. No gluten means no bread, barley, rye, oats, pasta, all kinds of flour, food starch, biscuits, cereals, cakes, donuts, pie, pretzels, pizza, croutons, and even crumbs stuck in the toaster. You can substitute gluten-free products. Next, you eliminate all dairy products including milk, cheese, goat's milk and cheese, ice cream, yogurt, most margarines, puddings, and so forth. If you eliminate the dairy group, you may have to give your youngster calcium supplements. You also need to cut out "trigger foods" including chocolate, food colorings, caffeine, and peanut butter. The GFCF Diet website offers all kinds of resources for moms & dads such as cookbooks, food products, and DVDs.

Many moms & dads believe that the GFCF diet really helps their kids. In an unscientific survey of over 2000 moms & dads who tried it, most saw significant improvement and five reported "miracles."

Research into diet and vitamin therapy for kids with Aspergers is very sketchy at this point. Nevertheless, many moms & dads try them. One scientific study of alternative therapies found that over half of all moms & dads of kids with autism spectrum disorders have tried diets, herbs or vitamin therapy and 72% felt they were worthwhile. Many moms & dads swear by the GFCF diet, others prefer the Feingold diet or megavitamin therapy. You can buy supplements of herbs and vitamins specifically made for kids with Aspergers. Such supplements often include calcium, fish oil, omega -3 -6 or -9, vitamin B-6, HNI enzymes and DMG or dimethylglycine. If you use these diets and therapies, the
best thing to do is to keep written records of how often your youngster tantrums or exhibits other behaviors. This way you can tell if the therapy is working.

There have been a few scientific studies of the GFCF diet. In one three-month study of fifteen kids ages two to 15 years old, there was no difference between the kids who followed the diet and those who did not. However, researchers at the Loma Linda Medical Institute in California concluded that the diet was mostly helpful and improved nonverbal cognition, but that more double blind studies are needed.

Many moms & dads have tried the GFCF or Feingold diets and found that they were not worth the effort. These diets make it extremely hard to buy regular grocery foods or to eat in restaurants. If there are other kids, you end up cooking different meals for them. Trying to keep to the diets causes parental burnout and that may not be worth their benefits.

11:04AM (-07:00)

Aspergers and the Teenage Years

Most experts do a great job of presenting the problems kids with Aspergers face during their adolescent years. Yet they offer few solutions.

Problems Teenagers With Aspergers Often Face—

Diane Kennedy, in her 2002 book The ADHD Autism Connection, writes that the years from twelve to seventeen are "the saddest and most difficult time" for people with Aspergers. This is not true of every teenager with Aspergers. Some do extremely well. Their indifference to what others think makes them indifferent to the intense peer pressure of adolescence. They can flourish within their specialty, and become accomplished musicians, historians, mathematicians, etc.

Yet, as Kennedy observes, Aspergers adolescents typically become more isolated socially during a period when they crave friendships and inclusion more than ever. In the cruel world of middle and high school, adolescents often face rejection, isolation and bullying.

Meanwhile, school becomes more demanding in a period when they have to compete for college placements. Issues of sexuality and a desire for independence from moms & dads create even more problems.

Social Isolation. In the teenage world where everyone feels insecure, teenagers that appear different are voted off the island. Adolescents often have odd mannerisms. One teenager talks in a loud unmodulated voice, avoids eye contact, interrupts others, violates their physical space, and steers the conversation to her favorite odd topic. Another
appears willful, selfish and aloof, mostly because he is unable to share his thoughts and feelings with others. Isolated and alone, many Adolescents are too anxious to initiate social contact.

Many Aspergers adolescents are stiff and rule-oriented and act like little adults, which is a deadly trait in any teenage popularity contest. Friendship and all its nuances of reciprocity can be exhausting for an Aspergers child, even though she wants it more than anything else. One girl ended a close friendship with this note: "Your expectations exhaust me. The phone calls, the girl talks, all your feelings...it's just too much for me. I can't take it anymore."

Inability to "Be a Teenager." An Aspergers child typically does not care about teenager fads and clothing styles -- concerns that obsess everyone else in their peer group. Adolescents may neglect their hygiene and wear the same haircut for years. Boys forget to shave; girls don't comb their hair or follow fashion.

Some Adolescents remain stuck in a grammar school clothes and hobbies such as unicorns and Legos, instead of moving into adolescent concerns like MySpace and dating. Aspergers boys often have no motor coordination. This leaves them out of high school sports, typically an essential area of male bonding and friendship.

Sexual Issues. Aspergers adolescents are not privy to street knowledge of sex and dating behaviors that other teenagers pick up naturally. This leaves them naive and clueless about sex. Boys can become obsessed with Internet pornography and masturbation. They can be overly forward with a girl who is merely being kind, and then later face charges of stalking her. An Aspergers adolescent may have a fully developed female body and no understanding of flirtation and non-verbal sexual cues, making her susceptible to harassment and even date rape.

Criminal Activity. Pain, loneliness and despair can lead to problems with drugs, sex and alcohol. In their overwhelming need to fit in and make friends, some Adolescents fall into the wrong high school crowds. Teenagers who abuse substances will use the Aspergers child's naivety to get him to buy or carry drugs and liquor for their group.

If cornered by a police officer, an Aspergers child usually does not have the skill to answer the officer's questions appropriately. For example, if the officer says, "Do you know how fast you were driving?" an Aspergers child may reply bluntly, "Yes," and thus appears to be a smart-aleck.

School Failures. Many Adolescents with their average to above average IQs can sail through grammar school, and yet hit academic problems in middle and high school. They now have to deal with four to six teachers, instead of just one. The likelihood that at least one teacher will be indifferent or even hostile toward making special accommodations is certain. The Aspergers student now has to face a series of classroom environments with different classmates, odors, distractions and noise levels, and sets of expectations.

Adolescents with their distractibility and difficulty organizing materials face similar academic problems as students with Attention Deficit Disorder. A high school term paper
or a science fair project becomes impossible to manage because no one has taught the Aspergers child how to break it up into a series of small steps. Even though the academic stress on an Aspergers adolescent can be overwhelming, school administrators may be reluctant to enroll him in special education at this late point in his educational career.

Depression and Acting Out. The teenage years are more emotional for everyone. Yet the hormonal changes of adolescence coupled with the problems outlined above might mean that an Aspergers adolescent becomes emotionally overwhelmed. Child tantrums reappear. Boys often act up by physically attacking a teacher or peer. They may experience "melt down" at home after another day filled with harassment, bullying, pressure to conform, and rejection. Suicide and drug addiction become real concerns, as the teenager now has access to cars, drugs and alcohol.

The "saddest and most difficult time" can overwhelm not only the Aspergers adolescent, but also his family.

How Moms & dads Can Help Teenagers With Aspergers—

Moms & dads of teenagers with Aspergers face many problems that others moms & dads do not. Time is running out for teaching their Aspergers child how to become an independent adult. As one mother put it, "There's so little time, and so much left to do." They face issues such as vocational training, teaching independent living, and providing lifetime financial support for their young person, if necessary. Meanwhile, their immature Aspergers child is often indifferent or even hostile to these concerns.

Once an Aspergers child enters the teenager years, his moms & dads have to use reasoning and negotiation, instead of providing direction. Like all adolescents, he is harder to control and less likely to listen to his moms & dads. He may be tired of moms & dads nagging him to look people in their eyes, brush his teeth, and wake up in time for school. He may hate school because he is dealing with social ostracism or academic failure there. Here is how thirteen-year-old Luke Jackson, author of Freaks, Geeks and Aspergers, wrote about being an Aspergers teenager:

"Are you listening to me?" 'Look at me when I am talking to you.' AS kids, how familiar are those words? Don't they just make you groan? (And that's putting it politely!) ...When I look someone straight in the eye... the feeling is so uncomfortable that I cannot really describe it. First of all I feel as if their eyes are burning me and I really feel as if I am looking into the face of an alien."

Here are some ways that other moms & dads of teenagers with Aspergers deal with common issues.

School. If the pressure on your young person to conform is too great, if she faces constant harassment and rejection, if your principal and teaching staff do not cooperate with you, it may be time to find another school. The teenage years are often when many moms & dads decide it is in their young person’s best interest to enter special education or a therapeutic boarding school. In a boarding school, professionals guide your young person academically and socially on a twenty-four hour basis. They do not allow boys to
isolate themselves with video games: everyone has to participate in social activities. A counseling staff helps with college placements.

If you decide to work within a public school system, you may have to hire a lawyer to get needed services. Your young person should have an Individual Education Plan and accommodations for the learning disabled. This may mean placement in small classes, tutors, and special arrangements for gym and lunchtime. He should receive extra time for college board examinations.

Teach your young person to find a "safe place" at school where he can share emotions with a trusted professional. The safe place may be the offices of school nurse, guidance counselor, or psychologist.

Social Life. When she was little, you could arrange play dates for her. Now you have to teach her how to initiate contact with others. Teach her how to leave phone messages and arrange details of social contacts such as transportation. Encourage her to join high school clubs like chess or drama. It is not necessary to tell her peers that she has Aspergers: let her do that herself.

Many teenagers with Aspergers are enjoying each other's company through Internet chatrooms, forums and message boards.

Appearance. Because of their sensitivity to textures, Adolescents often wear the same clothes day in and day out. This is unacceptable in middle or high school. One idea that has worked for some moms & dads is to find a teenager of the same age and sex as yours, and then enlist that person help you choose clothes that will enable your young person to blend in with other teenagers. Insist that your teenager practices good hygiene every day.

Sex. You absolutely have to teach your teenager with Aspergers about sex. You will not be able to "talk around" the issue: you will have to be specific and detailed about safe sex, and teach your young person to tell you about inappropriate touching by others. Your young person may need remedial "sex education". For example, a girl needs to understand she is too old to sit on laps or give hugs to strangers. A boy might have to learn to close toilet stall doors and masturbate only in private.

Drugs and Alcohol. Alcoholic drinks or drugs often react adversely with your young person's prescriptions, so you have to teach your young person about these dangers. Since most Adolescents are very rule-oriented, try emphasizing that drugs and alcohol are illegal.

Driving. Most Adolescents can learn to drive, but their process may take longer because of their poor motor coordination. Once they learn a set of rules, they are likely to follow them to the letter - a trait that helps in driving. However, Adolescents may have trouble dealing with unexpected situations on the road. Have your young person carry a cell phone and give him a printed card that explains Aspergers. Teach him to give the card to a police officer and phone you in a crisis.
Summer and Part-Time Jobs. Most of these jobs -- movie usher, fast food worker, store clerk, etc -- involve interaction with the public. This means they are not always a good fit for a teenager with Aspergers. Some Adolescents can find work in their field of special interest, or in jobs that have little interpersonal interaction. Other teenagers have spent joyful summers at camps designed for teenagers like them.

Life After High School. If your teenager is college-bound, you have to prepare her for the experience. You can plan a trip to the campus, and show her where to buy books, where the health services are, and so forth. Teach her how to handle everyday problems such as "Where do you buy deodorant?" "What if you oversleep and miss a class?"

As you prepare your teenager for the workforce, keep in mind that people with Aspergers often do not understand office politics. They have problems with the basics, such as handling criticism, controlling emotions, showing up on time, and working with the public. This does not mean they cannot hold down a job. Once they master certain aspects of employment, Adolescents are often able to work at high levels as accountants, research scientists, computer programmers, and so forth.

11:05AM (-07:00)

How to explain abstract concepts of friendship and love...

Question

How to explain abstract concepts of friendship and love? Answer

Talking about abstract concepts with a child with Asperger's Syndrome can be challenging. Typically, children with Asperger's have a very difficult time understanding abstract concepts, especially those that have to do with social interactions. When you talk to your child about friendship and love, understand that this will not be something he can grasp overnight.

A great deal of the conversation depends on the age of your child. Young children, especially elementary age children, will likely be talked to about friendship many times. Keep the conversations as concrete as you can, using specific examples. If you son has a good friend, talk to him about what sorts of things he can do to nurture that friendship. He can invite his friend over for play dates. He can share his toys. He can talk to him, especially when his friend wants to talk. He can be a good listener. Using specific examples, you can explain to your son, over time, what friends do for each other, and what friendship means. Helping him understand this will enable him to better create and
nurture friendships when he gets older.

When your child is young, you will want to introduce the concept of love to him. Explain that love is a feeling, and talk to him about times when he might feel that feeling. He loves his mother and father. He loves his siblings. He loves his pets. Helping him to identify that feeling will help him understand the emotion. You can also talk to him about how he treats people he loves. Give him concrete examples of ways he can act and things he can do to nurture a loving relationship. This might include holding hands or hugging, or a kiss good night.

As your child gets older, you will need to continue to talk with him about the changing nature of his feelings and the nature of his relationships. He may have feelings for girls that he has trouble identifying. Talk to him about those feelings and help him give them names. You will need to talk about the varying degrees of love, such as the love he might feel for a good friend and the crush he might have on a girl in his class. Discuss appropriate ways to act on those feelings.

It's important to help your son identify his own feelings and give them names. He will then need to talk about the appropriate ways to act when he has those feelings. A good reference for parents is a book entitled “Life and Love: Positive Strategies for Autistic Adults” by Zosia Zaks.

In this book, the author writes about concrete ways to deal with challenges that come up in daily life, about friendship and love. Ms. Zaks writes for autistic adults and stresses the relationship between self-esteem and independence. This would be a great book to have your older child or adult child with Asperger's read. This would give you a common language to talk through some of these issues.

02:05PM (-07:00)

**Aspergers & Social Interaction**

The lack of demonstrated empathy is possibly the most dysfunctional aspect of Aspergers.[2] Individuals with ASPERGERS experience difficulties in basic elements of social interaction, which may include a failure to develop friendships or to seek shared enjoyments or achievements with others (for example, showing others objects of interest), a lack of social or emotional reciprocity, and impaired nonverbal behaviors in areas such as eye contact, facial expression, posture, and gesture.[1]

Unlike those with autism, youngsters with ASPERGERS are not usually withdrawn around others; they approach others, even if awkwardly. For example a person with
ASPERGERS may engage in a one-sided, long-winded speech about a favorite topic, while misunderstanding or not recognizing the listener's feelings or reactions, such as a need for privacy or haste to leave. This social awkwardness has been called "active but odd." This failure to react appropriately to social interaction may appear as disregard for other youngster's feelings, and may come across as insensitive.

The cognitive ability of kids with ASPERGERS often allows them to articulate social norms in a laboratory context, where they may be able to show a theoretical understanding of other youngster's emotions; however, they typically have difficulty acting on this knowledge in fluid, real-life situations. Youngsters with ASPERGERS may analyze and distill their observation of social interaction into rigid behavioral guidelines, and apply these rules in awkward ways, such as forced eye contact, resulting in a demeanor that appears rigid or socially naive. Childhood desire for companionship can become numbed through a history of failed social encounters.

The hypothesis that individuals with ASPERGERS are predisposed to violent or criminal behavior has been investigated but is not supported by data. More evidence suggests kids with ASPERGERS are victims rather than victimizers. A 2008 review found that an overwhelming number of reported violent criminals with ASPERGERS had coexisting psychiatric disorders such as schizoaffective disorder.

Restricted and repetitive interests and behavior in Aspergers kids...

Kids with Aspergers often display behavior, interests, and activities that are restricted and repetitive and are sometimes abnormally intense or focused. They may stick to inflexible routines, move in stereotyped and repetitive ways, or preoccupy themselves with parts of objects.

Pursuit of specific and narrow areas of interest is one of the most striking features of ASPERGERS. Individuals with ASPERGERS may collect volumes of detailed information on a relatively narrow topic such as dinosaurs, trains or deep fat fryers, without necessarily having genuine understanding of the broader topic. For example, a kid might memorize camera model numbers while caring little about photography. This behavior is usually apparent by grade school, typically age 5 or 6 in the United States. Although these special interests may change from time to time, they typically become more unusual and narrowly focused, and often dominate social interaction so much that the entire family may become immersed. Because narrow topics often capture the interest of kids, this symptom may go unrecognized.

Stereotyped and repetitive motor behaviors are a core part of the diagnosis of
ASPERGERS and other ASDs.[19] They include hand movements such as flapping or twisting, and complex whole-body movements.[15] These are typically repeated in longer bursts and look more voluntary or ritualistic than tics, which are usually faster, less rhythmical and less often symmetrical.[20]

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Aspergers: Speech and Language

Although kids with Aspergers acquire language skills without significant general delay and their speech typically lacks significant abnormalities, language acquisition and use is often atypical.[5] Abnormalities include verbosity, abrupt transitions, literal interpretations and miscomprehension of nuance, use of metaphor meaningful only to the speaker, auditory perception deficits, unusually pedantic, formal or idiosyncratic speech, and oddities in loudness, pitch, intonation, prosody, and rhythm.[1]

Three aspects of communication patterns are of clinical interest: poor prosody, tangential and circumstantial speech, and marked verbosity. Although inflection and intonation may be less rigid or monotonic than in autism, children with ASPERGERS often have a limited range of intonation: speech may be unusually fast, jerky or loud. Speech may convey a sense of incoherence; the conversational style often includes monologues about topics that bore the listener, fails to provide context for comments, or fails to suppress internal thoughts. Individuals with ASPERGERS may fail to monitor whether the listener is interested or engaged in the conversation. The speaker's conclusion or point may never be made, and attempts by the listener to elaborate on the speech's content or logic, or to shift to related topics, are often unsuccessful.[5]

Kids with ASPERGERS may have an unusually sophisticated vocabulary at a young age and have been colloquially called "little professors", but have difficulty understanding figurative language and tend to use language literally.[1] Kids with ASPERGERS appear to have particular weaknesses in areas of nonliteral language that include humor, irony, and teasing. Although individuals with ASPERGERS usually understand the cognitive basis of humor they seem to lack understanding of the intent of humor to share enjoyment with others.[12] Despite strong evidence of impaired humor appreciation, anecdotal reports of humor in individuals with ASPERGERS seem to challenge some psychological theories of ASPERGERS and autism.[21]

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Aspergers Screening

Moms & dads of kids with Asperger syndrome can typically trace differences in their kids’s development to as early as 30 months of age.[31] Developmental screening during a routine check-up by a general practitioner or pediatrician may identify signs that warrant further investigation.[1][6] The diagnosis of ASPERGERS is complicated by the use of several different screening instruments,[6][26] including:

- Asperger Syndrome Diagnostic Scale (ASDS)
- Autism Spectrum Quotient (AQ; with versions for kids,[49] adolescents[50] and adults[51]).
- Autism Spectrum Screening Questionnaire (ASSQ)
- Childhood Asperger Syndrome Test (CAST),
- Gilliam Asperger's Disorder Scale (GADS)
- Krug Asperger's Disorder Index (KADI)

None have been shown to reliably differentiate between ASPERGERS and other ASDs.[1]

Aspergers Therapies

The ideal treatment for ASPERGERS coordinates therapies that address core symptoms of the disorder, including poor communication skills and obsessive or repetitive routines. While most professionals agree that the earlier the intervention, the better, there is no single best treatment package.[6] ASPERGERS treatment resembles that of other high-functioning ASDs, except that it takes into account the linguistic capabilities, verbal strengths, and nonverbal vulnerabilities of individuals with ASPERGERS.[1] A typical program generally includes:

- Cognitive behavioral therapy to improve stress management relating to anxiety or explosive emotions,[62] and to cut back on obsessive interests and repetitive routines
- Medication, for coexisting conditions such as major depressive disorder and anxiety disorder
- Occupational or physical therapy to assist with poor sensory integration and motor coordination
- Social communication intervention, which is specialized speech therapy to help with the pragmatics of the give and take of normal conversation
- The training and support of parents, particularly in behavioral techniques to use in the
home
• the training of social skills for more effective interpersonal interactions

Of the many studies on behavior-based early intervention programs, most are case studies of up to five participants, and typically examine a few problem behaviors such as self-injury, aggression, noncompliance, stereotypies, or spontaneous language; unintended side effects are largely ignored.[65] Despite the popularity of social skills training, its effectiveness is not firmly established.[66] A randomized controlled study of a model for training moms & dads in problem behaviors in their kids with ASPERGERS showed that parents attending a one-day workshop or six individual lessons reported fewer behavioral problems, while moms & dads receiving the individual lessons reported less intense behavioral problems in their ASPERGERS kids.[67] Vocational training is important to teach job interview etiquette and workplace behavior to older kids and with ASPERGERS, and organization software and personal data assistants to improve the work and life management of kids with ASPERGERS are useful.[1]

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Medications for Aspergers

No medications directly treat the core symptoms of ASPERGERS.[63] Although research into the efficacy of pharmaceutical intervention for ASPERGERS is limited,[1] it is essential to diagnose and treat comorbid conditions.[2] Deficits in self-identifying emotions or in observing effects of one's behavior on others can make it difficult for kids with ASPERGERS to see why medication may be appropriate.[63] Medication can be effective in combination with behavioral interventions and environmental accommodations in treating comorbid symptoms such as anxiety disorder, major depressive disorder, inattention and aggression.[1] The atypical neuroleptic medications risperidone and olanzapine have been shown to reduce the associated symptoms of ASPERGERS;[1] risperidone can reduce repetitive and self-injurious behaviors, aggressive outbursts and impulsivity, and improve stereotypical patterns of behavior and social relatedness. The selective serotonin reuptake inhibitors (SSRIs) fluoxetine, fluvoxamine and sertraline have been effective in treating restricted and repetitive interests and behaviors.[1][2][31]

Care must be taken with medications; abnormalities in metabolism, cardiac conduction times, and an increased risk of type 2 diabetes have been raised as concerns with these medications,[68][69] along with serious long-term neurological side effects.[65] SSRIs can lead to manifestations of behavioral activation such as increased impulsivity, aggression and sleep disturbance.[31] Weight gain and fatigue are commonly reported side effects of risperidone, which may also lead to increased risk for extrapyramidal symptoms such as restlessness and dystonia[31] and increased serum prolactin.
levels.

Sedation and weight gain are more common with olanzapine, which has also been linked with diabetes. Sedative side-effects in school-age kids have ramifications for classroom learning. Kids with ASPERGERS may be unable to identify and communicate their internal moods and emotions or to tolerate side effects that for most people would not be problematic.

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Asperger's Children and Temper Tantrums [Meltdowns]

Meltdowns range from whining and crying to screaming, kicking, hitting, and breath holding. Aspergers children's temperaments vary dramatically — so some Aspergers children may experience regular meltdowns, whereas others have them rarely. They're a normal part of Aspergers development and don't have to be seen as something negative. Unlike adults, Aspergers children don't have
Imagine how it feels when you're determined to program your DVD player and aren't able to do it, no matter how hard you try, because you can't understand how. It's pretty frustrating — do you swear, throw the manual, walk away, and slam the door on your way out? That's the adult version of a temper tantrum. Aspergers kids are also trying to master their world and when they aren't able to accomplish a task, they turn to one of the only tools at their disposal for venting frustration — a temper tantrum.

Several basic causes of meltdowns are familiar to moms & dads everywhere: The Aspergers child is seeking attention or is tired, hungry, or uncomfortable. In addition, meltdowns are often the result of Aspergers children's frustration with the world — they can't get something (for example, an object or a parent) to do what they want. Frustration is an unavoidable part of their lives as they learn how people, objects, and their own bodies work.

Meltdowns are common during the second year of life, a time when children are acquiring language. Aspergers kids generally understand more than they can express. Imagine not being able to communicate your needs to someone — a frustrating experience that may precipitate a temper tantrum. As language skills improve, meltdowns tend to decrease.

Another task Aspergers kids are faced with is an increasing need for autonomy. Aspergers kids want a sense of independence and control over the environment — more than they may be capable of handling. This creates the perfect condition for power struggles as an Aspergers child thinks "I can do it myself" or "I want it, give it to me." When Aspergers children discover that they can't do it and can't have everything they want, the stage is set for a temper tantrum.

Avoiding Meltdowns—

The best way to deal with meltdowns is to avoid them in the first place, whenever possible. Here are some strategies that may help:

- Consider the request carefully when your youngster wants something. Is it outrageous? Maybe it isn't. Choose your battles; accommodate when you can.
- Distract your youngster. Take advantage of your little one's short attention span by offering a replacement for the coveted object or beginning a new activity to replace the frustrating or forbidden one. Or simply change the environment. Take your child outside or inside or move to a different room.
- Keep off-limits objects out of sight and out of reach to make struggles less likely to develop over them. Obviously, this isn't always possible, especially outside of the home where the environment can't be controlled.
- Know your youngster's limits. If you know your child is tired, it's not the best time to go grocery shopping or try to squeeze in one more errand.
- Make sure your youngster isn't acting up simply because he or she isn't getting enough attention. To an Aspergers child, negative attention (a parent's response to a temper tantrum) is better than no attention at all. Try to establish a habit of catching your youngster being good ("time in"), which means rewarding your little one with attention for
positive behavior.

Set the stage for success when Aspergers children are playing or trying to master a new task. Offer age-appropriate toys and games. Also, start with something simple before moving on to more challenging tasks.

Try to give Aspergers kids some control over little things. This may fulfill the need for independence and ward off meltdowns. Offer minor choices such as "Do you want orange juice or apple juice?" or "Do you want to brush your teeth before or after taking a bath?" This way, you aren't asking "Do you want to brush your teeth now?" — which inevitably will be answered "no."

If a safety issue is involved and a child repeats the forbidden behavior after being told to stop, use a time-out or hold the youngster firmly for several minutes. Be consistent. Aspergers children must understand that you are inflexible on safety issues.

Temper tantrum Tactics—

The most important thing to keep in mind when you're faced with an Aspergers child in the throes of a temper tantrum, no matter what the cause, is simple and crucial: Keep cool. Don't complicate the problem with your own frustration. Aspergers children can sense when moms & dads are becoming frustrated. This can just make their frustration worse, and you may have a more exaggerated temper tantrum on your hands. Instead, take deep breaths and try to think clearly.

Your youngster relies on you to be the example. Hitting and spanking don't help; physical tactics send the message that using force and physical punishment is OK. Instead, have enough self-control for both of you.

First, try to understand what's going on. Meltdowns should be handled differently depending on the cause. Try to understand where your youngster is coming from. For example, if your little one has just had a great disappointment, you may need to provide comfort.

It's a different situation when the temper tantrum stems from an Aspergers child's being refused something. Aspergers kids have fairly rudimentary reasoning skills, so you aren't likely to get far with explanations. Ignoring the outburst is one way to handle it — if the temper tantrum poses no threat to your youngster or others. Continue your activities, paying no attention to your youngster but remaining within sight. Don't leave your little one alone, though, otherwise he or she may feel abandoned on top of all of the other uncontrollable emotions.

Aspergers children who are in danger of hurting themselves or others during a temper tantrum should be taken to a quiet, safe place to calm down. This also applies to meltdowns in public places.

Older Aspergers children are more likely to use meltdowns to get their way if they've learned that this behavior works. Once Aspergers children are school age, it's appropriate to send them to their rooms to cool off. Rather than setting a specific time limit, moms & dads can tell them to stay in the room until they've has regained control. The former
option is empowering — Aspergers children can affect the outcome by their own actions, thereby gaining a sense of control that was lost during the temper tantrum.

After the Storm—

Occasionally an Aspergers child will have a hard time stopping a temper tantrum. In these cases, it might help to say, "I'll help you settle down now." But do not reward your youngster after a temper tantrum by giving in. This will only prove to your little one that the temper tantrum was effective. Instead, verbally praise an Aspergers child for regaining control.

Also, Aspergers children may be especially vulnerable after a temper tantrum when they know they've been less than adorable. Now is the time for a hug and reassurance that your youngster is loved, no matter what.

When to Call the Doctor—

You should consult your doctor if:

- The meltdowns arouse a lot of bad feelings.
- The meltdowns increase in frequency, intensity, or duration.
- You have questions about what you're doing or what your youngster is doing.
- You keep giving in.
  - Your youngster displays mood disorders such as negativity, low self-esteem, or extreme dependence.
- Your youngster frequently hurts himself or herself or others.
- Your youngster is destructive.
- You're uncomfortable with your responses.

Your doctor can also check for any physical problems that may be contributing to the meltdowns, although this is not common. These include hearing or vision problems, a chronic illness, language delays, or a learning disability.

Remember, meltdowns usually aren't cause for concern and generally diminish on their own. As Aspergers children mature developmentally and their grasp of themselves and the world increases, their frustration levels decrease. Less frustration and more control mean fewer meltdowns — and happier moms & dads.

My Aspergers Child
08:10AM (-07:00)
Asperger’s Syndrome & Meltdowns: Guidelines for Parents & T...

Every teacher of young Aspergers kids and every new mom or dad can expect to witness some meltdowns in Aspergers kids from age 1–4 years. On average, meltdowns are equally common in boys and girls, and more than half of young Aspergers kids will have one or more per week.

At home, there are predictable situations that can be expected to trigger meltdowns, such as bedtime, suppertime, getting up, getting dressed, bath time, watching TV, mom or dad talking on the phone, visitors at the house, family visiting another house, car rides, public places, family activities involving siblings, interactions with peers, and playtime. Other settings include transitions between activities, on the school bus, getting ready to work, interactions with other children, directives from the teacher, group activities, answering questions in class, individual seat work, and the playground.

Characteristics of Meltdowns—

All young Aspergers kids from time to time will whine, complain, resist, cling, argue, hit, shout, run, and defy their teachers and moms & dads. Meltdowns, although normal, can become upsetting to teachers and moms & dads because they are embarrassing, challenging, and difficult to manage. On the other hand, meltdowns can become special problems when they occur with greater frequency, intensity, and duration than is typical for the age of the Aspergers kid.

There are nine different types of temperaments in Aspergers kids:

- Distractible temperament predisposes the Aspergers kid to pay more attention to his or her surroundings than to the caregiver.
- High intensity level temperament moves the Aspergers kid to yell, scream, or hit hard when feeling threatened.
- Hyperactive temperament predisposes the Aspergers kid to respond with fine- or gross- motor activity.
- Initial withdrawal temperament is found when Aspergers kids get clingy, shy, and unresponsive in new situations and around unfamiliar people.
- Irregular temperament moves the Aspergers kid to escape the source of stress by needing to eat, drink, sleep, or use the bathroom at irregular times when he or she does not really have the need.
- Low sensory threshold temperament is evident when the Aspergers kid complains about tight clothes and people staring and refuses to be touched by others.
- Negative mood temperament is found when Aspergers kids appear lethargic, sad, and lack the energy to perform a task.
- Negative persistent temperament is seen when the Aspergers kid seems stuck in his or her whining and complaining.
- Poor adaptability temperament shows itself when Aspergers kids resist, shut down, and become passive-aggressive when asked to change activities.
Developmental Issues—

At about age 1 1/2 some Aspergers kids will start throwing meltdowns. These bouts of meltdowns can last until approximately age 4. Some call this stage the terrible twos and others call it first adolescence because the struggle for independence is similar to what is seen during adolescence. Regardless of what the stage is called, there is a normal developmental course for meltdowns.

One-and-a-half through 2 years old. Aspergers kids during this stage will test the limits. They want to see how far they can go before a mom or dad or teacher stops their behavior. At age 2 Aspergers kids are very egocentric and cannot see another person’s point of view. They want independence and self-control to explore their environment. When Aspergers kids cannot reach a goal, they show frustration by crying, arguing, yelling, or hitting. When children's need for independence collides with the moms & dads’ and teachers' needs for safety and conformity, the conditions are perfect for a power struggle and a meltdown. The meltdown is designed to get the teacher or mom or dad to desist in their demands or give them whatever they want. Many times Aspergers kids stop the meltdown only when they get what is desired. What is most upsetting to caregivers is that it is virtually impossible to reason with Aspergers kids who are having a meltdown, and arguing and cajoling in response to a meltdown only escalates the problem.

Three-year-olds. By age 3 many Aspergers kids are less impulsive and can use language to express their needs. Meltdowns at this age are often less frequent and less severe. Nevertheless, some preschoolers have learned that a meltdown is a good way to get what they want.

Four-year-olds. Most Aspergers kids have the necessary motor and physical skills to meet many of their own needs without relying so much on an adult. At this age, Aspergers kids also have better language that allows them to express their anger and to problem-solve and compromise. Despite these improved skills, even kindergarten-age and school-age Aspergers kids can still have meltdowns when they are faced with demanding academic tasks and new interpersonal situations in school.

Prevention for Moms & dads and Teachers—

It is much easier to prevent meltdowns than it is to manage them once they have erupted. Here are some tips for preventing meltdowns and some things you can say:

• Avoid boredom. Say, “You have been working for a long time. Let’s take a break and do something fun.”
• Change environments, thus removing the Aspergers kid from the source of the meltdown. Say, “Let’s go for a walk.”
• Choose your battles. Teach Aspergers kids how to make a request without a meltdown and then honor the request. Say, “Try asking for that toy nicely and I’ll get it for you.”
• Create a safe environment that Aspergers kids can explore without getting into trouble. Childproof your home or classroom so Aspergers kids can explore safely.
• Distract Aspergers kids by redirection to another activity when they meltdown over something they should not do or cannot have. Say, "Let’s read a book together."
• Do not ask Aspergers kids to do something when they must do what you ask. Do not ask, “Would you like to eat now?” Say, “It’s suppertime now.”
• Establish routines and traditions that add structure. For teachers, start class with a sharing time and opportunity for interaction.
• Give Aspergers kids control over little things whenever possible by giving choices. A little bit of power given to the Aspergers kid can stave off the big power struggles later. “Which do you want to do first, brush your teeth or put on your pajamas?”
• Increase your tolerance level. Are you available to meet the Aspergers kid’s reasonable needs? Evaluate how many times you say, “No.” Avoid fighting over minor things.
• Keep a sense of humor to divert the Aspergers kid’s attention and surprise the Aspergers kid out of the meltdown.
• Keep off-limit objects out of sight and therefore out of mind. In an art activity keep the scissors out of reach if Aspergers kids are not ready to use them safely.
• Make sure that Aspergers kids are well rested and fed in situations in which a meltdown is a likely possibility. Say, “Supper is almost ready, here’s a cracker for now.”
• Provide pre-academic, behavioral, and social challenges that are at the Aspergers kid’s developmental level so that the Aspergers kid does not become frustrated.
• Reward Aspergers kids for positive attention rather than negative attention. During situations when they are prone to meltdowns, catch them when they are being good and say such things as, “Nice job sharing with your friend.”
• Signal Aspergers kids before you reach the end of an activity so that they can get prepared for the transition. Say, “When the timer goes off 5 minutes from now it will be time to turn off the TV and go to bed.”
• When visiting new places or unfamiliar people explain to the Aspergers kid beforehand what to expect. Say, “Stay with your assigned buddy in the museum.”

Intervention for Moms & dads and Teachers—

There are a number of ways to handle a meltdown. Strategies include the following:

• Hold the Aspergers kid who is out of control and is going to hurt himself or herself or someone else. Let the Aspergers kid know that you will let him or her go as soon as he or she calms down. Reassure the Aspergers kid that everything will be all right, and help the Aspergers kid calm down. Moms & dads may need to hug their Aspergers kid who is crying, and say they will always love him or her no matter what, but that the behavior has to change. This reassurance can be comforting for a Aspergers kid who may be afraid because he or she lost control.
• If the Aspergers kid has escalated the meltdown to the point where you are not able to intervene in the ways described above, then you may need to direct the Aspergers kid to time-out (see “Resources”). If you are in a public place, carry your Aspergers kid outside or to the car. Tell the Aspergers kid that you will go home unless he or she calms down. In school warn the Aspergers kid up to three times that it is necessary to calm down and give a reminder of the rule. If the Aspergers kid refuses to comply, then place him or her in time-out for no more than 1 minute for each year of age.
• Remain calm and do not argue with the Aspergers kid. Before you manage the Aspergers kid, you must manage your own behavior. Spanking or yelling at the
Aspergers kid will make the meltdown worse.

- Talk with the Aspergers kid after the child has calmed down. When the Aspergers kid stops crying, talk about the frustration the Aspergers kid has experienced. Try to help solve the problem if possible. For the future, teach the Aspergers kid new skills to help avoid meltdowns such as how to ask appropriately for help and how to signal a mom or dad or teacher that the he or she knows they need to go to “time away” to “stop, think, and make a plan.” Teach the Aspergers kid how to try a more successful way of interacting with a peer or sibling, how to express his or her feelings with words and recognize the feelings of others without hitting and screaming.

- Think before you act. Count to 10 and then think about the source of the Aspergers kid’s frustration, this child’s characteristic temperamental response to stress (hyperactivity, distractibility, moodiness), and the predictable steps in the escalation of the meltdown.

- Try to intervene before the Aspergers kid is out of control. Get down at the Aspergers kid’s eye level and say, “You are starting to get revved up, slow down.” Now you have several choices of intervention.

- You can ignore the meltdown if it is being thrown to get your attention. Once the Aspergers kid calms down, give the attention that is desired.

- You can place the Aspergers kid in time away. Time away is a quiet place where the Aspergers kid goes to calm down, think about what he or she needs to do, and, with your help, make a plan to change the behavior.

- You can positively distract the Aspergers kid by getting the Aspergers kid focused on something else that is an acceptable activity. For example, you might remove the unsafe item and replace with an age-appropriate toy.

Post-Meltdown Management—

- Do not reward the Aspergers kid after a meltdown for calming down. Some Aspergers kids will learn that a meltdown is a good way to get a treat later.

- Explain to the Aspergers kid that there are better ways to get what he or she wants.

- Never let the meltdown interfere with your otherwise positive relationship with the Aspergers kid.

- Never, under any circumstances, give in to a meltdown. That response will only increase the number and frequency of the meltdowns.

- Teach the Aspergers kid that anger is a feeling that we all have and then teach her ways to express anger constructively.

When to Get Help—

For moms & dads. If, despite the use of these interventions, the meltdowns are increasing in frequency, intensity, or duration, consult your child’s doctor. You should also consult your child’s doctor if the Aspergers kid is self-injurious, hurtful to others, depressed, showing signs of low self-esteem, or is overly dependent on a mom or dad or teacher for support. Your pediatrician or family physician can check for hearing or vision problems, chronic illness, or conditions such as Asperger’s syndrome, language delays, or a learning disability, which may be contributing to your Aspergers kid’s increasing meltdowns. Your physician can also direct you to a mental health professional who can provide assistance for you and your Aspergers kid.
Asperger’s Kids in the Classroom: Tips for Teachers

Asperger’s Kids in the Classroom

Social aspects—

Aspergers students may fall anywhere in the continuum between 'withdrawn' and 'active but odd'. Aspergers children want to communicate with their peers but lack the ability to do so. Aspergers children do not understand what people are feeling or thinking and cannot empathize with them. When asked to imagine themselves in a particular situation they experience great difficulty and cannot role-play. There is a lack of understanding of body language and social conventions and they have great difficulty in making and sustaining friendships. Because of this Aspergers children miss out on many aspects of teenage culture and, for example, may have no knowledge of 'pop' music, football, fashion etc. Therefore when such topics are used to stimulate interest in examination questions they can be at a disadvantage.

Aspergers children have no appreciation of personal space and get too close to people. This, combined with inappropriate body language can be misinterpreted by others as threatening behavior.

Aspergers children find it difficult to work in pairs or as part of a team or to participate normally in classroom discussions, and need direct teaching. Because of their desire for friendship Aspergers children can be very vulnerable and easily persuaded to do things without being aware of the consequences.

Disruptive behavior such as self-directed injury, tantrums and aggression is thought to be the result of communication difficulties but the teacher in the classroom may be concerned for the safety of other students and restrict the use of certain equipment in practical lessons and participation in outside activities. Hence the student with Aspergers may have had a narrower educational experience than his or her fellows.

Communication difficulties—

Most of the social difficulties described are the result of communication problems. Syntax and grammar are rarely a problem but there is often a non-productive, pedantic, literal use and understanding of language (Jordan, undated). Speech may be flat and 'robot-like', and possibly accompanied by distracting gestures such as body swaying or grimacing.
Aspergers children try to understand what the words mean rather than what the speaker means and may be confused by idioms and metaphors.

A question such as 'can you tell me the names of?' is likely to be answered with a 'yes' or 'no'.

Aspergers children tend to find the written word easier to understand than the spoken. Some may be able to read mechanically beyond the level of their understanding (hyperlexia). Their writing shows a rigidity of thought and Aspergers children often produce learned patterns of phrasing in answers to examination questions.

Orally Aspergers children can be very boring because Aspergers children spell out everything in great detail or because of their preoccupation with a particular interest or topic. Aspergers children cannot build on what others say, have poor topic maintenance and are unlikely to make appropriate eye contact.

Clumsiness—

It is not uncommon for these kids to have had delayed milestones in their motor development and for clumsiness to persist into adulthood. Both fine and gross motor skills are involved and their performance in practical classes and in sport will be affected.

The arrangement of written work is often poor with deeply marked crossing out. Handwriting varies from being very small and almost illegible to being large with poorly formed letters which overlap the lines.

Stress and the environment—

Kids with Aspergers are perceived to be intolerant of individuals as well as the environment. Aspergers children become very anxious in unstructured settings and where people are moving at random. Aspergers children may not be able to tolerate people close to them (although they may take up this position themselves). Noise, whether it is sudden or it comes from general background activity, can cause acute stress, fear and even panic and at the very least the student will be distracted and unable to concentrate. Factors causing stress are very individual although all find alterations to routines very disturbing and have difficulty in making choices.

Some respond to stress by antisocial behavior - repeated swearing is not uncommon - and others have to remove themselves physically from the situation. A quiet environment, free from distractions and where rules are followed rigidly can do much to help them concentrate.

Carrying an object can give them a sense of security. The nature of this can seem quite bizarre to others (e.g. a cat's eye from the road) but without it Aspergers children are unable to settle or concentrate. Some derive comfort from repeating a set ritual of some kind and it can be long and complex.

It goes without saying that the ritual, however time-consuming, will have to be carried out
in an examination situation and the comfort object allowed to be present if the student is to be able to cope with the stress of taking the examination.

Intellectual functioning—

Verbal ability tends to be stronger than non-verbal and this results in uneven attainment across the breadth of the curriculum. This is reflected in examination results and also within subject papers. The student may be able to do exceptionally well recalling facts or applying well practiced methods but may score poorly or not at all when asked to imagine a situation or to comment on the nuances of a fictional text.

Some show 'islets of great ability'. These are usually confined to one subject and may be in a limited area of that subject but the young person displays an insight and a knowledge way beyond others in their age group. Often this is linked to their main interest or obsession.

Obsessional interests—

Obsessional interests tend to dominate the thinking and much of the life of many students with Aspergers. Sometimes these change abruptly but many persist for years and perhaps for life. Aspergers children become very knowledgeable about their interest and go to extreme lengths to pursue it. In an examination, whether written or oral the student will tend to see everything in terms of this interest and bring it in to all answers. It will tend to take over and the student will wander off the point of the question and not know when to stop.

Special Arrangements for Examinations

1. The examination room There may be a request for the student to be invigilated separately because:

- it would give the student a less stressful setting where s/he could concentrate without what for him/her are overwhelming distractions
- the student can move around if this is helpful in relieving undue stress
- the student would not distract others by his or her ritualistic behavior or by extraneous movements and noises which are beyond his or her control

There may be a request that a 'comfort' object is allowed in the examination room.

2. Extra time It is noted that the information booklet issued by The National Autistic Society recommends to teachers and parents that a request for extra time should be made to examining boards because they (people with autism) find it hard working to a time limit.

While working to a time limit may cause excessive stress to some students, it could be counterproductive to others who would feel that they had to keep writing even if they had completed their answers.
3. **Presentation of examination papers** There may be a request that the question paper is presented on plain paper and in one color because the student finds a range of colors confusing.

4. **Use of language in question papers** There may be a request that carrier language of questions is modified to be as clear as possible. This would be similar to the request made for congenitally deaf students who also need clear, unambiguous instructions and an avoidance of abstract ideas, except when understanding such ideas is part of the assessment.

5. **Prompting of the student when it is time to move on to the next question** This may be requested because of the student's obsessional behavior which may cause him or her to keep writing on a particular topic, totally unaware of the passage of time. S/he may have been used to being 'moved on' in class and such prompting is allowed in examination conditions (see the GCSE Advisory Notes on the Use of Prompters).

6. **Word-processing and handwriting** If a student's writing is illegible or if motor control is so impaired that handwriting is difficult or excessively slow, word-processing may be the usual method of written communication in class and may be requested for examinations. Alternatively there may be a request that the student be exempt from the assessment for handwriting etc. The centre may require advice on this point as the student's grammar and spelling should not be affected.

7. **Request that the answer papers are scrutinized at some point by someone aware that the student has Aspergers and who is familiar with the condition** There could be a number of reasons for this including:

   - the possible use of bad language or other expletives which may be triggered by a distraction or because excessive feelings have been aroused in response to the question. Using bad language in this way is beyond the control of the student and is not an attempt to shock or be rude to the examiner.
   - the language used and the obsessional content of the answer.
   - the general appearance of the paper including diagrams and labeling etc.

8. **Oral tests** It would be very difficult for anyone to conduct an oral test with a student with Aspergers without being apprised of the situation and of the particular behavior and difficulties of the student. Indeed, examiners might feel threatened by the student unless they were aware of the condition. Examiners should be made aware that the student may display some of the following behavior:

   - avoiding eye contact and possibly writhing, twisting, swaying and walking around during the interview.
   - echoing questions, even to the extent of copying the voice and accent - it is not rudeness but a lack of understanding and a variation of wording might assist the situation.
   - failing to understand abstract ideas and taking jokes, exaggerations and metaphors literally.
   - getting too close to the examiner.

   He or she will not have had the usual day to day experience of life. This particularly
applies to relationships and doing things with the peer group: for example, he might not be able to respond to a question about what a student did with his friends at the weekend because he would not perceive himself as having any friends making inappropriate, over-familiar or over-formal remarks not understanding body language stilted speech, unless the topic is the obsessional interest and in which case it will be hard to stop or divert the conversation to another subject

How should I deal with my son’s emotional outbursts?

Question

How should I deal with my son’s emotional outbursts? Answer

Emotional outbursts are very common in children with Asperger’s Syndrome. Also referred to as rages or meltdowns, these events can be frightening for the child and everyone present. Children of all ages (and even adults) with Asperger’s must take precautions to help prevent reaching the stage of losing complete control. There are several Asperger’s characteristics that can cause these emotional outbursts.

To help your son control these emotional outbursts you’ll have to discover the reasons behind the outbursts. The answer will depend upon the cause or causes.
Possible Causes

* Social issues. Children with Asperger’s have problems with social communication and situations. Being in a social situation can be extremely uncomfortable and can lead to an emotional breakdown.

* Sensory issues. Hyposensitivity and hypersensitivity to light, sound, touch, smell, and visual activities can quickly become overwhelming, sending the child with Asperger’s spiraling out of control.

* Emotional awareness. Children with Asperger’s do not always understand their own emotions or feelings about people, things, and situations.

There are a few things you can try that may help with your son’s emotional outbursts. You will want to contact your son’s physician to discuss the use of medication therapy or counseling and to check his general health.

Management Options

* Behavior modification. Help your son pinpoint any stressors that cause outbursts.

1. Adapt the use of redirection to avoid an outburst.
2. Create a safe zone that is a calming place to relax and regain control.
3. Use rewards to encourage self-control.

* Family and individual counseling. Counseling can help you understand the feelings your son is struggling with and can give you the knowledge you need to develop a plan for him. Counseling can help your son understand why he loses control which can lead to better control and prevention.

* Medication. Your son may need help with anxiety and depression or other emotional issues that can be improved with the appropriate medicines.

There are books available that will increase your understanding on the issues your son experiences on a daily basis. “My Aspergers Child: How to Stop Meltdowns” by Mark Hutten, M.A. is a great resource for you to utilize. You can find it here: My Aspergers Child.

This book offers solutions and practical advice for home and
for school and helps the child with Asperger’s, as well as those around him.

Educating yourself on the causes and treatments for these extreme emotions will benefit both you and your son.

What is a "meltdown" exactly?

Question

You refer to "meltdowns" quite frequently in your articles. What is a "meltdown" exactly? Answer

A meltdown - or severe temper tantrum - is an emotional outburst of ill humor or a fit of bad temper wherein the higher brain functions are unable to stop the emotional expression of the lower (emotional and physical) brain functions. It can be categorized by an irrational fit of crying, screaming, defiance, angry ranting and a resistance to every attempt at pacification in which even physical control is lost. The child may not stand or sit on their own. Even when the "goal" of the child is met, he or she is not calmed.

Children who have neurological disorders are more prone to meltdowns than others, although anyone experiencing forebrain damage -- temporary or permanent -- can suffer from meltdowns. Every child has meltdowns once in a while. The most common ways to temporarily damage the forebrain are to poison it with a mood depressant or inhibit its functioning with lack of sleep or brain fatigue. Other drugs can also cause the higher brain functions not to control the lower functions of the brain due to increased agitation. Because a meltdown is most often associated with small children, it is often also colloquially known in Australia as a dummy spit, a reference to an unhappy baby spitting out a dummy, or pacifier. In infants, it is important to differentiate between developmental etiologies of meltdowns as fostered by environment versus temperamental etiologies of meltdowns as determined by innate organic idiosyncrasies.

From a psychological standpoint, there may be several goals to a meltdown, which may or may not be the "reward(s)" that are consciously desired by the child. To many outsiders, these goals may seem irrational, unreasonable, inappropriate, criminal, unethical, immoral, or the work of some spiritual force(s). To children familiar with or trained to recognize the psychological causes of such behavior, however, there are clear emotional, cognitive behavioral and biochemical correlates to meltdowns.

Since there are chemical correlates to meltdowns, some kinds of medication can minimize but not always prevent meltdowns. This is especially true for those children with traumatic brain injury, which commonly affects the forebrain.

Cure for Asperger’s Syndrome?

If you know of a youngster who is having a greater degree of language impairment than other kids or has diminished communication skills and also exhibits a restrictive pattern of thought and behavior, he may have Aspergers. This condition is more or less similar to that of classic autism. The main difference between autism and Aspergers is that the youngster suffering from Aspergers retains his early language skills.

The peculiar symptom of Aspergers is a youngster’s obsessive interest in a single object or topic to the exclusion of any other. The youngster suffering from Aspergers wants to know all about this one topic.

Sometimes their speech patterns and vocabulary may resemble that of a little professor. Other Asperger’s symptoms include the inability to interact successfully with peers, clumsy and uncoordinated motor movements, repetitive routines or rituals, socially and emotionally inappropriate behavior, and last, but not least, problems with non-verbal
Aspergers sufferers find difficulty mingling with the general public. Even if they converse with others, they exhibit inappropriate and eccentric behavior. The Aspergers child may always want to talk about his singular interest.

Developmental delays in motor skills such as catching a ball, climbing outdoor play equipment or pedaling a bike may also appear in the youngster with Aspergers. Kids with Aspergers often show a stilted or bouncy walk, which appears awkward.

The therapy for the Aspergers mainly concentrates on three-core symptoms: physical clumsiness, obsessive or repetitive routines, and poor communication skills. It is unfortunate that there is no single treatment for the kids suffering from the entire three-core symptoms. But therapists do agree that the syndrome can be cured when the intervention is carried out at the earliest possible time.

The treatment package of Aspergers for kids involves medication for co-existing conditions, cognitive behavioral therapy, and social skills training. The Aspergers treatment mainly helps to build on the youngster’s interests, teaches the task as a series of simple steps, and offers a predictable schedule.

Although kids suffering from Aspergers can manage themselves with their disabilities, the personal relationships and social situations are challenging for them. In order to maintain an independent life, the Aspergers sufferers require moral support and encouragement to work successfully in mainstream jobs.

Studies are on the way to discover the best treatment for Aspergers, which includes the use of functional magnetic resonance imaging (MRI) to identify the abnormalities in the
brain which causes malfunction of the same, which in turn result in Aspergers. Clinical trials are being conducted to identify the effectiveness of an anti-depressant in Aspergers individuals. Even the analysis of the DNA of the Aspergers sufferers and their families may cause a breakthrough in the treatment of the Aspergers.

My Aspergers Child
07:20AM (-07:00)

Dealing with Aspergers Employees: What Employers Need to Know

Your new Aspergers employee has the skills you were looking for and is dedicated to doing the job well. The challenging part for an individual with Aspergers is the less structured, more social aspects of office culture. Small talk, picking up what others are thinking, and being imaginative about solving problems are challenging for individuals with Aspergers. Following are seven straightforward tips to help them thrive:

1. Be open to someone who may be a support person in the personal life of your Aspergers employee with Aspergers. Some moms and dads stay involved a little longer in the life of their adult child, as an advocate in the background. Until your Aspergers employee initiates the conversation about bringing in his advocate, remember to build trust through messages that convey you value his work. Some young people with Aspergers want to do it on their own while others would welcome their support person to coach or help them get independent with some of the more interpersonal aspects of being on the job.

2. Be precise and specific with your instructions. Slang and expressions of speech may not translate to what you want to communicate. Details and examples help. "This is how it should look when it is done."

3. Don’t let the diagnosis ‘aspergers’ or ‘autism’ be a defining characteristic of your Aspergers employee; it is one aspect of who this person is. The diagnosis becomes important for you to know when it helps you to help your Aspergers employee shine on the job.

4. Encourage co-workers to have a collaborative office culture when it comes to helping out each other. Your Aspergers employee will have strengths that will be an asset to your team. Helping others in the office by lending a hand with one’s own talents helps him connect socially with office mates.

5. Encourage your Aspergers employee to come up with some process strategies for doing his job. For example, he might work well by recording tasks on a template he creates with visuals, spacing or organization that makes good sense to him.

6. Help her relax about asking for help on the job. Disability acts encourage individuals to discuss the modifications they need in the work place. However, there is often hesitation.
because of the fear that disclosure will be a stigma or put the job in jeopardy. You want to be receptive, should your Aspergers employee want to ask for an accommodation that will help her work better.

7. Try to give a personal heads up if there is a schedule or routine type change that he may not pick up on automatically. An individual with Aspergers will need some extra cueing at times. Keep the focus on the gifts, which brought this person to your work place and motivated you to hire him or her!

Practical Tips to Help Your Aspergers Employee Get Established in Your Office

You have just hired someone who has Aspergers, or perhaps you suspect so, and indeed he or she has very strong skills to match the job description. It is likely that you will be very pleased because individuals with Aspergers tend to have strong focus and commitment to a job well done.

To set up for office place success, you will find it pays off to invest in some training time, early on in some of those skills unrelated to the primary job, but fundamentally important to navigating the day at the office.

Here are seven straightforward strategies to help your new Aspergers employee prosper and produce for your business:

1. Be prepared to give your input with some of the smaller steps you may not typically think of stating. Gradually transfer responsibility and accountability to your Aspergers employee, withdrawing your level of involvement as you see him catching on to the rhythms of your office place.

2. Be very specific about what you expect in general office matters. Help her to know where more and less flexibility is in order and appropriate in the daily flow of the work place. What routines must be done one way only? Observe, make notes and plan for periodic feedback time.

3. Create a ‘cheat sheet’ for phone coverage. If want your Aspergers employee to pinch hit on the phones, have a few generic phrases that work for your workplace, for example, “Can I have someone get back to you with that information?”

4. Don’t be afraid to be blunt. It will be helpful. There is a distinction between ‘blunt’ and ‘rude.’ He will appreciate and understand directness and clarity. If you are finding yourself repeating requests, you can say, “What plan can we come up with to help you establish routines that I have been reminding you about?”

5. Have a set routine for evaluation and feedback sessions. Start the meeting by talking about the qualities you see in your new Aspergers employee. “Here’s where your work is very well done.” Be sensitive to feelings of past failure with social and organizational issues. Your Aspergers employee is probably quite familiar with his weaknesses, having heard about them and struggled with them in some other past setting. You can say “Here’s where we will work together:”
6. Help her become comfortable with the social culture of your workplace. Individuals with Aspergers tend to want to stay focused on tasks they enjoy. Being specific about when to go for breaks and lunch will be a guide for opportunities to personally connect with co-workers.

7. Logical lists. As you see a routine or task that requires daily attention, log it on a list. Explaining the purpose behind the task may help it to become automatic. Individuals with Aspergers like to make sense out of things.

Online Parent Support
04:44PM (-07:00)

Asperger's Children and Behavior Problems

Disciplining kids displaying Aspergers-characteristic behavior will often require an approach which is somewhat unique to that of other kids. Finding the balance between understanding the needs of a youngster with Aspergers and discipline which is age appropriate and situationally necessary is achievable when applying some simple but effective strategies. These strategies can be implemented both at home and in more public settings.

General Behavior Problems—

Traditional discipline may fail to produce the desired results for kids with Aspergers, primarily because they are unable to appreciate the consequences of their actions. Consequently, punitive measures are apt to exacerbate the type of behavior the punishment is intended to reduce, while at the same time giving rise to distress in both the youngster and mom or dad.

At all times the emotional and physical wellbeing of your youngster should take priority. Often this will necessitate removing your youngster from a potentially distressing situation as soon as possible. Consider maintaining a diary of your youngster's behavior with a view to ascertaining patterns or triggers. Recurring behavior may be indicative of a youngster taking some satisfaction in receiving a desired response from peers, moms & dads or teachers.

For example, a youngster with Aspergers may come to understand that hurting another youngster in class will result in his being removed from class, notwithstanding the associated consequence to his peer. The solution may not be most effectively rooted in punishing the youngster for the behavior, or even attempting to explain the situation from the perspective of their injured peer, but by treating the root cause behind the motivation for the misbehavior...for example, can the youngster be made more comfortable in class so that they will not want to leave it?
One of the means to achieve this may be to focus on the positive. Praise for good behavior, and reinforcement by way of something like a Reward Book, can assist. The use of encouraging verbal cues delivered in a calm tone are likely to elicit more beneficial responses than the harsher verbal warnings which might be effective on kids who are not displaying some sort of Asperger characteristic. If necessary, when giving directions to cease a type of misbehavior, these should also be couched as positives rather than negatives. For example, rather than telling a youngster to stop hitting his brother with the ruler, the youngster should be directed to put the ruler down.

Obsessive or Fixated Behavior—

Almost all kids go through periods of development where they become engrossed in one subject matter or another, but kids with Aspergers often display obsessive and repetitive characteristics, which can have significant implications for behavior.

For example, if an Aspergers youngster becomes fixated upon reading a particular story each night, they may become distressed if this regime is not adhered to, or if the story is interrupted. Again, the use of a behavior diary can assist in identifying fixations for your youngster. Once a fixation is identified, it is important to set appropriate boundaries for your youngster. Providing a structure within which your youngster can explore the obsession can assist in then keeping the obsession within reasonable limits, without the associated angst which might otherwise arise through such limitations. For example, tell your youngster that they may watch their favorite cartoon for half an hour after dinner, and make clear time for that in their routine.

It is appropriate to utilize the obsession to motivate and reward your youngster for good behavior. Always ensure any reward associated with positive behavior is granted immediately to assist the youngster recognizing the nexus between the two.

A particularly useful technique to try to develop social reciprocity is to have your youngster talk for five minutes about a particularly favored topic after they have listened to you talk about an unrelated topic. This serves to help your youngster understand that not everyone shares their enthusiasm for their subject matter.

Bridging the Gap between Aspergers and Discipline and Other Siblings—

For siblings without Aspergers, the differential and what at times no doubt appears to be preferential treatment received by an Aspergers sibling can give rise to feelings of confusion and frustration. Often they will fail to understand why their brother or sister apparently seems free to behave as they please without the normal constraints placed upon them.

It is important to explain to siblings or peers of Aspergers kids and encourage open discussion about the disorder itself. Encouragement should extend to the things siblings can do to assist the Aspergers youngster, and this should be positively reinforced through acknowledgement when it occurs.
Sleep Difficulties—

Aspergers kids are known for experiencing sleep problems. Kids with Aspergers may have lesser sleep requirements, and as such are more likely to become anxious about sleeping, or may find they become anxious when waking during the night or early in the morning.

Combat your youngster's anxiety by making their bedrooms a place of safety and comfort. Remove or store items which might be prone to injure your youngster if they decide to wander at night. Include in the behavioral diary a record of your youngster's sleep patterns. It may assist your youngster if you keep a list of their routine, including dinner, bath time, story and bed, in order to provide structure. Include an image or symbol of them waking in the morning to provide assurance as to what will happen. Social stories have proven to be a particularly successful tactic in decreasing a youngster's anxiety by providing clear instructions on how part of their day is likely to play out.

At School—

Another Asperger characteristic is that kids will often experience difficulty during parts of the school day which lack structure. If left to their own devices their difficulties with social interaction and self management can result in anxiety. The use of a buddy system can assist in providing direction, as can the creation of a timetable for recess and lunch times. These should be raised with class teachers and implemented with their assistance.

Explain the concept of free time to your youngster, or consider providing a separate purpose or goal for your youngster during such time, such as reading a book, or helping to set up paint and brushes for the afternoon tasks.

In Public—

Kids with Aspergers can become overwhelmed to the point of distress by even a short visit in public. The result is that many moms & dads with Aspergers simply seek to avoid as much as possible situations where their youngster is exposed to the public. While expedient, it may not offer the best long term solution to your youngster, and there are strategies to assist with outings.

Consider providing your youngster with an iPod, or have the radio on in the car to block out other sounds and stimuli. Prepare a social story or list explaining to the youngster a trip to the shops, or doctor. Be sure to include on the list your return home. Consider giving your youngster a task to complete during the trip, or having them assist you. At all times, maintaining consistency when dealing with Aspergers and discipline are key concerns. It pays to ensure that others involved in your youngster's care are familiar with your strategies and techniques, such as those outlined above, and are able to apply them.

Most importantly, don't hesitate to seek support networks for moms & dads with Aspergers, and take advantage of the wealth of knowledge those who have dealt with the
disorder before you have developed. The assistance you can gain from these and other resources can assist you in developing important strategies to deal with problems with Aspergers in a manner most beneficial to your youngster.

My Aspergers Child
07:23AM (-07:00)

Aspergers Behavior

Question

It is frustrating not being able to change or modify behaviors such as diet, social skills, and motivation. Are there any new techniques you could recommend?

Answer

Most children with Asperger’s Syndrome struggle with social skills, communication, and a limited diet. The causes of these struggles: social, communication, and behavioral problems, along with sensory issues, can create the desire for isolation and a lack of motivation. Children with Asperger’s easily drop into a lonely state of depression, making the original problems that much worse.

Behavior modification is the most popular area of concentration when treating kids with Asperger’s Syndrome. Social skills therapy and living skills therapy are widely available and do bring about effective progress in most cases. However, you are looking for something new to try.

Motivation is the key to improving your child’s circumstances. Actually, motivation is a factor anytime you are seeking to modify any child’s unwanted behaviors. Now motivation in itself is definitely an old concept, but using motivation in a new way will create the wanted result for your child.

Old Motivation

As parents, we often use set motivators to achieve the behavior we feel is appropriate. The concentration has been placed on the behavior, which sets a negative tone to the process of change. You can’t blame a child for reacting negatively to a negative tone.

* Punishment- “If you don’t do ______, then you will get ______!” We all use this at one time or another and over the course of time, it has proven to be an ineffective motivator.
* Rewards or bribery- “If you do ______ today, I’ll buy you a ______.” We’re guilty of this one, too. This probably creates more confusion and greed than motivation over time.

New Motivation

Motivators should be positive. It feels good to see your child happily learning or
cooperating in desired behaviors. Motivators that appeal to the individual child should be used for maximum results. Motivation is definitely personal. What motivates one child will not work for every child.

* Special Interests-Using your child’s special interests both at home and at school can generate positive responses in all situations. For example, your child’s love of trains can be used to encourage eating at home. Train themed dinnerware or even themed foods may be used to entice the reluctant eater.

* Routines-Keeping your child’s routines constant will improve his outlook. He’ll know what to expect at any given time, lessening the stress he feels.

Finally, "The Motivation Breakthrough" by Richard Lavoie is the perfect resource for someone looking for new techniques to motivate their child with Asperger’s Syndrome. The author provides proven, effective tools and strategies parents and teachers can use to encourage any child to learn and achieve success.

My Aspergers Child
06:38AM (-07:00)

What To Do When Your Child Has Been Diagnosed With Asperger's Syndrome

For many moms & dads, finding out that your kid has Aspergers can be a mixed blessing. On one hand, a positive diagnosis gives rise to the prospect of management and greater certainty as to the factors at play in your kid's life. On the other, most moms & dads are unprepared for the changes having a kid with Aspergers invariably brings.

We've compiled a list of the top 10 steps to take if you think your kid may have Asperger, or if you've had your kid diagnosed with the condition:

1. Be honest with yourself. At times rearing a kid with Aspergers can cause you anger, sadness, anxiety, frustration and depression. Be open to understanding that you will at times feel all these feelings, and allow that authenticity to give rise to the possibility that you will take care of your own needs. In doing so, you can more effectively tend to the needs of others. Don't feel the need to explain or justify your actions to others. However you cope with the situation is exactly the way you are supposed to.

2. Contact community services and inquire as to whether you are eligible for some type of Family Benefit as a parent of a kid with Aspergers. Your pediatrician or general practitioner should be able to advise you on this.

3. Contact your local Autism Association and ascertain what services are provided through the service. Make use of private and government resourced services.

4. Permit yourself to take stock of your situation from a place of positivity. With diagnosis
comes some certainty, as you and your kid are now dealing with a known quantity. There's nothing wrong with taking each day at a time, and understanding that you can now make a difference to your kid's life which you could not in the absence of a diagnosis. You're kid has always had Aspergers ...the day your kid receives a diagnosis is the first step in the right direction.

5. If your kid is at school contact the Principal and advise them of the diagnosis. Many schools are aware of and in fact provide information on Aspergers and school counseling designed to assist with the condition. In addition, ask your kid's school whether they are aware of any parent workshops for Aspergers students. If your kid is older, home study and tutoring may be an option. It is important to be assertive in ensuring that your school can properly cater for your kid's needs, and ideally this can be achieved by working within the school protocols. There is no need for you to underestimate your kid's potential and certainly this attitude ought be reflected in their educational institution. Involve yourself where possible in your kid's educational and learning environments.

6. Invest in your own education. There is a vast quantity of information on Aspergers available both online, and in the form of medical literature. Sign up for information seminars, online e-courses, and if you are looking for immediately available information give consideration to investing in an ebook written by an expert on Aspergers. Knowledge is power.

7. Involve your family in the process and do your best to maintain objectivity. A kid with Aspergers may have certain special and additional needs, however they are for the most well functioning individuals who can thrive with appropriate and measured care. Try and maintain a balance between focusing on providing that care, and being a spouse and parent to the rest of your family.

8. Make inquiries with your doctor for a referral to a pediatrician who has experience with Aspergers. Having professional assistance can make an enormous difference to how effectively you can help your kid cope with Aspergers. Permit those professionals you consult to guide you through the process and make the most of their advice.

9. Make inquiries within your local community as to the support groups available for those with Aspergers and for moms & dads of kids with Aspergers. Sharing your situation with others who are in a position to fully appreciate it can make an enormous difference.

10. Remember to smile. You have a kid. One day...they just might be the ones looking after you.

My Aspergers Child
07:26AM (-07:00)
Diagnosis of Aspergers: What Parents Need To Know

Several factors complicate the diagnosis of Aspergers (AS), an autism spectrum disorder (ASD). Like other AUTISM SPECTRUM DISORDER forms, Aspergers is characterized by impairment in social interaction accompanied by restricted and repetitive interests and behavior; it differs from the other AUTISM SPECTRUM DISORDERs by having no general delay in language or cognitive development. Problems in diagnosis include disagreement among diagnostic criteria, controversy over the distinction between ASPERGERS and other AUTISM SPECTRUM DISORDER forms or even whether ASPERGERS exists as a separate syndrome, and over- and under-diagnosis for non-technical reasons. As with other AUTISM SPECTRUM DISORDER forms, early diagnosis is important, and differential diagnosis must consider several other conditions.

Criteria—

Aspergers Disorder is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) by six main criteria:

1. criteria are not met for another specific pervasive developmental disorder or schizophrenia
2. no significant delay in cognitive development, self-help skills or adaptive behaviors (other than social interaction)
3. no significant delay in language development
4. qualitative impairment in social interaction
5. restricted, repetitive and stereotyped behaviors and interests
6. significant impairment in important areas of functioning

The World Health Organization ICD-10 criteria are almost identical to DSM-IV:[2] ICD-10 adds the statement that motor clumsiness is usual (although not necessarily a diagnostic feature); ICD-10 adds the statement that isolated special skills, often related to abnormal preoccupations, are common but are not required for diagnosis; and the DSM-IV requirement for clinically significant impairment in social, occupational, or other important areas of functioning is not included in ICD-10.[3][4]

Reliability—

The diagnoses of ASPERGERS or high-functioning autism (HFA) are sometimes used interchangeably; the same youngster can receive different diagnoses depending on the screening tool.[5] Diagnoses may be influenced by non-technical issues, such as availability of government benefits for one condition but not the other.[6] Advocacy and parent support organizations have proliferated around the concept of ASPERGERS, and there are indications that this has resulted in more frequent diagnoses of ASPERGERS, which may be given as a "residual diagnosis" to kids of normal intelligence who do not meet diagnostic criteria for autism but have some social difficulties.[7] Under-diagnosis and over-diagnosis are problems in marginal cases; the increasing popularity of drug
treatment options and the expansion of benefits has given providers incentives to diagnose AUTISM SPECTRUM DISORDER, resulting in some over-diagnosis of kids with uncertain symptoms. Conversely, the cost of screening and diagnosis and the challenge of obtaining payment can inhibit or delay diagnosis.[8]

Procedure—

Developmental screening during a routine check-up by a general practitioner or pediatrician may identify signs that warrant further investigation. This will require a comprehensive team evaluation to either confirm or exclude a diagnosis of ASPERGERS. This team usually includes a psychologist, neurologist, psychiatrist, speech and language pathologist, occupational therapist and other professionals with expertise in diagnosing kids with ASPERGERS.[4][5] Observation occurs across multiple settings; the social disability in ASPERGERS may be more evident during periods when social expectations are unclear and kids are free of adult direction.[9] A comprehensive evaluation includes neurological and genetic assessment, with in-depth cognitive and language testing to establish IQ and evaluate psychomotor function, verbal and nonverbal strengths and weaknesses, style of learning, and skills for independent living. An assessment of communication strengths and weaknesses includes the evaluation of nonverbal forms of communication (gaze and gestures); the use of non-literal language (metaphor, irony, absurdities and humor); patterns of speech inflection, stress and volume; pragmatics (turn-taking and sensitivity to verbal cues); and the content, clarity and coherence of conversation.[5] Testing may include an audiological referral to exclude hearing impairment. The determination of whether there is a family history of autism spectrum conditions is important.[10] A medical practitioner will diagnose on the basis of the test results and the youngster’s developmental history and current symptoms.[5] Because multiple domains of functioning are involved, a multidisciplinary team approach is critical;[2] an accurate assessment of the individual's strengths and weaknesses is more useful than a diagnostic label.[9] Delayed or mistaken diagnosis is a serious problem that can be traumatic for people and families; diagnosis based solely on a neurological, speech and language, or educational attainment may yield only a partial diagnosis.[2]

Advances in genetic technology allow clinical geneticists to link an estimated 40% of AUTISM SPECTRUM DISORDER cases to genetic causes; in one study the diagnostic yield for ASPERGERS, PDD-NOS and atypical autism was similar to that for classic autism.[11] Genetic diagnosis is relatively expensive,[11] and genetic screening is generally impractical. As genetic tests are developed several ethical, legal, and social issues will emerge. Commercial availability of tests may precede adequate understanding of how to use test results, given the complexity of the genetics.[12]

Early diagnosis—

Moms & dads of kids with ASPERGERS can typically trace differences in their kid's development to as early as 30 months of age, although diagnosis is not made on average until the age of 11.[10] By definition, kids with ASPERGERS develop language and self-help skills on schedule, so early signs may not be apparent and the condition may not be diagnosed until later childhood. Impairment in social interaction is sometimes not in
evidence until a youngster attains an age at which these behaviors become important; social disabilities are often first noticed when kids encounter peers in daycare or preschool. Diagnosis is most commonly made between the ages of four and eleven, and one study suggests that diagnosis cannot be rendered reliably before age four.

Differential diagnosis—

Aspergers can be misdiagnosed as a number of other conditions, leading to medications that are unnecessary or even worsen behavior; the condition may be at the root of treatment-resistant mental illness in adults. Diagnostic confusion burdens people and families and may cause them to seek unhelpful therapies. Conditions that must be considered in a differential diagnosis include other pervasive developmental disorders (autism, PDD-NOS, childhood disintegrative disorder, Rett disorder), schizophrenia spectrum disorders (schizophrenia, schizotypal disorder, schizoid personality disorder), attention-deficit hyperactivity disorder, obsessive compulsive disorder, depression, semantic pragmatic disorder, multiple complex developmental disorder and nonverbal learning disorder (NLD).

Differentiating between ASPERGERS and other AUTISM SPECTRUM DISORDERs relies on the judgment of experienced clinicians. There is much overlap between ASPERGERS and NLD: both have symptoms of precocious reading, verbosity, and clumsiness, but they differ in that kids with ASPERGERS have restricted interests, repetitive behaviors, and less-typical social interactions. Tourette syndrome (TS) should also be considered in differential diagnosis: "It is in non-retarded, rigid people on the autistic spectrum, especially those with so-called Aspergers, that differences with less severely affected people with TS and OCD may become blurred, or that both disorders may coexist." Other problems to be considered in the differential diagnosis include selective mutism, stereotypic movement disorder and bipolar disorder as well as traumatic brain injury or birth trauma, conduct disorder, Cornelia De Lange syndrome, fetal alcohol syndrome, fragile X syndrome, dyslexia, Fahr syndrome, hyperlexia, leukodystrophy, multiple sclerosis and Triple X syndrome.

Multiple sets of diagnostic criteria—

The diagnosis of ASPERGERS is complicated by the use of several different screening instruments. In addition to the DSM-IV and the ICD-10 criteria, other sets of diagnostic criteria for ASPERGERS are the Szatmari et al. criteria and the Gillberg and Gillberg criteria.

Compared with the DSM-IV and ICD-10 criteria, the requirements of normal early language and cognitive development are not mentioned by Szatmari et al., whereas speech delay is allowed in the Gillberg and Gillberg criteria. Szatmari et al. emphasize solitariness, and both Gillberg and Szatmari include "odd speech" and "language" in their criteria. Although Szatmari does not mention stereotyped behaviors, one of four described stereotyped functions is required by DSM-IV and ICD-10, and two are required by Gillberg and Gillberg. Abnormal responses to sensory stimuli are not mentioned in any diagnostic scheme, although they have been associated with ASPERGERS. Because DSM-IV and ICD-10 exclude speech and language difficulties, these definitions exclude
some of the original cases described by Hans Asperger. According to one researcher, the majority of people with ASPERGERS do have speech and language abnormalities, and the recent DSM-IV says that "the occurrence of 'no clinically significant delays in language does not imply that people with Aspergers have no problems with communication' (American Psychiatric Association, 2000, p. 80)."[2] The Gillberg and Gillberg criteria are considered closest to Aspergers original description of the syndrome.[2] The aggression and abnormal prosody that other authors say defined Aspegers clients are not mentioned in any criteria.[4][9][19]

The DSM-IV and ICD-10 diagnostic criteria have been criticized for being too broad and inadequate for assessing adults,[20] overly narrow (particularly in relation to Hans Aspergers original description of people with ASPERGERS),[2][21] and vague.[16] Results of a large study in 2007 comparing the four sets of criteria point to a "huge need to reconsider the diagnostic criteria of ASPERGERS".[3] The study found complete overlap across all sets of diagnostic criteria in the impairment of social interaction with the exception of four cases not diagnosed by the Szatmari et al. criteria because of its emphasis on social solitariness. Lack of overlap was strongest in the language delay and odd speech requirements of the Gillberg and the Szatmari requirements relative to DSM-IV and ICD-10, and in the differing requirements regarding general delays.[3] A small 2008 study of kids referred with a tentative diagnosis of Aspergers found poor agreement among the four sets of criteria, with one overlap being only 39%.[22] In 2007 Szatmari et al. suggested a new classification system of AUTISM SPECTRUM DISORDER based on familial traits found by genetic epidemiology.[23]

Differences from high-functioning autism—

Although people with Aspergers tend to perform better cognitively than those with autism, the extent of the overlap between Aspergers and high-functioning autism is unclear.[7][24] Overall, relatively few differences are reported between Aspergers and autism on parameters related to causation. A standard assumption is that Aspergers and autism have a common cause, and are variable expressions of the same underlying disorder.[25] A 2008 review of classification studies found that results largely did not support differences between the diagnoses, and that the most salient group characteristics came from IQ characterizations.[24] The current AUTISM SPECTRUM DISORDER classification may not reflect the true nature of the conditions.[26] A panel session at a 2008 diagnosis-related autism research planning conference noted problems with the classification of ASPERGERS as a distinct subgroup of AUTISM SPECTRUM DISORDER, and two of three breakout groups recommended eliminating ASPERGERS as a separate diagnosis.[27]

A neuropsychological profile has been proposed for ASPERGERS;[28] if verified, it could differentiate between ASPERGERS and HFA and aid in differential diagnosis. Relative to HFA, people with ASPERGERS have deficits in nonverbal skills such as visual-spatial problem solving and visual-motor coordination,[29] along with stronger verbal abilities.[30] Several studies have found ASPERGERS with a neuro-psychologic profile of assets and deficits consistent with a nonverbal learning disability, but several other studies have failed to replicate this.[29] The literature review did not reveal consistent findings of "nonverbal weaknesses or increased spatial or motor problems relative to
people with HFA", leading some researchers to argue that increased cognitive ability is evidenced in ASPERGERS relative to HFA regardless of differences in verbal and nonverbal ability.[31]

References—


Aspersers in Females

A young lady who has participated for several years in a social group for adults with high functioning autism and Asperger’s Syndrome sponsored at our TEACCH Center in Asheville, recently remarked, “There aren’t a heck of a lot of ladies who have Asperger’s Syndrome or autism. The majority are males, and although we get along with the guys, there are some issues that they are never going to understand. I wish there was more information specifically for ladies who have autism.” Her comment prompted the initiation of the first ladies’ group at the Asheville TEACCH Center. While talking with this lady, who is in her 20’s, I was reminded of my own early adulthood. I remember the strong support of “ladies’ consciousness-raising groups” that sprouted up on college campuses.
and in living rooms in the 60’s and 70’s. While struggling for and demanding equality between the sexes in the society at large, we discovered that there were important distinctions that needed to be honored. Together we explored and defined what “being a lady” was about, in the company of other young ladies searching for self-awareness. Being a member of a ladies’ “CR” (Consciousness-Raising) group was educational, exciting, exhilarating, emotional, relevant…and never boring.

According to Tony Attwood and other professionals in the field, ladies with high functioning autism and Asperger’s Syndrome may be an under diagnosed population. If this is true, some of the reasons may be attributed to gender differences.

Are there behaviors that are seen in females with Asperger’s Syndrome, but not in males, that we haven’t yet identified as part of the profile… or certain gender-related behavior that might fool us into ruling out the diagnosis? What about the “pretend play” that has been observed in many young females at our center, which on the surface appears to be quite creative and imaginative? There seem to be many females (on the spectrum) who are enamored with princesses, fantasy kingdoms, unicorns, and animals¬¬. How many diagnosticians observe these interests and skills as imagination, and rule out a diagnosis based on these behaviors? Might this interest in imaginary kingdoms and talking animals be more common among females than males, yet still exist alongside other autistic/Aspergers traits?

And what about one typical response to confusion or frustration--hitting or other such outward expressions of frustration? Does this type of acting out occur more often in males with autism than in females? Is confusion or frustration simply easier to identify in males than females because we already look for it? Among the general population, it is commonly thought that males do “act out” more than females. (You sometimes hear teachers complain there are too many males in his or her class, and its impact on the class’ personality!) Is it easier to identify males as having autism because these behaviors are more obvious, than females who may experience inward or passive signs of aggression?

Professionals whose task it is to diagnose individuals with autism or Asperger’s Syndrome need to learn more about the full range of qualities and personality differences unique to females and ladies on the spectrum.

And what about the females’ and ladies’ route to self-understanding? Indeed, several ladies I have worked with who have Asperger’s Syndrome have talked about the unique challenges they experience because they constitute a “minority” within this special group of society.

I believe that in order to gain self understanding, each person with - or without - autism needs to see his or her own reflection in the world. I call this ‘seeing one’s place.’ For people with autism or AS, who already are challenged in this area, it becomes imperative that they meet, listen to, talk with, read about, and learn from others with autism. What happens as a result of this coming together is that they are able to see their ‘reflection’ and better understand their own unique styles of thinking and being. Ladies with autism, although benefiting greatly from getting to know other people with autism, often find that
they might be the only female (or one of a very few ladies) in the group.

When I asked the ladies we see at our center if they would be interested in being in a ladies’ group, I had hoped that the group could fill a gap in our services. I also hoped that I would learn more about what it means to be a lady with autism. The more I meet with these ladies, the more I realize we have far to go in understanding the unique challenges that ladies with autism or Aspergers face.

One lady explained that, from her perspective there is subtle interaction between two sets of issues. “Problems related to the [autism] spectrum are combined with problems of society’s expectations of ladies. How one looks, what one wears, how one is supposed to relate socially, that a lady is supposed to have a natural empathy towards others, expectations about dating and marriage...” Ladies are affected by autism in the same ways as are their male counterparts; however, they are doubly challenged by the added assumptions that society places on the female gender.

At the risk of stereotyping, any man who is a rational thinker, and not emotionally in tune with others, is often thought of as having “typical male behavior” (think of the TV show “Tool Time”). A female exhibiting these same personality traits might be regarded as odd, annoying, cold, or depending on the situation, even mean-spirited. Autism, with its particular effects on personality, causes one to appear more rational and less emotionally responsive or empathetic to others. Ladies with autism note that these expectations indeed may weigh more heavily on them, just because they are ladies.

At the first meeting, the group members requested specific topics for discussion, topics that they encounter in daily life or ones which they are currently pondering. These topics included issues that are relevant to ladies at large such as personal safety; dating and sex; or being taken advantage of when your car needs repair. Other issues they raised were felt by group members to possibly be more significant for ladies with autism, but common to all--being pressured to conform by getting married; to “act like a lady”; and issues about one’s appearance--to have to “look a certain way”.

However, there were topics that all agree are a direct result of being a lady with autism, such as common behavioral and social expectations by the society at large. At the top of the list were the expectations of being sensitive to others and displaying empathy.

Ladies with autism have expressed that they feel that more is expected from them than from their male counterparts, simply because of their gender. Members of the group felt these expectations to be sensitive and empathetic, typically attributed to ladies, are unfair and difficult to meet. Discussion centered on how these behaviors require skills like the ability to accurately read and respond to body language, along with the inherent desire to “take care of others, emotionally”. Interestingly, after discussing these issues, the first requested topic to explore was reading body language and how to tell if someone is trying to take advantage of you.

The topic that generated the biggest emotional response from the group was the personal experience of feeling like one was “being treated like a child”. Parents, in general, are often more protective of their daughters than their sons. Daughters with
autism talked about feeling overly protected into womanhood. In many cases, this is needed, although without understanding the parent's perspective, the adult daughter can feel unfairly babied. Some ladies talked about the resentment they felt toward people, who for many years had been trying to teach them "socially appropriate" ways of acting. "Enough already!" was a common response.

The desire to be respected as an individual, and as a lady, was voiced clearly and strongly. Although this desire is probably equally shared among grown men with autism, the ladies voiced these desires clearly, with deep emotion and passion, when talking with other ladies.

**The Difference Between Aspergers and Autism?**

There is a great deal of confusion when it comes to the differences between Aspergers and autism. It seems that even medical professionals have difficulty determining a clear line between the two conditions. Often, it boils down to simply categorizing individuals according to the specific traits they exhibit, such as how they use language. However, there are some individuals who assert that Aspergers and autism are actually the same condition and should both fall under the heading of autism.

It's important to understand pervasive developmental disorders (PDDs) when trying to determine the differences (or lack thereof) between Aspergers and autism. PDDs are neurobiological disorders that include a wide spectrum of conditions, including Aspergers and autism. PDDs are marked by much delayed or significantly lacking social and language skills. A person with a PDD will usually have problems communicating with others and understanding language. Often, individuals with these conditions ignore or fail to understand facial expressions, and they may not make eye contact as most individuals expect in social situations.

Autism is the most well known of the conditions classified as PDDs. Autistic individuals look just like everyone else. It is their behavior that is different, and they appear withdrawn and often resist change. They tend to throw tantrums, shake, flap or move their bodies in odd ways and laugh or cry for what seems like no reason.

Individuals with autism may play in a way that it considered odd and exhibit obsessive 615
attachments to certain objects. They may act as if they are deaf, ignore verbal cues, repeat certain words over and over again, or be entirely non-verbal. In those who are verbal, a lack of ability to start a conversation is often evident.

Aspergers is often considered within the spectrum of autism. An individual with Aspergers may exhibit odd or abnormal verbal communication skills. He/she may also avoid peer relationships, lack interest in others, fail to return emotional feelings, form obsessive attachments to subjects of interest and have repetitive behaviors. He/she may exhibit repetitive movements, such as flapping or twisting. Interestingly, individuals with Aspergers generally do not experience delays in language or cognitive development, and they are often very curious about their environment.

It is important to note that not all individuals with Aspergers and autism lack the ability to function normally. Some are considered highly functioning and are capable of caring for themselves and interacting socially. However, these individuals are usually seen as odd or eccentric because they still have behaviors that don't mesh with what most individuals consider normal.

Since Aspergers and autism are seen as so similar, some individuals draw a line between the two at language development and social awareness. It seems that those with Aspergers typically have more normal language development, though many still have disordered language and communication skills. Individuals with Aspergers also tend to be more interested in and aware of social interactions than those with autism. However, social skills must be taught and even practiced, as they generally don't come naturally to individuals with this syndrome.

My Aspergers Child
08:44AM (-07:00)

Is there help for a child with Aspergers and Oppositional Defiant D...

Question:

We have finally had a diagnosis for aspergers and OPPOSITIONAL DEFIANT DISORDER after 6 and a half years of hell... my son is now 14 and apparently there is no help available!! He has a diagnosis and his statement will be drawn up for educational purposes, but where does that leave us as a family...he is so difficult to take anywhere... our house has been slowly getting destroyed by temper tantrums... so far every door needs replacing and the walls are covered in holes. I have a 9 yr old daughter with epilepsy who is really beginning to dislike being at home... it seems every day our house is filled with arguments over petty things which often lead to violent outbursts... there is no medication for him apparently, but I as a mother cannot cope much longer... this is changing me as a person, I'm finding I'm snappy and irritable and finding it hard to just get on with everyday ...things that seemed so easy before... any suggestions on where what or who to go to for help???
For many moms & dads of kids with Aspergers, coping with violent and aggressive behavior can be a very difficult challenge indeed.

Aggressive behavior in the youngster with Aspergers occurs for a reason, just as it would with any other youngster. No youngster ever really just "acts out" for no apparent reason whatsoever. The key is in the words "apparent reason" - there is ALWAYS a reason but the major challenge for the mom or dad is often working out what that reason is.

Inappropriate behavior, whether mild or severe, generally occurs in order to:

• Avoid something - for example a youngster may become aggressive and shout before getting the school bus; as they want to avoid going to school.

• Because of pain - for example a youngster may show a range of challenging behaviors to their moms & dads because they feel in physical pain, such as having earache.

• Fulfill a sensory need - for example a youngster may lash out or shout in the classroom if it is too noisy, too busy, too bright, too hot, or strong in a particular smell.

• Get something - for example a youngster may lash out at another youngster because they want to get the toy that the other youngster is playing with.

So the first step in reducing or eliminating this behavior is to determine the need that it fulfills by looking at the four categories above.

The second step is to teach them a replacement behavior, which they can use to communicate what they want or don't want. It may even involve using some of their obsessive or self-stimulating behaviors (like hand-flapping, rocking, pacing) as a replacement behavior.

This is because it would be far less intrusive to others than aggressive behaviors, but still serve the same purpose. It could also be about encouraging the youngster to express their feelings or negotiate verbally. For other kids they may communicate through another method like emotion cards, drawing, using symbols or "talking" through a puppet. You know your youngster best so you need to determine this.

This process takes time and initially, depending on the behavior, you may not have time. If the behavior is severe, then you need to remove the youngster from whatever situation they are in at the time immediately. Simply insisting that they stop the behavior and participate in whatever is occurring will not benefit the youngster or you; unless you remove them from the situation first.

Maintaining your youngster's routine will go a long way towards reducing the need for inappropriate or aggressive behavior in the first place. Routine is a great source of stability and comfort for them.
So just to recap the 2 critical factors for coping with your youngsters aggressive and violent behaviors are:

- Identify the real cause of the behavior from the 4 main categories above.
- Teach the youngster to communicate the real cause of the behavior to you in a less harmful manner.

Asperger's Syndrome and ADHD

Most kids with Aspergers do not receive that diagnosis until after age 6. Usually, they are diagnosed with Attention Deficit Disorder as toddlers. Part of the reason is that doctors routinely screen kids for ADD but not for autism. Another reason is that an Aspergers child's social impairment becomes more evident once he hits school. Finally, doctors are reluctant to label a youngster "autistic." It is okay and even a badge of honor to have a "hyperactive youngster," but it is another thing whatsoever to have an "autistic youngster."

Doctors make their diagnoses based on kid's behaviors. Since kids with Attention Deficit Disorder and Aspergers share similar behaviors, the two can appear to overlap. However, there is a fundamental difference between Attention Deficit Disorder and Aspergers. Aspergers children lack what doctors call "social reciprocity" or Theory of Mind. Theory of Mind is "the capacity to understand that other people have thoughts, feelings, motivations and desires that are different from our own." Kids with ADD have a Theory of Mind and understand other people's motives and expectations. They make appropriate eye contact and understand social cues, body language and hidden agendas in social interactions. Aspergers children cannot.

One author put it this way: kids with Attention Deficit Disorder respond to behavioral modification. With Aspergers, the syndrome is the behavior.

Both kinds of kids can tantrum, talk too loud and too much and have problems modulating their behaviors and making friends. Both are social failures but for different reasons.

The youngster with Attention Deficit Disorder knows what to do, but forgets to do it. Aspergers children do not know what to do. They do not understand that relationships are two-sided. If an Aspergers child talks on and on in an unmodulated voice about his particular interest, he simply does not understand that he is boring his friend and showing disinterest in his friend's side of the conversation. On the other hand, the youngster with ADD cannot control himself from dominating the conversation.

An Aspergers child can appear unfocused, forgetful and disorganized like a youngster.
with Attention Deficit Disorder, but there is a difference. The ADD youngster is easily distracted; the Aspergers child has no "filter." The Aspergers child sees everything in her environment as equally important. Her teacher's dangling earring is as important as what she writes on the blackboard. The Aspergers child does not understand that she does not have to memorize the entire textbook for the next test. She does not "get" such rules. Aspergers children tend to get anxious and stuck about small things and cannot see the "big picture." Kids with Attention Deficit Disorder are not detailed-oriented. The ADD youngster understands the rules but lacks the self-control to follow them. The Aspergers child does not understand the rules.

If the unfocused Aspergers child is "nowhere," the obsessive-compulsive and "Fantasy" Aspergers children are somewhere else. "Fantasy Aspergers children" retreat into a world of their own making - a world where everything goes the way they want it to. They play video games for hours or retreat into books and music. Their daydreaming and fantasizing resembles the behaviors of non-hyperactive kids with ADD.

Obsessive-compulsive Aspergers children live a world they create from rules and rituals. Like ADD kids, they appear preoccupied and distracted but for different reasons. They appear distracted because they are always thinking about their "rules." Did I tie my shoelaces right? Did I brush my teeth for 120 seconds?

Some authors estimate that 60% to 70% of Aspergers children also have Attention Deficit Disorder, which they consider a common comorbidity of Aspergers. Other authors say that the two cannot exist together. Still others insist doctors have it all wrong and that the two disorders are the same. The real problem is that there is no hard science. No one knows exactly how slight imperfections in brain structure and chemistry cause such problems.

For this reason, getting the right diagnosis for a youngster who exhibits behavior problems may take years of trial and error. Diagnosis is based on observation of behaviors that are similar for a myriad of disorders. The tragedy is that the youngster often does not receive the correct medications, educational strategies, and behavioral modification techniques that could help him function on a higher level. He falls farther behind his peer group and loses ground when he could be getting appropriate treatments.

"Psychiatry has made great strides in helping kids manage mental illness, particularly moderate conditions, but the system of diagnosis is still 200 to 300 years behind other branches of medicine," said Dr. E. Jane Costello, a professor of psychiatry and behavioral sciences at Duke University. "On an individual level, for many parents and families, the experience can be a disaster; we must say that."

My Aspergers Child
08:24AM (-07:00)
Coming to terms with an Asperger's diagnosis...

Question

How do I help my 12 year old son to come to terms with his diagnosis and help him to understand that it is not the end of the world?

Answer

So many times in life, we focus on the negative. It’s raining, getting up early, taking a test, and spilling a glass of milk are things that happen all the time. None of these are true negatives, but our perspective makes them worse than reality. You can turn each of these examples into a positive with a shift of thinking: thick green grass, seeing the sun rise, showing off skills, and a floor that needed a good mopping anyway are all positive outcomes to the same situations.

Asperger's Syndrome is definitely not the worst thing in the world. There are many positive qualities to be found in a child with Asperger's. They’re smart, so knowledgeable, and have an amazing memory. Children with Asperger’s have an intense sense of right and wrong and desire to follow the rules. In the same sense, they are extremely honest. And although they may have problems focusing on things like reading, spelling, or chores, they have an incredible ability to focus on a subject of interest until they know all there is to know about that subject.

Sit down with your son and make a list of his positive qualities. I've probably listed several here to get you started. Keep in mind that he may attempt to phrase something as a negative. Help him see the positive in as many qualities as possible. His list may look like this:

* Very intelligent
* Remembers everyone’s birthday and phone number
  * Can talk about fun things that happened when he was 3 years old
* Almost never breaks the rules
* Almost always tells the truth
* Knows everything there is to know about __________________________
  (special interest)
* Tries to make sure everyone else follows the rules
Talk to your son about any weaknesses he specifically brings up. Remind him that none of us are perfect. We all have weaknesses, but we also have the ability to seek help to control those weaknesses. Explain to him that the extra help and therapies he receives at school are to help him gain more control over his weaknesses.

Share a few printed resources with your son. He is old enough to read books and magazines written by and for kids his age. “Jay Grows an Alien” by Caroline Levine is a good example. This novel is written for the child with Asperger's, as well as his peers and shows kids that all of us have differences and are unique and special in our own way.

Finally, let your son know that he is the person he was intended to be and that he is loved just the way he is. He has Asperger’s Syndrome, but he is not Asperger’s Syndrome. He is an intelligent, unique, and special twelve year old boy.

My Aspergers Child
09:36AM (-07:00)

Natural Treatment for Asperger's Syndrome

It's amazing how prevalent Aspergers is today. Aspergers is similar to autism but milder. The youngster is able to socialize a little bit more than a youngster with autism. Kids with Aspergers usually have a particular interest that they focus on -- such as math, painting, trains, etc. It is hard to get them interested in anything else. The onset of Aspergers usually occurs later in life than autism.

Possible causes of Aspergers is candida overgrowth in the gut, pollution and exposure to chemicals, food allergies or intolerances, genetic defect and, as stated above, vaccinations and overuse of antibiotics.

There are some alternative methods for helping Aspergers that have been working in many kids. One is heavy metal chelation therapy and another is rebuilding a healthy gut through the use of probiotics, enzymes and diet. I believe that a combination of both would be optimal. This comes from my own experience with heavy metal poisoning which caused me to have severe anxiety and the inability to go to social events. By following both protocols I have improved greatly. I have also been finding lots of information online about Aspergers kids completely recovering using these methods and who are now living normal lives. There are also many supplements, vitamins and herbs that help lessen the symptoms of Aspergers.
While there is no specific treatment or 'cure' for Aspergers, there are many interventions that can significantly improve the functioning and quality of life of people and kids with Aspergers. It is important to properly classify the condition and remember that it is not Aspergers disease, but rather a syndrome.

Herbal and homeopathic remedies can be viable alternatives to synthetic drugs and may be just as effective, with far fewer risks and side effects.

It is important that you only use natural remedies from a reliable source, as the quality of herbs used as well as methods of preparation may affect the strength and effectiveness of the remedy.

Depending on the symptoms that need treatment, certain herbal ingredients can be highly effective, such as:

- Chamomile
- Melissa officinalis
- Passiflora
- St. John’s Wort

Natural remedies may often contain a combination of ingredients for best effect. A holistic treatment plan aims to address the underlying cause of the problem and does not just treat the symptoms in isolation. In this way, it provides an all-around approach to greater well-being.

08:11AM (07:00)

Aspergers and Diet

Question

**My son only wants specific foods. How do I ensure a healthy diet for him?** Answer

Children with Asperger’s commonly have difficulty when it comes to eating a variety of foods. Textures and smells play a part due to the sensory issues they experience. In addition, having too many choices goes against what is comfortable for these kids. Finding a balance will take work and special accommodation.

Kids with Asperger’s have sensory issues that may prevent him from registering the feelings of hunger. Therefore, you can’t rely on your child’s hunger to motivate him to eat. Eliminating the foods he loves will create a true battle.
When you begin your attempts to alter your child’s diet, do so quietly. The less fuss, the less likely it will become a bigger deal than it already is. And keep trying. Success may come slowly, but the ultimate goal is improving your child’s diet. Every little victory will bring you one step closer to the desired result.

The most common trick to entice your child with Asperger’s to eat is to change the presentation. Altering the form of a food may work. If your child likes the flavor of strawberries, for instance, but cannot handle the texture, you could toss them in the blender with some yogurt and try giving him a strawberry smoothie.

Another trick you can try is the element of disguise. Many vegetables can be pureed and added to favorites without changing the taste of the texture of the food. One example is adding pureed vegetables to meatloaf or spaghetti sauce. The taste is overpowered by the favored food and the puree blends in undetected. This is sneaky, but a great way to meet the goal of a healthy, balanced diet.

Finally, create a meal/snack routine or schedule. This will appeal to your child’s need for order and structure. Eventually you’ll be able to introduce new foods without being sneaky. He’ll know that mealtime is approaching and he will be expected to try the foods you have prepared.

3 comments >>

1. Hi I have a daughter who has aspergers and she is 11 years old. I'm having problems with my in-laws who were brought up old school, spare the rod spoil the child kind of thing. They basically think when she has an outburst or problems with what is served for dinner then i should just spank her or punish her and it will get better. I have downloaded the grandparents guide to aspergers from the oasis website but they are still in the frame of mind that she can be punished out of her behaviors. Any ideas on how to communicate to them that is not the thing to do. Thanks Shannon

Comment by shannon

2. Parents of children with ASD’s who only eat specific brands of foods - you may want to think about making your own foods and putting them into containers from branded foods. That way you can change the content of the foods to add extra vitamins etc. This has worked very well with 3 of the families I work with - the parents made their own yoghurts, fish fingers, pizzas, waffles, sausages, burgers and put them into empty branded boxes and containers. The 3 children accepted these new foods without any problems. Its worth a try even though it takes a bit of work to prepare the food in advance and in secret.

Comment by Wendy Goodbarn

3. My son was the same way. I know my son worked well with a reward system so I integrated the two. Each day, or every other day I would introduce a new food. Let’s say avocado. I would have only two pieces the size of a dime for him to taste. I told him that he needed to try at least one piece and if he didn’t like it he didn’t have to eat the rest. He loves desserts. He helps me pick out an assortment at the grocery store. The reward he received for trying the new food was to pick out his favorite dessert to eat. After about a month of trying new things he picked up at least 5 new things that he liked that I could add to his diet.
Meltdowns in Students with Aspergers

Strategies for Teachers to Prevent Emotional Outbursts

Aspergers youngsters need support from teachers when they struggle with behavior issues in school. Here are many helpful strategies that every teacher should know.

Aspergers is a form of high-functioning autism and can co-exist with other disorders such as ADHD, depression, and anxiety. But mostly, ASPERGERS affects a kid’s ability to socialize. ASPERGERS youngsters have difficulty recognizing facial expressions, sarcasm, and teasing, and struggle to adapt to unexpected changes in routine. Their interests tend to be very narrow, and this can limit their capacity to relate to others.

Due to these struggles, kids with ASPERGERS oftentimes experience anger, fear, sadness, and frustration. There are several effective interventions that can be employed in the classroom to help improve an ASPERGERS kid’s learning experience. These can assist the student in feeling more comfortable and decrease anxiety, paving the way for academic achievement.

Make Classroom Rules Clear—

Students with Asperger’s thrive on rules, but will often ignore them when they are vague or not meaningful. Teachers should detail the most important classroom rules and why they exist. A written list prominently displayed, or a handout of the classroom rules can be very helpful.

Minimize Surprises in the Classroom—

Aspergers youngsters on the autism spectrum need structured settings to succeed. They
do not like surprises. Things like sudden seating changes or unexpected modifications to the routine could cause anxiety and even meltdowns. Teachers should try to provide ample warnings if there is to be a change of plans. For instance, sending a note home to the moms & dads if a seating change is imminent would be beneficial.

A back up plan can be presented to the class in anticipation of schedule changes. When the Friday schedule that usually includes watching an educational film in the afternoon changes if time is short, the teacher should inform the students ahead of time that they will work on free reading or journaling instead, as an example.

Provide Sensory Support—

Many kids with Aspergers also experience sensory processing issues. Sensitivity to light, sound, touch, taste, and smells can irritate the kid, making him more likely to act out or withdraw. Consult the moms & dads to determine what these sensitivities are. Minimizing classroom chaos, noise, and clutter will be a good start.

If possible, get help from an occupational therapist and try to work sensory breaks into the kid’s school day. Chores such as returning a load of books to the library or even doing a few jumping jacks in the hallway can go a long way in helping the kid realign and get back to learning.

Promote Supportive Friendships—

If it seems appropriate, educate the class about Aspergers. Develop empathy by making students aware of inappropriate words and bullying behaviors. Highlight the kid’s strengths in classroom lessons to enable him to find friends with common interests.

If the student with Asperger’s seems to be struggling with friendships, group him during classroom activities with those that are more kind and empathetic. At recess or lunch, try assigning a classroom buddy who will be supportive and guide the kid through those more chaotic times.

Make a Plan for Emotional Outbursts—

Provide a quiet place for the student who has frequent meltdowns. This may be a trip to the bathroom with a classroom aide, or a visit to the school counselor. A written plan for coping in these periods of high stress is critical for an ASPERGERS student’s success.

Helping kids with Aspergers in the classroom is yet another challenge for today’s overburdened teachers. However, with insightful monitoring, parental and professional guidance, and creative strategies, a love of school and learning can be fostered in kids with ASPERGERS.

My Aspergers Child
10:19AM (-07:00)
Aspergers Kids & Homework

Kids with Aspergers Need Routine and Clarity

Homework can be easier for kids with ASPERGERS when provided with structured, daily routines. Moms & dads can also work with teachers to clarify new or complex assignments.

Asperger syndrome is a form of highly functioning autism that disrupts a youngster's ability to recognize social cues, thereby causing social awkwardness. Other characteristics of autism may also be present, such as a lowered tolerance for new situations or sudden transitions, lack of organizational skills, inconsistent energy levels, and high distractibility. All of these can present challenges when attempting to complete homework.

Luckily, there are some basic strategies that moms & dads can undertake to help prevent those dreaded evening meltdowns. The first step is to observe the youngster and see what hinders her from completing her work. This is paramount to planning homework sessions. During these observations, jot down answers to the following about the youngster:

1. Does she fatigue quickly?
2. Is she easily distracted by noise or activity?
3. What frustrates or upsets her?
4. What is her best time of day?

Establish Consistent Time and Place—

After observing the youngster for a few days, establish a consistent time for homework, preferably when she is well fed and at her best. The amount of time she spends on homework nightly will vary by grade level. When homework length begins to increase, she may stay more focused with short breaks. Incorporate these into the schedule and make sure she has enough time to complete assignments without rushing.

It is beneficial to have a special homework location away from the TV, radio, or other distractions. Kids with ASPERGERS can also be frustrated by clutter, so make sure that the workspace is organized and that all necessary materials for homework are available and easy to find.

Break Down Large Assignments—

Some homework assignments can be overwhelming for kids with ASPERGERS. Moms & dads will sometimes need to work closely with their youngster to help her get started. Providing one or two examples may be all that is required in some instances. For more complicated work, moms & dads may want to demonstrate how to break it down into smaller steps. This added attention may be needed for each unfamiliar assignment.
Eliminate Vagueness—

Sometimes assignments may be unclear, even to moms & dads. If this happens often, it would be best for moms & dads to communicate with the teacher about their youngster’s needs. Receiving more detailed instructions for upcoming assignments will go a long way to ensuring that homework gets done correctly and without tantrums. The key is to get the information ahead of time so that the youngster with ASPERGERS can be prepared, not surprised with an unknown.

Incorporate Interests—

A unique quality of kids with Aspergers is that they can develop abnormally intense interests in one or two subjects. Common ones may include weather, sports statistics, or computers. Using a little ingenuity, moms & dads can persuade the youngster to do seemingly unrelated work by integrating her interests.

Kids fascinated by computers may be encouraged to complete writing assignments using an online dictionary, for instance. Kids who have nightly reading requirements could be allowed to choose books that are related to weather, dinosaurs, or other science topics of interest. If the youngster seems to dislike math, create word problems for practicing addition, subtraction, and multiplication using subjects such as baseball or cars.

Kids with ASPERGERS possess unique skills and can grow to be highly productive, thriving members of society. But, like everyone, they face their own set of challenges along the way. Homework may be one of those challenges. With careful planning however, moms & dads can make this necessary and important chore less worrisome and help to pave their youngster’s way to success.

10:30AM (-07:00)

What is a Meltdown?

A meltdown is a condition where the Aspergers youngster temporarily loses control due to emotional responses to environmental factors.

It generally appears that the Aspergers youngster has lost control over a single and specific issue however this is very rarely the case. Usually, the problem is the accumulation of a number of irritations which could span a fairly long period of time, particularly given the strong long-term memory facilities of the Aspergers youngster.
Why the Problems Seem Hidden—

Aspergers kids don't tend to give a lot of clues that they are very irritated…

- Often Aspergers child-grievances are aired as part of their normal conversation and may even be interpreted by NTs as part of their standard whine.
- Some things which annoy Aspergers kids would not be considered annoying to neurotypicals -- this makes NT's less likely to pick up on a potential problem.
- Their facial expressions very often will not convey the irritation.
- Their vocal tones will often remain flat even when they are fairly annoyed.

What happens during a Meltdown—

The meltdown appears to most people as a tantrum or dummy spit. There are marked differences between adults and kids.

Kids tend to flop onto the ground and shout, scream or cry. Quite often, they will display violent behavior such as hitting or kicking.

In adults, due to social pressures, violent behavior in public is less common. Shouting outbursts or emotional displays however can occur. More often though, it leads to depression and the Aspergers youngster simply retreats into themselves and abandons social contact.

Some Aspergers kids describe the meltdown as a red or grey band across the eyes. I've certainly experienced this. There is a loss of control and a feeling of being a powerless observer outside the body. This can be dangerous as the Aspergers youngster may strike out, particularly if the instigator is nearby or if they are taunted during a meltdown.

Depression—

Sometimes, depression is the only outward visible sign of a meltdown. At other times, depression results when the Aspergers youngster leaves their meltdown state and confronts the results of the meltdown. The depression is a result of guilt over abusive, shouting or violent behavior. I will cover depression in a different post.

Dealing with Meltdowns/tantrums in Kids—

There's not a great deal of that you can do when a meltdown occurs in a very young child. Probably the very best thing that you can do at their youngest ages is to train yourself to recognize a meltdown before it happens and take steps to avoid it.

Example: Aspergers kids are quite possessive about their food and my youngest will sometimes decide that he does not want his meat to be cut up for him. When this happens, taking his plate from him and cutting his meat could cause a tantrum. The best way to deal with this is to avoid touching it for the first part of the meal until he starts to want your involvement. When this occurs, instead of taking his plate from him, it is more effective to lean over and help him to cut the first piece. Once he has cut the first piece
with help, he will often allow the remaining pieces to be cut for him though I would still recommend that his plate not be moved.

Once the youngster reaches an age where they can understand, probably around seven years give or take a few. You can work on explaining the situation. One way you could do this would be to discreetly videotape a meltdown and allow them to watch it at a later date. You could then discuss the incident, explain why it isn't socially acceptable and give them some alternatives.

When I was little, I remember that the single best motivation for keeping control was once, when my mother called me in after play and talked about the day. In particular, she highlighted an incident where I had fallen over and hurt myself. She said, "Did you see how your friend started to go home as soon as you fell over because they were scared that you were going to have a tantrum". She went on to say, "When you got up and laughed, they were so happy that they came racing back. I'm proud of you for not losing your temper".

I carried this with me for years later and would always strive to contain myself. I wouldn't always succeed but at least I was trying.

Meltdowns/tantrums and Punishment—

One of the most important things to realize is that Meltdowns/tantrums are part of the Aspergers condition. They can't avoid them; merely try to reduce the damage. Punishing an Aspergers youngster for a meltdown is like punishing someone for swearing when they hit their thumb with a hammer. It won't do any good whatsoever and can only serve to increase the distance between you and your youngster.

In addition, meltdowns/tantrums aren't wholly caused by the current scenario but are usually the result of an overwhelming number of other issues. The one which "causes" the meltdown is the "straw that breaks the camel's back". Unless you're a mind reader, you won't necessarily know what the other factors are and your Aspergers youngster may not be able to fully communicate the problem.

Meltdowns/tantrums are part and parcel of Aspergers - they are NOT the result of poor parenting.

My Aspergers Child
10:39AM (-07:00)

Asperger Kids & Tantrums

Kids with Aspergers the world over share a common trait – meltdowns – otherwise known as a tantrum, a birko, a go-off or spack-attack.

The visible symptoms of meltdown are as varied as the Aspergers kids themselves, but
every parent is able to describe their youngster’s meltdown behavior in intricate detail.

Meltdowns can be short lived, or last as long as two hours. They can be as infrequent as once a month (often coinciding with the lunar cycle/full moon) or occur as frequently as 4-6 times a day.

Whatever the frequency and duration, an Aspergers youngster having a meltdown is difficult for parents/caretakers/teachers to deal with.

Meltdown in Aspergers kids is triggered by a response to their environment. These responses can be caused by avoidance desire, anxiety or sensory overload. Triggers need to be recognized and identified.

So how do we deal with a meltdown? What should you do when meltdown occurs?

An adults’ (parents/caretakers/teachers) behavior can influence a meltdown’s duration, so always check your response first:

1. Slow down
2. Quiet down
3. Prioritize safety
4. Calm down
5. Re-establish self-control in the youngster, then deal with the issue

1. Slow down. Meltdown often occurs at the most inconvenient time e.g. rushing out the door to school. The extra pressure the fear of being late creates, adds to the stress of the situation. (Aspergers kids respond to referred mood and will pick up on your stress. This stress is then added to their own.) So forget the clock and focus on the situation. Make sure the significant people in your life know your priorities here. Let your boss know that your Aspergers youngster has meltdowns that have the capacity to bring life to a standstill, and you may be late. Let your youngster’s teacher know that if your youngster is late due to a meltdown that it’s unavoidable, and your youngster shouldn’t be reprimanded for it.

2. Keep your speaking voice quiet and your tone neutrally pleasant. Don’t speak unnecessarily. Less is best. Don’t be “baited” into an argument. (Often Aspergers kids seem to “want” to fight. They know how to “push your buttons”, so don’t be side-tracked from the meltdown issue).

3. Prioritize safety when your Aspergers youngster is having a meltdown. Understand that they can be extremely impulsive and irrational at this time. Don’t presume that the safety rules they know will be utilized while they’re melting down. Just because your Aspergers youngster knows not to go near the street when they are calm doesn’t mean they won’t run straight into 4 lanes of traffic when they are having a meltdown. If your Aspergers youngster starts melting down when you’re driving in the car, pull over and stop. If your youngster tends to “flee” when melting down, don’t chase them. This just adds more danger to the situation. Tail them at a safe distance (maintain visual contact) if necessary.
4. Take 3 slow, deep breaths, and rather than dreading the meltdown that’s about to take place, assure yourself that you’ve survived meltdowns 1000 times before and will do so this time too.

5. When your Aspergers youngster is calm and has regained self-control, he will often be exhausted. Keep that in mind as you work through the meltdown issue. Reinforce to your youngster the appropriate way to express their needs/requests.

Remember that all behavior is a form of communication, so try to work out the ‘message’ your Aspergers youngster is trying to convey with their meltdown, rather than responding and reacting to the behavior displayed.

My Aspergers Child
10:48AM (-07:00)

What is Aspergers?

In the Diagnostic and Statistical Manual IV (DSM IV) there is a category entitled “Pervasive Developmental Disorders.” Aspergers is one of the five diagnoses under this umbrella heading. Although not stated in the DSM IV, many clinicians use the term “Autism Spectrum Disorder” (ASD) to describe a continuum of related disorders, including autism, Pervasive Developmental Disorder Not Otherwise Specified (PDD NOS), and Aspergers. Most clinicians feel Aspergers is at the high end of a rather long continuum. It is important to bear in mind that while individuals on the spectrum share certain characteristics, they may look very different from one another. Therefore, the diagnosis of ASD is considered to be a heterogeneous one.

What difficulties do people with ASD share?

There are three main categories of difficulties people on the spectrum have in common. These difficulties are:

1. Restricted and/or repetitive patterns of behavior, interests and activities
2. Impairment in social interaction
3. Impairment in communication

What is the difference between Aspergers and autism?

At this point in time, there does not seem to be a consensus regarding the distinction between Aspergers and autism. There does seem to be agreement that people with Aspergers, like those with autism, share difficulties in the three areas mentioned above. There is less agreement about what distinguishes one diagnosis from the other. According to the definition used in the DSM IV, in Aspergers, there can be no delay in the development of language. In other words, although language is disordered, words, phrases, and sentences came in at the expected time. However, research suggests
almost 50 per cent of kids with Aspergers are late in their development of speech, but they are usually talking fluently by the age of five. The definition of Aspergers in the DSM IV does not cover enough people, since many, if not most of these kids had delays in language development.

Another distinction has to do with cognition. In autism, there is an enormous range of intellectual functioning. In Aspergers, cognition is normal and often gifted in certain areas.

Lastly, some clinicians believe that the difficulties with social relatedness are more severely impaired in autism than in Aspergers.

09:37AM (-07:00)

**Asperger’s and Impairment in Social Interaction**

1. **Difficulty Using Non-Verbal Behaviors in Social Interaction**—

There are several broad categories of difficulties falling under the general heading of impairment in social interaction. First of all, people with Aspergers Syndrome have difficulty using non-verbal behaviors in social interaction.

Eye contact may be impaired, meaning that the youngster may not look at others upon greeting or during conversations and may not respond when others try to catch his/her eye.

It is easy to see why others might inaccurately perceive the youngster to be rude or not paying attention.

Social smiling may be impaired. In this case, people with Aspergers Syndrome may not smile back at someone smiling at them, may not smile during greeting or may not smile in response to something someone else said.

Facial expressions used to communicate may be odd. Sometimes the expressions are limited or flat, sometimes they are inappropriate and at other times are exaggerated.

Again, it is easy to see why others might misread what the youngster with Aspergers Syndrome is thinking or feeling. For example, Jake, a rather sweet and kind youngster, broke out into laughter when his brother injured himself. Clearly, his response was inappropriate to the situation and would not be expected from a youngster his age. Similarly, Joe, upon learning that a family friend would be arriving for a visit, let out an excited cry, as if this were the most wonderful and extraordinary event that could possibly
happen.

Body postures regulating social interaction may be affected. A very common example of this difficulty is that those with Aspergers Syndrome may not know how to judge social distance and may stand too close.

2. Difficulty Forming Peer Relationships—

The second category of difficulties falling under the heading of impairment in social interaction is difficulty forming peer relationships.

Some kids with Aspergers Syndrome seem to lack interest in others and may prefer solitary activities. Marty, age 6, was very skilled at building with blocks and Legos. However, when another youngster would approach to try to join his play, he would become extremely angry, not wanting his play to be disturbed.

Inappropriate overtures towards others or inappropriate responses to the approaches of other people are common occurrences. Jim, age 5, was fascinated with his next-door neighbor, George, a toddler of 18 months. Unfortunately, his way of showing his interest in George was hitting him over the head. Another youngster with Aspergers Syndrome, Benny, was somewhat more sophisticated in his technique: his way of showing his interest was throwing his arms around another youngster in a bear hug.

Difficulty forming friendships is a common fact of life for kids with Aspergers Syndrome. Interestingly, what these kids mean by friendship may be decidedly different from what their typically developing peers mean. For example, Nicholas repeatedly referred to another youngster in his school, Tom, as his best friend, although no one had observed the two boys talking or playing together. When asked what makes them friends, Nicholas replied that Tom said hello to him.

Impairment in group play with peers is another common difficulty. Unfortunately, most of the team sports so common to school-age kids are terribly difficult for kids with Aspergers Syndrome. Their troubles with social interaction and peer relationships make organized group sports a real challenge. Oftentimes, sports in which individual achievement is stressed (e.g., track, archery, fishing) are more successful.

3. Difficulty in Sharing Enjoyment—

The third area of impairment in this section is difficulty sharing enjoyment. Young kids with Aspergers Syndrome are less likely than their typical peers to share objects, such as food or toys, with others. People with Aspergers Syndrome are not as likely to show other people items in which they are interested. Lastly, they generally make more limited efforts to share feelings of enjoyment with others.

4. Lack of Social or Emotional Reciprocity—

The fourth kind of social interaction impairment is a lack of social or emotional reciprocity. This area includes such difficulties as inappropriate or limited responses to the
approaches of others, as well as limited offers of comfort shown towards others.

For example, Max enjoyed going to the supermarket with his mother. He liked to help prepare the shopping list, easily located the items on the shelves, loved to sample the free food often available, and calculated the correct change while in the check-out line. However, when the cashier spoke to him and tried to make small talk, he generally did not look at her, did not answer her questions, and sometimes made a remark completely off the topic, but one that was of interest to him.

Similarly, Ben was walking outside with his mother on a cold winter day, when his mother slipped and fell on the ice. Ben clearly was aware something was not quite right, as he immediately began to scream. What he did not do was ask his mother if she were okay, and offer to help her, as a typical youngster his age probably would have done.

10:14AM (-07:00)

Aspergers and Impairment in Communication

Inappropriate Questions/Comments—

The uttering of inappropriate comments or questions can be a serious problem. Sometimes the remarks are inappropriate to the setting. Sometimes the comments are sexually inappropriate. In any case, the remarks or questions do not take into account the impact on the other individual involved. For example, Conner was attending a funeral. Oblivious to the impact his question would have on the grieving friends and relatives, he wondered out loud about the process of bodies decomposing. In another example, Mike found himself attracted to a young woman and proceeded to stare at her. When she asked him what he wanted, he told her in sexually explicit details what he was staring at and the specific nature of his interest.

Lack of Symbolic Play—

For most kids, play is a crucial area of communication and development. Kids with Aspergers Syndrome generally display problems with imaginative or symbolic play. In autism, there is sometimes a lack of symbolic play. Some autistic kids do play imaginatively for brief periods of time, but unlike their typically developing peers, they usually cannot sustain and elaborate on the play. There may be rather elaborate imaginative play, especially in females with Aspergers. According to Tony Attwood, "Females with Aspergers Syndrome can create imaginary friends and elaborate doll play which superficially resembles the play of other females but there can be several qualitative differences. They often lack reciprocity in their natural social play and can be
too controlling when playing with their peers... While the special interest in collecting and playing with dolls can be assumed to be an age appropriate activity and not indicative of psychopathology, the dominance and intensity of the interest is unusual. Playing with and talking to imaginary friends and dolls can also continue into the teenage years when the individual would have been expected to mature beyond such play."

Some clinicians consider play of paramount importance to the development of the youngster. Stanley Greenspan, M.D. has developed a treatment technique which he terms "Floor Time." In this approach Greenspan utilizes play to "open and close circles of communication". For example, when one individual makes a communicative overture, the expectation is that the other individual will respond to this overture in a reciprocal way. He believes play is critical not only for the development of social interaction, but also for the development of logical, flexible and creative thinking.

Literal Thinking—

In addition to problems with imaginative play, individuals with Aspergers Syndrome have a tendency to think in a literal way. Moms & dads and teachers are sometimes astonished to learn how a youngster with Aspergers Syndrome has misunderstood a commonly used term or expression. Idioms are particularly problematic. Individuals with Aspergers Syndrome often have great difficulty with metaphors and with information that is implied but not stated directly. On occasion, the youngster’s misperception becomes apparent, as in the following examples.

Edward was told by the staff in his group home that wake-up on weekends was 10:00 a.m. Staff were surprised to see that he was lying in bed awake for hours on week-end mornings. When asked about it, he replied that he was not allowed to get out of bed until 10:00, rather than understanding that he could stay in bed as late as 10:00 if he chose to do so.

Similarly, the same youngster was told by his parent to put on his winter jacket. He found two winter jackets hanging on the banister, but told his mother he did not know which one was his. To her surprise, he said he could not tell which one to wear because they both had a name-tag with his name on it. In fact, he had been wearing one of the jackets all winter; he had outgrown the other one, but his mother had failed to remove his name from inside.

"Theory of Mind"—

In addition to the problems in communication mentioned above, individuals with Aspergers Syndrome may have trouble with a concept referred to as "theory of mind". Briefly, this notion, first described by Simon Baron-Cohen, refers to difficulty in perspective taking. An example of this difficulty is that individuals with Aspergers may assume other people have the same knowledge as they do, even when there is no basis for this assumption.

For example, Nicholas was very interested in movies, frequently talking about the latest movies he had seen. He would discuss the content of movies with anyone who would
listen, not recognizing that they could not possibly know what he was referring to, since they had not seen the movie under discussion.

A related matter is the inability many with Aspergers Syndrome have to recognize how other people are perceiving them. This difficulty contributes to a lack of shame or embarrassment about their behavior.

Aspergers Syndrome and Repetitive Patterns of Behavior

Preoccupation Unusual in Intensity or Focus –

Many kids with Aspergers Syndrome have a preoccupation that is unusual in intensity or focus. They may talk relentlessly about their particular area of fascination, completely unaware of their listener’s fading interest. According to Tony Attwood, "The most popular special interests of boys with Aspergers Syndrome are types of transport, specialist areas of science and electronics, particularly computers..."
Females with Aspergers Syndrome can be interested in the same topics but clinical experience suggests their special interest can be animals and classic literature.” Other common areas of interest are schedules and statistical information, as described in the following examples.

Danny went through phases of being intensely preoccupied with different odd interests. One of his first preoccupations was peoples’ birthdays. In fact, the first question he would ask upon being introduced to someone was the date of his or her birthday. He had an impressive memory for such information, storing the birth dates of dozens of people he had met. The preoccupation with birthdays seemed to give way after a couple of years to an interest in the hours stores open and close. He would walk down the street, paying close attention if a store’s hours were posted out front. Again, he had an incredible memory for such information, which, his parent joked, had a certain usefulness as far as she was concerned. Danny’s next fascination concerned movies. He was not particularly interested in the content of movies or in critiquing them, but rather was preoccupied with the ratings (e.g., G, PG, PG13, R) movies received. Similarly, he liked to create lists of the movies in which his favorite actors and actresses appeared. In addition, he had a unique method of categorizing movies, and was able to rattle off which movies fell under his rather unusual headings (e.g., movies that dealt with the subject of weddings, movies in which horses appeared).

Inflexibility Regarding Routines or Rituals—

Of all the impairments common to those with Aspergers Syndrome, probably the one most likely to cause difficulties for others is inflexibility regarding routines and rituals. This particular difficulty has enormous potential to adversely affect the lives of family and friends as shown in the following example.

Evan firmly believed that he must watch certain television programs, especially particular game shows. One day a show that he always watched at a particular time was not on; in fact, it was taken off the air several days in a row. This disappointment was apparently more than Evan could bear and led to prolonged tantrums. His parent called the television station, inquiring about the status of the show but to her dismay, was informed the show had been cancelled.

In light of the child with Aspergers Syndrome difficulties with flexibility, it is helpful for those dealing with him or her to be creative and flexible in their interventions. Certainly, it is important for there to be as much consistency and predictability as possible. If changes are necessary, telling the person in advance, whenever possible, is helpful. Sometimes it is possible to reframe an issue in a different way. For example, Sean was insistent that he eat three meals every day. If the family woke up late and his parents wanted to serve brunch and then dinner, this plan was unacceptable to him. His parent learned that offering him a cracker in the middle of the day and calling it lunch was an acceptable arrangement as far as Sean was concerned.

Another useful technique to consider is to involve the child with Aspergers Syndrome in collaborative thinking or negotiation. For an in depth discussion of this approach, the
reader is referred to The Explosive Child by Ross Greene, Ph.D. The following interchange is an example of this technique.

James's parents were considering moving him to a new residential home and he was invited to have dinner and meet the staff and students at the new residence. Before returning him to his current placement, his parents' plan was to take him out for dessert while they had dinner. James found this idea unacceptable; in his world, if he were going to be in a restaurant with people eating dinner, he needed to be eating dinner as well (even though he had just had dinner). His response to his parents' disapproval of his plan was to tell them they needed to take him home and then they could go out to dinner by themselves. After explaining to him that this plan did not work for them (logistically, it would have them driving far out of the way), his parent asked him if he had any ideas as to how they might resolve the problem to everyone's satisfaction. James thought a moment and then asked, "Is it okay if I have a piece of bread and a drink?" His parent thought this was a fine idea. Apparently, James considered bread and a drink sufficient to meet his definition of a meal. If his parent had not involved him in the discussion, they would never have been able to come to this resolution.

Stereotyped and Repetitive Motor Mannerisms—

An additional category under the heading of restricted and/or repetitive patterns of behavior, interests and activities is that of stereotyped and repetitive motor mannerisms. There are a number of mannerisms in which the child with Aspergers Syndrome may engage. These mannerisms include hand or finger flapping, rocking, or complex whole body movements such as spinning or jumping. These behaviors differ from tics in that they are voluntary movements in the motor sense; voluntary in this case does not imply that they are easily stopped. In fact, there is considerable support for the notion that these movements have a calming or regulatory effect on the nervous system. An unfortunate consequence is that these behaviors call attention to the oddness of the child, often resulting in teasing or ostracism.

08:15AM (-07:00)

Aspergers & Aggression

Hi, my son is very aggressive and lacks any type of impulse control. He cannot be left alone with his siblings. Does anyone have any recommendations? I know he does not want to do these things, because when we talk about it he says he loves his sister, etc, but he hurts her all the time. My poor daughter has to put up with his aggressions on a daily basis. I can't watch him every second he's awake. I also can't put either child in a protective bubble or send my son to his room and leave him there all day. I really don't
know what to do with him and I'm not a big advocate of drug therapy. He's so young and I don't want to change his personality, only his behavior. Will this end soon? Will he gain control at 6, 7, or 8? I love my little boy, but I'm sad that he's so physical. He's starting to internalize his behavior and now said to me this morning that he's a bad boy even though no one tells him that, not us, or his teacher. I worry about his self-esteem as he grows older. We praise him when he's good, but he gets a ton of negative feedback. Don't do this, don't do that, etc. "You need to go to your room for hitting your sister", I constantly feel like I have to micromanage him. But he knows he's in time out/ or his room a lot and I do that so he can calm down or to protect his siblings. Any advice would be helpful.

Aggressive behavior in the child with Aspergers occurs for a reason, just as it would with any other child. Inappropriate behavior, whether mild or severe, occurs in order to:

- avoid something
- because of pain
- get something
- to fulfill a sensory need

The first step in reducing or eliminating this behavior is to determine the need that it fulfills.

The second step is to teach them a replacement behavior (i.e., communicate what they want or don't want). It may even involve using some of their obsessive or self-stimulating behaviors as a replacement. This is because it would be far less intrusive to others than aggressive behaviors, but still serve the same purpose.

This process takes time and initially, and depending on the behavior, you may not have time. If the behavior is severe, then you need to remove the child from whatever situation they are in at the time. Simply insisting that they stop the behavior and participate in whatever is occurring will not benefit the child or you, unless you remove them from the situation first.

Maintaining their routine will go a long way towards reducing the need for inappropriate or aggressive behavior in the first place.

A behavior analyst should be able to help you. He/she will work with you and your family to try to hash out the functions of the behaviors. Once that is determined your son will be taught replacement behaviors that he can use to meet the needs that his concerning behaviors are filling for him.

Try doing a web search for 'behavior analysis' or 'applied behavior analysis' in your state. That would be a good place to start.

Aspergers is one of the diagnostic subcategories of pervasive developmental disorders. It is characterized by a defect in reciprocal social interaction, lack of empathy for others and poor non-verbal communication. Antisocial acts, including aggression and sexual offense,
are not considered to be uncommon in this disorder, but these symptoms are secondary to the diagnosis of Aspergers as a manifestation of difficulties with the "theory of mind" of others.

The usual treatment for Aspergers aggression includes:

- Art Therapy
- Behavioral contracts
- Cognitive behavior-modification
- Drama Therapy
- Language Therapy
- Music Therapy
- Occupational Therapy
- Osteopathy
- Physiotherapy
- Play Therapy
- Scripts and autopsies
- Social stories
- Speech Therapy
- Structuring the environment for social success
- Traditional behavioral consequences

09:48AM (-07:00)

Healthy Diet for Aspergers Children

Question

My son only wants specific foods. How do I ensure a healthy diet for him? Answer

Youngsters with Aspergers commonly have difficulty when it comes to eating a variety of foods. Textures and smells play a part due to the sensory issues they experience. In addition, having too many choices goes against what is comfortable for these children. Finding a balance will take work and special accommodation.

Children with Aspergers have sensory issues that may prevent him from registering the feelings of hunger. Therefore, you can't rely on your child's hunger to motivate him to eat. Eliminating the foods he loves will create a true battle.
When you begin your attempts to alter your child’s diet, do so quietly. The less fuss, the less likely it will become a bigger deal than it already is. And keep trying. Success may come slowly, but the ultimate goal is improving your child’s diet. Every little victory will bring you one step closer to the desired result.

The most common trick to entice your child with Aspergers to eat is to change the presentation. Altering the form of a food may work. If your child likes the flavor of strawberries, for instance, but cannot handle the texture, you could toss them in the blender with some yogurt and try giving him a strawberry smoothie.

Another trick you can try is the element of disguise. Many vegetables can be pureed and added to favorites without changing the taste of the texture of the food. One example is adding pureed vegetables to meatloaf or spaghetti sauce. The taste is overpowered by the favored food and the puree blends in undetected. This is sneaky, but a great way to meet the goal of a healthy, balanced diet.

Finally, create a meal/snack routine or schedule. This will appeal to your child’s need for order and structure. Eventually you’ll be able to introduce new foods without being sneaky. He’ll know that mealtime is approaching and he will be expected to try the foods you have prepared.

03:58PM (-07:00)

Asperger's Syndrome Through the Lifespan

Aspergers is a relatively new category of developmental disorder, the term having only come into more general use over the past fifteen years. Although a group of kids with this clinical picture was originally and very accurately described in the 1940's by a Viennese pediatrician, Hans Asperger, the disorder called Aspergers was "officially" recognized in the Diagnostic and Statistical Manual of Mental Disorders for the first time in the fourth edition published in 1994. Because there have been few comprehensive review articles in the medical literature to date and because ASPERGERS SYNDROME is probably considerably more common than previously realized, this discussion will endeavor to describe the syndrome in some detail and to offer suggestions regarding management. Students with ASPERGERS SYNDROME are not uncommonly seen in mainstream educational settings, although often undiagnosed or misdiagnosed, so this is a topic of some importance for educational personnel, as well as for moms & dads.

Aspergers is the term applied to the mildest and highest functioning end of what is known
as the spectrum of pervasive developmental disorders (or the autism spectrum). Like all conditions along that spectrum it is felt to represent a neurologically-based disorder of development, most often of unknown cause, in which there are deviations or abnormalities in three broad aspects of development: social relatedness and social skills, the use of language for communicative purposes and certain behavioral and stylistic characteristics involving repetitive or perseverative features and a limited but intense range of interests. It is the presence of these three categories of dysfunction, which can range from relatively mild to severe, which clinically defines all of the pervasive developmental disorders, from ASPERGERS SYNDROME through to classic autism. Although the idea of a continuum of PDD along a single dimension is helpful for understanding the clinical similarities of conditions along the spectrum, it is not at all clear that Aspergers is just a milder form of autism or that the conditions are linked by anything more than their broad clinical similarities.

Aspergers represents that portion of the PDD continuum which is characterized by higher cognitive abilities (at least normal IQ by definition and sometimes ranging up into the very superior range) and by more normal language function compared to other disorders along the spectrum. In fact, the presence of normal basic language skills is now felt to be one of the criteria for the diagnosis of ASPERGERS SYNDROME, although there are nearly always more subtle difficulties with pragmatic/social language. Many researchers feel it is these two areas of relative strength that distinguish ASPERGERS SYNDROME from other forms of autism and PDD and account for the better prognosis in ASPERGERS SYNDROME. Developmentalists have not reached consensus as to whether there is any difference between ASPERGERS SYNDROME and what is termed high functioning autism (HFA). Some researchers have suggested that the basic neuropsychological deficit is different for the two conditions, but others have been unconvinced that any meaningful distinction can be made between them. One researcher, Uta Frith, has characterized kids with ASPERGERS SYNDROME as having "a dash of autism." In fact, it is likely that there may be multiple underlying subtypes and mechanisms behind the broad clinical picture of ASPERGERS SYNDROME. This leaves room for some confusion regarding diagnostic terms and it is likely that quite similar kids across the country have been diagnosed with ASPERGERS SYNDROME, HFA, or PDD, depending upon by whom or where they are evaluated.

Since ASPERGERS SYNDROME itself shows a range or spectrum of symptom severity, many less impaired kids who might meet criteria for that diagnosis receive no diagnosis at all and are viewed as "unusual" or "just different," or are misdiagnosed with conditions such as Attention Deficit Disorder, emotional disturbance, etc. Many in the field believe that there is no clear boundary separating ASPERGERS SYNDROME from kids who are "normal but different." The inclusion of ASPERGERS SYNDROME as a separate category in the new DMS-4, with fairly clear criteria for diagnosis, should promote greater consistency of labeling in the future.

Epidemiology—

The best studies that have been carried out to date suggest that ASPERGERS SYNDROME is considerably more common than "classic" autism. Whereas autism has traditionally been felt to occur in about 4 out of every 10,000 kids, estimates of Aspergers
have ranged as high as 20-25 per 10,000. That means that for each case of more typical autism, schools can expect to encounter several kids with a picture of ASPERGERS SYNDROME (that is even more true for the mainstream setting, where most kids with ASPERGERS SYNDROME will be found). In fact, a careful, population-based epidemiological study carried out by Gillberg's group in Sweden, concluded that nearly 0.7% of the kids studied had a clinical picture either diagnostic of or suggestive of ASPERGERS SYNDROME to some degree. Particularly if one includes those kids who have many of the features of ASPERGERS SYNDROME and seem to be milder presentations along the spectrum as it shades into "normal!", it seems not to be a rare condition at all.

All studies have agreed that Aspergers is much more common in boys than in girls. The reasons for this are unknown. ASPERGERS SYNDROME is fairly commonly associated with other types of diagnoses, again for unknown reasons, including: tic disorders such as Tourette disorder, attentional problems and mood problems such as depression and anxiety. In some cases there is a clear genetic component, with one parent (most often the father) showing either the full picture of ASPERGERS SYNDROME or at least some of the traits associated with ASPERGERS SYNDROME; genetic factors seem to be more common in ASPERGERS SYNDROME compared to more classic autism. Tempermental traits such as having intense and limited interests, compulsive or rigid style and social awkwardness or timid demeanor also seem to be more common, alone or in combination, in relatives of ASPERGERS SYNDROME kids. Sometimes there will be a positive family history of autism in relatives, further strengthening the impression that ASPERGERS SYNDROME and autism are sometimes related conditions. Other studies have demonstrated a fairly high rate of depression, both bipolar and unipolar, in relatives of kids with ASPERGERS SYNDROME, suggesting a genetic link in at least some cases. It seems likely that for ASPERGERS SYNDROME, as for autism, the clinical picture we see is probably influenced by many factors, including genetic ones, so that there is no single identifiable cause in most cases.

Definition—

The new DSM-4 criteria for a diagnosis of ASPERGERS SYNDROME, with much of the language carrying over from the diagnostic criteria for autism, include the presence of:

Qualitative impairment in social interaction involving some or all of the following:

- and lack of social or emotional reciprocity
- failure to develop age-appropriate peer relationships
- impaired use of non-verbal behaviors to regulate social interaction
- lack of spontaneous interest in sharing experiences with others

Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities involving:

- inflexible adherence to specific non-functional routines or rituals
- preoccupation with one or more stereotyped and restricted pattern of interest
- stereotyped or repetitive motor mannerisms, or preoccupation with parts of objects
These behaviors must be sufficient to interfere significantly with social or other areas of functioning. Furthermore, there must be no significant associated delay in either general cognitive function, self-help/adaptive skills, interest in the environment or overall language development.

Christopher Gillberg, a Swedish physician who has studied ASPERGERS SYNDROME extensively, has proposed six criteria for the diagnosis, elaborating upon the a criteria set forth in DSM-4. His six criteria capture the unique style of these kids and include:

* Social impairment with extreme egocentricity, which may include:
  - socially and emotionally inappropriate responses
  - poor appreciation of social cues
  - lack of desire to interact with peers
  - inability to interact with peers

* Limited interests and preoccupations, including:
  - repetitive adherence
  - relatively exclusive of other interests
  - more rote than meaning

* Repetitive routines or rituals, that may be:
  - imposed on self, or
  - imposed on others

* Speech and language peculiarities, such as:
  - superficially perfect expressive language
  - odd prosody, peculiar voice characteristics
  - impaired comprehension including misinterpretation of literal and implied meanings
  - delayed early development possible but not consistently seen

* Non-verbal communication problems, such as:
  - peculiar "stiff" gaze
  - limited use of gesture
  - limited or inappropriate facial expression
  - difficulty adjusting physical proximity
  - clumsy body language

* Motor clumsiness
  - may not be necessary part of the picture in all cases

Clinical Features—
The most obvious hallmark of Aspergers and the characteristic that makes these kids so unique and fascinating, is their peculiar, idiosyncratic areas of "special interest". In contrast to more typical autism, where the interests are more likely to be objects or parts of objects, in ASPERGERS SYNDROME the interests appear most often to be specific intellectual areas. Often, when they enter school, or even before, these kids will show an obsessive interest in an area such as math, aspects of science, reading (some have a history of hyperlexia--rote reading at a precocious age) or some aspect of history or geography, wanting to learn everything possible about that subject and tending to dwell on it in conversations and free play. I have seen a number of kids with ASPERGERS SYNDROME who focus on maps, weather, astronomy, various types of machinery or aspects of cars, trains, planes or rockets. Interestingly, as far back as Asperger's original clinical description in 1944, the area of transport has seemed to be a particularly common fascination (he described kids who memorized the tram lines in Vienna down to the last stop). Many kids with ASPERGERS SYNDROME, as young as three years old, seem to be unusually aware of things such as the route taken on car trips. Sometimes the areas of fascination represent exaggerations of interests common to kids in our culture, such as Ninja Turtles, Power Rangers, dinosaurs, etc. In many kids the areas of special interest will change over time, with one preoccupation replaced by another. In some kids, however, the interests may persist into adulthood and there are many cases where the childhood fascinations have formed the basis for an adult career, including a good number of college professors.

The other major characteristic of ASPERGERS SYNDROME is the socialization deficit, and this, too, tends to be somewhat different than that seen in typical autism. Although kids with ASPERGERS SYNDROME are frequently noted by teachers and moms & dads to be somewhat "in their own world" and preoccupied with their own agenda, they are seldom as aloof as kids with autism. In fact, most kids with ASPERGERS SYNDROME, at least once they get to school age, express a desire to fit in socially and have friends. They are often deeply frustrated and disappointed by their social difficulties. Their problem is not a lack of interaction so much as lack of effectiveness in interactions. They seem to have difficulty knowing how to "make connections" socially. Gillberg has described this as a "disorder of empathy", the inability to effectively "read" others' needs and perspectives and respond appropriately. As a result, kids with ASPERGERS SYNDROME tend to misread social situations and their interactions and responses are frequently viewed by others as "odd".

Although "normal" language skills are a feature distinguishing ASPERGERS SYNDROME from other forms of autism and PDD, there are usually some observable differences in how kids with ASPERGERS SYNDROME use language. It is the more rote skills that are strong, sometimes very strong. Their prosody--those aspects of spoken language such as volume of speech, intonation, inflection, rate, etc.--is frequently unusual. Sometimes the language sounds overly formal or pedantic, idioms and slang are often not used or are misused, and things are often taken too literally. Language comprehension tends toward the concrete, with increasing problems often arising as language becomes more abstract in the upper grades. Pragmatic, or conversational, language skills often are weak because of problems with turn-taking, a tendency to revert to areas of special interest or difficulty sustaining the "give and take" of conversations. Many kids with ASPERGERS SYNDROME have difficulties dealing with humor, tending
not to "get" jokes or laughing at the wrong time; this is in spite of the fact that quite a few show an interest in humor and jokes, particularly things such as puns or word games. The common belief that kids with pervasive developmental disorders are humorless is frequently mistaken. Some kids with ASPERGERS SYNDROME tend to be hyperverbal, not understanding that this interferes with their interactions with others and puts others off.

When one examines the early language history of kids with ASPERGERS SYNDROME there is no single pattern: some of them have normal or even early achievement of milestones, while others have quite clear early delays on speech with rapid catch-up to more normal language by the time of school entry. In such a youngster under the age of three years in whom language has not yet come up into the normal range, the differential diagnosis between ASPERGERS SYNDROME and milder autism can be difficult to the point that only time can clarify the diagnosis. Frequently, also, particularly during the first several years, associated language features similar to those in autism may be seen, such as perseverative or repetitive aspects to language or use of stock phrases or lines drawn from previously heard material.

Aspergers Through the Lifespan—

In his original 1944 paper describing the kids who later came to be described under his name, Hans Asperger recognized that although the symptoms and problems change over time, the overall problem is seldom outgrown. He wrote that "in the course of development, certain features predominate or recede, so that the problems presented change considerably. Nevertheless, the essential aspects of the problem remain unchanged. In early childhood there are the difficulties in learning simple practical skills and in social adaptation. These difficulties arise out of the same disturbance which at school age cause learning and conduct problems, in adolescence job and performance problems and in adulthood social and marital conflicts." On the other hand, there is no question that kids with ASPERGERS SYNDROME have generally milder problems at every age compared to those with other forms of autism or PDD, and their ultimate prognosis is certainly better. In fact, one of the more important reasons to distinguish ASPERGERS SYNDROME from other forms of autism is it's considerably milder natural history.

The preschool youngster:

As has been noted, there is no single, uniform presenting picture of Aspergers in the first 3-4 years. The early picture may be difficult to distinguish from more typical autism, suggesting that when evaluating any young youngster with autism and apparently normal intelligence, the possibility should be entertained that he/she may eventually have a picture more compatible with an Asperger diagnosis. Other kids may have early language delays with rapid "catch-up" between the ages of three and five years. Finally, some of these kids, particularly the brightest ones, may have no evidence of early developmental delay except, perhaps, some motor clumsiness. In almost all cases, however, if one looks closely at the youngster between the age of about three and five years, clues to the diagnosis can be found, and in most cases a comprehensive evaluation at that age can at least point to a diagnosis along the PDD/autism spectrum. Although these kids may
seem to relate quite normally within the family setting, problems are often seen when they enter a preschool setting. These may include: a tendency to avoid spontaneous social interactions or to show very weak skills in interactions, problems sustaining simple conversations or a tendency to be perseverative or repetitive when conversing, odd verbal responses, preference for a set routine and difficulty with transitions, difficulty regulating social/emotional responses with anger, aggression, or excessive anxiety, hyperactivity, appearing to be "in one's own little world", and the tendency to over-focus on particular objects or subjects. Certainly, this list is much like the early symptom list in autism or PDD. Compared to those kids, however, the youngster with ASPERGERS SYNDROME is more likely to show some social interest in adults and other kids, will have less abnormal language and conversational speech and may not be as obviously "different" from other kids. Areas of particularly strong skills may be present, such as letter or number recognition, rote memorization of various facts, etc.

Elementary school:

The youngster with ASPERGERS SYNDROME will frequently enter kindergarten without having been adequately diagnosed. In some cases, there will have been behavioral concerns (hyperactivity, inattention, aggression, outbursts) in the preschool years; there may be concern over "immature" social skills and peer interactions; the youngster may already be viewed as being somewhat unusual. If these problems are more severe, special education may be suggested, but probably most kids with ASPERGERS SYNDROME enter a more mainstream setting. Often, academic progress in the early grades is an area of relative strength; for example, rote reading is usually quite good and calculation skills may be similarly strong, although pencil skills are often considerably weaker. The teacher will probably be struck by the youngster's "obsessive" areas of interest, which often intrude in the classroom setting. Most ASPERGERS SYNDROME kids will show some social interest in other kids, although it may be reduced, but they are likely to show weak friend-making and friend-keeping skills. They may show particular interest in one or a few kids around them, but usually the depth of their interactions will be relatively superficial. On the other hand, I have known quite a number of kids with ASPERGERS SYNDROME who present as pleasant and "nice", particularly when interacting with adults. The social deficit, when less severe, may be under appreciated by many observers.

The course through elementary school can vary considerably from youngster to youngster, and overall problems can range from mild and easily managed to severe and intractable, depending upon factors such as the youngster's intelligence level, appropriateness of management at school and parenting at home, temperamental style of the youngster, and the presence or absence of complicating factors such as hyperactivity/attentional problems, anxiety, learning problems, etc.

The upper grades:

As the youngster with ASPERGERS SYNDROME moves into middle school and high school, the most difficult areas continue to be those related to socialization and behavioral adjustment. Paradoxically, because kids with ASPERGERS SYNDROME are frequently managed in mainstream educational settings, and because their specific
developmental problems may be more easily overlooked (especially if they are bright and do not act too "strange"), they are often misunderstood at this age by both teachers and other students. At the secondary level, teachers often have less opportunity to get to know a youngster well and problems with behavior or work/study habits may be misattributed to emotional or motivational problems. In some settings, particularly less familiar or structured ones such as the cafeteria, physical education class or playground, the youngster may get into escalating conflicts or power struggles with teachers or students who may not be familiar with their developmental style of interacting. This can sometimes lead to more serious behavioral flare-ups. Pressure may build up in such a youngster with little clue until he then reacts in a dramatically inappropriate manner.

In middle school, where the pressures for conformity are greatest and tolerance for differences the least, kids with ASPERGERS SYNDROME may be left out, misunderstood or teased and persecuted. Wanting to make friends and fit in, but unable to, they may withdraw even more, or their behavior may become increasingly problematic in the form of outbursts or non-cooperation. Some degree of depression is not uncommon as a complicating feature. If there are no significant learning disabilities, academic performance can continue strong, particularly in those areas of particular interest; often, however, there will be ongoing subtle tendencies to misinterpret information, particularly abstract or figurative/idiomatic language. Learning difficulties are frequent and attentional and organizational difficulties may be present.

Fortunately, by high school peer tolerance for individual variations and eccentricity often increases again to some extent. If a youngster does well academically, that can bring a measure of respect from other students. Some ASPERGERS SYNDROME students may pass socially as "nerds", a group which they actually resemble in many ways and which may overlap with AS. The ASPERGERS SYNDROME adolescent may form friendships with other students who share his interests through avenues such as computer or math clubs, science fairs, Star Trek clubs, etc. With luck and proper management, many of these students will have developed considerable coping skills, "social graces", and general ability to "fit in" more comfortably by this age, thus easing their way.

Asperger kids grown up:

It is important to note that we have limited solid information regarding the eventual outcome for most kids with ASPERGERS SYNDROME. It has only been recently that ASPERGERS SYNDROME itself has been distinguished from more typical autism in looking at outcomes and milder cases were generally not recognized. Nonetheless, the available data does suggest that, compared to other forms of autism/PDD, kids with ASPERGERS SYNDROME are much more likely to grow up to be independently functioning adults in terms of employment, marriage and family, etc.

One of the most interesting and useful sources of data on outcome comes indirectly from observing those moms & dads or other relatives of ASPERGERS SYNDROME kids, who themselves appear to have ASPERGERS SYNDROME. From these observations it is clear that ASPERGERS SYNDROME does not preclude the potential for a more "normal" adult life. Commonly, these adults will gravitate to a job or profession that relates to their own areas of special interest, sometimes becoming very proficient. A number of the
brightest students with ASPERGERS SYNDROME are able to successfully complete college and even graduate school. Nonetheless, in most cases they will continue to demonstrate, at least to some extent, subtle differences in social interactions. They can be challenged by the social and emotional demands of marriage, although we know that many do marry. Their rigidity of style and idiosyncratic perspective on the world can make interactions difficult, both in and out of the family. There is also the risk of mood problems such as depression and anxiety, and it is likely that many find their way to psychiatrists and other mental health providers where, Gillberg suggests, the true, developmental nature of their problems may go unrecognized or misdiagnosed.

In fact, Gillberg has estimated that perhaps 30-50% of all adults with ASPERGERS SYNDROME are never evaluated or correctly diagnosed. These "normal Aspergers" are viewed by others as "just different" or eccentric, or perhaps they receive other psychiatric diagnoses. I have met a number of individuals whom I believe fall into that category, and I am struck by how many of them have been able to utilize their other skills, often with support from loved ones, to achieve what I consider to be a high level of function, personally and professionally. It has been suggested that some of these highest functioning and brightest individuals with ASPERGERS SYNDROME represent a unique resource for society, having the single mindedness and consuming interest to advance our knowledge in various areas of science, math, etc.

Thoughts for Management in the School—

The most important starting point in helping a student with Aspergers function effectively in school is for the staff (all who will come into contact with the youngster) to realize that the youngster has an inherent developmental disorder which causes him or her to behave and respond in a different way from other students. Too often, behaviors in these kids are interpreted as "emotional", or "manipulative", or some other term that misses the point that they respond differently to the world and its stimuli. It follows from that realization that school staff must carefully individualize their approach for each of these kids; it will not work out to treat them just the same as other students. Asperger himself realized the central importance of teacher attitude from his own work with these kids. In 1944 he wrote, "These kids often show a surprising sensitivity to the personality of the teacher...They can be taught, but only by those who give them true understanding and affection, people who show kindness towards them and, yes, humor...The teacher's underlying emotional attitude influences, involuntarily and unconsciously, the mood and behavior of the youngster."

Although it is likely that many kids with ASPERGERS SYNDROME can be managed primarily in the regular classroom setting, they often need some educational support services. If learning problems are present, resource room or tutoring can be helpful, to provide individualized explanation and review. Direct speech services may not be needed, but the speech and language clinician at school can be useful as a consultant to the other staff regarding ways to address problems in areas such as pragmatic language. If motor clumsiness is significant, as it sometimes is, the school Occupational Therapist can provide helpful input. The school counselor or social worker can provide direct social skills training, as well as general emotional support. Finally, a few kids with very high management needs may benefit from assistance from a classroom aide assigned to
them. On the other hand, some of the higher functioning kids and those with milder ASPERGERS SYNDROME, are able to adapt and function with little in the way of formal support services at school, if staff are understanding, supportive and flexible.

There are a number of general principles of managing most kids with PDD of any degree in school, and they apply to ASPERGERS SYNDROME, as well:

• Try to avoid escalating power struggles. These kids often do not understand rigid displays of authority or anger and will themselves become more rigid and stubborn if forcefully confronted. Their behavior can then get rapidly out of control, and at that point it is often better for the staff person to back off and let things cool down. It is always preferable, when possible, to anticipate such situations and take preventative action to avoid the confrontation through calmness, negotiation, presentation of choices or diversion of attention elsewhere.

• The classroom routines should be kept as consistent, structured and predictable as possible. Kids with ASPERGERS SYNDROME often don't like surprises. They should be prepared in advance, when possible, for changes and transitions, including things such as schedule breaks, vacation days, etc.

• Staff should take full advantage of a youngster's areas of special interest when teaching. The youngster will learn best when an area of high personal interest is on the agenda. Teachers can creatively connect the youngster's interests to the teaching process. One can also use access to the special interests as a reward to the youngster for successful completion of other tasks or adherence to rules or behavioral expectations.

• Rules should be applied carefully. Many of these kids can be fairly rigid about following "rules" quite literally. While clearly expressed rules and guidelines, preferably written down for the student, are helpful, they should be applied with some flexibility. The rules do not automatically have to be exactly the same for the youngster with ASPERGERS SYNDROME as for the rest of the students--their needs and abilities are different.

• Most students with ASPERGERS SYNDROME respond well to the use of visuals: schedules, charts, lists, pictures, etc. In this way they are much like other kids with PDD and autism.

• Insure that school staff outside of the classroom, such as physical education teachers, bus drivers, cafeteria monitors, librarians, etc., are familiar with the youngster's style and needs and have been given adequate training in management approaches. Those less structured settings where the routines and expectations are less clear ten to be difficult for the youngster with ASPERGERS SYNDROME.

• In general, try to keep teaching fairly concrete. Avoid language that may be misunderstood by the youngster with ASPERGERS SYNDROME, such as sarcasm, confusing figurative speech, idioms, etc. Work to break down and simplify more abstract language and concepts

• Explicit, didactic teaching of strategies can be very helpful, to assist the youngster gain
proficiency in "executive function" areas such as organization and study skills.

A major area of concern as the youngster moves through school is promotion of more appropriate social interactions and helping the youngster fit in better socially. Formal, didactic social skills training can take place both in the classroom and in more individualized settings. Approaches that have been most successful utilize direct modeling and role playing at a concrete level (such as in the Skillstreaming Curriculum). By rehearsing and practicing how to handle various social situations, the youngster can hopefully learn to generalize the skills to naturalistic settings. It is often useful to use a dyad approach where the youngster is paired with another to carry out such structured encounters. The use of a "buddy system" can be very useful, since these kids relate best 1-1. Careful selection of a non-Asperger peer buddy for the youngster can be a tool to help build social skills, encourage friendships and reduce stigmatization. Care should be taken, particularly in the upper grades, to protect the youngster from teasing both in and out of the classroom, since it is one of the greatest sources of anxiety for older kids with ASPERGERS SYNDROME. Efforts should be made to help other students arrive at a better understanding of the youngster with ASPERGERS SYNDROME, in a way that will promote tolerance and acceptance. Teachers can take advantage of the strong academic skills that many ASPERGERS SYNDROME kids have, in order to help them gain acceptance with peers. It is very helpful if the ASPERGERS SYNDROME youngster can be given opportunities to help other kids at times.

Although most kids with ASPERGERS SYNDROME are managed without medication and medication does not "cure" any of the core symptoms, there are specific situations where medication can occasionally be useful. Teachers should be alert to the potential for mood problems such as anxiety or depression, particularly in the older youngster with ASPERGERS SYNDROME. Medication with an antidepressant (eg. imipramine or one of the newer serotonergic drugs such as fluoxetine) may be indicated if mood problems are significantly interfering with the youngster's functioning. Some kids with significant compulsive symptoms or ritualistic behaviors can be helped with the same serotonergic drugs or clomipramine. Problems with inattention at school that are seen in certain kids can sometimes be helped by stimulant medications such as methylphenidate or dextroamphetamine, much in the same way they are used to treat Attention Deficit Disorder. Occasionally, medication may be needed to address more severe behavior problems that have not responded to non-medical, behavioral interventions. Clonidine is one medication that has proven helpful in such situations and there are other options if necessary.

In attempting to put a comprehensive teaching and management plan into place at school, it is often helpful for staff and moms & dads to work closely together, since moms & dads often are most familiar with what has worked in the past for a given youngster. It is also wise to put as many details of the plan as possible into an Individual Educational Plan so that progress can be monitored and carried over from year to year. Finally, in devising such plans, it can sometimes be helpful to enlist the aid of outside consultants familiar with the management of kids with Aspergers and other forms of PDD, such as Boces consultants, psychologists, or physicians. In complex cases a team orientation is always advisable.
Aspergers and Sensory Difficulties

Many kids with autism and Aspergers have unusual reactions to sensory experiences (i.e., experiences related to the senses of touch, hearing, vision, smell, and taste). About 40 per cent of kids with autism have some abnormality of sensory sensitivity. There is now evidence to suggest that the incidence may be the same for Aspergers. The senses of touch and hearing are most commonly affected; certain kinds of touch, especially light pressure, and certain sounds may be experienced as intolerable. This difficulty is known as sensory defensiveness. Interestingly, while kids with autism and Aspergers are usually hypersensitive to sensory input, at other times they may be under-reactive, particularly to pain and changes in temperature. It is not uncommon for over-reactivity and under-reactivity to co-exist in the same individual. The following examples illustrate these points.

One child became so agitated by the sound of the vacuum (over-reactive) that every time the house cleaners arrived, he attempted to push them out the door. Some kids react to sounds others do not even perceive to be present (over-reactive); a common example of this is fluorescent lights which many individuals with Aspergers find extremely disturbing. Kids have been known to sleep between the mattress and the box-spring (under-reactive), apparently craving the sensory input.

A number of adults with autism or Aspergers who speak and write about the nature of their own experience stress the overwhelming importance of sensory issues to their functioning. Temple Grandin, arguably the most famous person with autism in the world, holds a doctorate in animal studies and teaches at Colorado State University. She has developed a "squeeze machine", a kind of holding device that allows her to control the amount of pressure exerted on her body. She talks about the calming effect this device has on her when she feels stressed.

Similarly, many kids with autism spectrum disorder crave swinging, apparently finding it soothing and organizing to their nervous systems.

Certain clinicians, for example, Stanley Greenspan, M.D., consider sensory difficulties of overriding importance in developmental disorders and believe a number of the symptoms occur in response to the underlying sensory issues. For example, it is no wonder a young kid withdraws if he is overwhelmed by the touch of his parents or if he finds loud noises unbearable.
Aspergers and Attentional Difficulties

There are several different kinds of attention, some of which tend to be impaired in kids with Aspergers. In particular, there are often problems with shifting attention, the ability to shift attention in a flexible way from one subject to another. Aspergers kids may engage in over-focused, repetitive play for lengthy periods of time, under-reacting to distractions in the environment... These observations suggest good sustained attention, but deficient flexibility in shifting attention. There is a distinction between active and passive (distractibility from outside) attention. In autism spectrum disorder, the problem tends to be more one of active attention. Aspergers kids are not interested in directing their attention to outside stimuli... They follow their own ideas, which are mostly far removed from ordinary concerns, and do not like to be distracted from their thoughts.

A related matter is that of relevance, the ability to judge where it is important to focus one's attention. Aspergers kids are unable to calculate what is relevant in the normal way, hence the observation that the focus of their attention seems peculiar. Thus, one could say they often cannot see the forest for the trees.

Unfortunately, it is not uncommon for students with Aspergers to have considerable difficulty with schoolwork and homework, because of their attentional problems. This difficulty often exists despite superior intelligence. In one striking example, John, a fifteen year old with Aspergers, had an I.Q. in the superior range, but was failing almost all of his high school subjects. His difficulties were not due to a lack of effort on his part. Unfortunately, almost every time he sat down to study or write, he became flooded with his own rather unique thoughts.

Asperger’s Syndrome and Sleeplessness

According to studies on sleeplessness in Aspergers kids:

- 50 % feel un-refreshed when waking up in the morning
50% are disinclined to go to bed
75% fall asleep sweating
75% have a need for a light or television in the bedroom
87% feel sleepy during the day
87% have difficulty getting to sleep at night
87% have difficulty waking up in the morning

The incidence of sleep difficulties in this population seems to be extremely high. Many parents of kids Aspergers complain that this problem is one of the most serious they face. Unfortunately, when the kids are unable to sleep, they do not usually remain quietly in bed. They are often up and out of bed, making noise, interfering with their parents’ sleep and requiring adult supervision.

Identifying the child’s particular issues will help you make a plan to provide a soothing and inviting atmosphere for sleep. Establishing a bedtime routine is essential especially with sleep problems associated with Aspergers. Look into the following suggestions that could help you identify what will work best:

1. Identify foods that should be avoided before bedtime. There are also many foods that you can find in an online search that naturally help with the sleep cycles of your body as well.

2. Identify if noise is a problem. Is there a need for a rhythmic noise like a fan in the background? White noise provides a steady monotone sound that helps filter out distracting noises. Maybe on the flip side there is noise that is a sensory problem that could be removed such as a ticking clock? Ear plugs may also help in this situation.

3. If they are fidgety or need to be physically calmed down often a “weighted blanket” can be used. This is simply a custom made cushion or blanket filled with a heavier filler material like poly-pellets, sand, or even beads. The deep pressure of the blanket helps calm and promote sleep.

4. Is light an issue? Do they need a nightlight? Do they need complete darkness to help settle their brain as there will be no visual stimuli available?

5. Is their brain still on overdrive? Do they have something on their mind that will not allow it to slow down until they resolve it? Often turning off the television, music, electronic devices and other outside stimuli can help them wind down. Reading often is a good replacement as it helps them relax and focus. Often soft flowing music set low can help them relax.

6. Is there something to the touch that is bothering them? Certain fabrics can be texturally sensitive and annoying. Pillows not piled up correctly, or a bed not made correctly can be a distraction. Are they itching all the time and focusing only on that?

7. Medications have been used as well. Melatonin is an over the counter supplement found near most Vitamins in stores. Melatonin is a natural substance that the human body makes to induce sleep. Discuss ANY use of medication for sleeplessness with a
Taking a hot shower or bath can help some kids relax, however may have the opposite effect on others. Often scents like lavender used with a bath helps with relaxation.

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**Asperger's Syndrome: Social and Emotional Difficulties**

Hyperactivity—

There has recently been considerable interest and research into the possible connection between autism spectrum disorders and Attention Deficit Hyperactivity Disorder (ADHD). This interest includes both the similarities in symptoms as well as genetics. Hyperactivity, inattentiveness and impulsivity can be present in a number of childhood onset disorders, including ADHD as well as autism spectrum disorders. Kids with Attention Deficit Disorder (ADD) are often considered as having some characteristics indicative of Aspergers. Although they are two distinct disorders, they are not mutually exclusive and a youngster could have both conditions.

One nine year old boy with Aspergers, Jake, displayed severe symptoms of hyperactivity. He could barely contain himself when in his therapist's office, preferring to remove all the books from her bookshelf and trying to race down the hallways.

Another possibility is that of misdiagnosis. Some kids originally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have later been re-diagnosed with a diagnosis on the autistic spectrum.

Perhaps the central feature of Aspergers is the unusual profile of social and emotional behavior... with ADHD, the kids tend to know how to play and want to play, but do so badly... kids with ATTENTION DEFICIT DISORDER have a diverse range of linguistic skills and interests, while there is a distinct language and interests profile for those with Aspergers. Their interests tend to be idiosyncratic and solitary, in contrast to those kids with ATTENTION DEFICIT DISORDER whose interests are more likely to be conventional for kids of that age. Kids with both conditions prefer and respond well to routines and predictability, can experience sensory sensitivity and have problems with motor coordination... Both conditions can be associated with impulsivity but this feature tends to be less of an issue with Aspergers... The youngster with ATTENTION DEFICIT DISORDER has a propensity to have problems with organization skills... With Aspergers, the profile includes unusual aspects of organizational skills such as unconventional
means of solving problems and inflexibility.

Obsessive-Compulsive Traits—

Inflexibility regarding routines and rituals is a very common characteristic of people with autism and Aspergers. In Leo Kanner's writings about autism in 1943, he referred to the youngster with autism as having an "obsessive insistence on sameness".

While many people with autism spectrum disorder display inflexibility and rigidity, sometimes the symptoms are extreme and may warrant an additional diagnosis of Obsessive-compulsive disorder (OCD). It is conceivable that some higher-functioning autistic people's quasi-obsessive behaviors reflect true symptoms of a co-existing OBSESSIVE COMPULSIVE DISORDER. There was a woman with Aspergers who needed to check her doors and stove many times a day. Also, there was a man with Aspergers who needed to wash his hands very frequently because he feared contamination by germs. In these two examples, the extreme nature of the symptomatology and the fact that the people involved were troubled by their rituals support the diagnosis of OBSESSIONAL COMPULSIVE DISORDER.

A commonly asked question is how to make a distinction between obsessive-compulsive symptoms and the unusual preoccupations of many people with Aspergers. In general, people with OBSESSIVE COMPULSIVE DISORDER realize their behavior is odd and are upset by their inability to control their symptoms. The special interests of people with Aspergers are different from a compulsive disorder in that the individual really enjoys their interest and does not try to resist it. As Janice, an adult with Aspergers said, "It's fun!"

There is considerable controversy in the field about whether people with autism or Aspergers who have milder ADHD or OBSESSIVE COMPULSIVE DISORDER symptoms should be diagnosed with multiple disorders. In other words, does the individual have Aspergers with hyperactive traits or is it preferable to diagnose him with Aspergers as well as ADHD? Does he have Aspergers with obsessive-compulsive characteristics or Aspergers plus OBSESSIVE COMPULSIVE DISORDER? Some clinicians feel that autism spectrum disorder, including Aspergers, is a broad category encompassing a wide variety of symptoms, with some people displaying more of some symptoms than others. On the other hand, other clinicians worry that many symptoms which respond well to psychopharmacological treatment may go untreated if not specifically diagnosed.

Anxiety—

Anxiety appears to be extremely common among people with autism and Aspergers. As one might expect, there are certain situations that typically lead to anxiety in this population. These situations include such things as changes in routine, interference with rituals, things not happening in the expected way, failing at tasks, and sensory overload.

Interestingly, for some people on the spectrum, it is the "little" things which seem to cause the most distress, while more major changes may be experienced with less disruption. Brandon, the boy who became overwhelmed with a change in television programming,
looked forward with eager anticipation as his family prepared to move to a new house and, in fact, did quite well before, during and after the move.

If anxiety builds up to a critical level in any child, a temper tantrum may be the end result. Unfortunately, for a youngster on the spectrum, a temper tantrum may be an overwhelming and prolonged event. Furthermore, the techniques often used with typically developing kids may not work and may even prolong the difficulty. Trying to talk the youngster through the experience or reasoning with him is usually not effective. In addition, after the temper tantrum has subsided, trying to process with the youngster what happened and why may even contribute to the return of anxiety as well as the temper tantrum. Brenda Smith-Myles has referred to this phenomenon as "recycling".

Clearly, it is preferable to be proactive in preventing temper tantrums whenever possible, rather than trying to stop them once they have begun. In a proactive approach, thought is given beforehand to the kinds of things likely to provoke a temper tantrum in any particular child and either trying to avoid them or preparing for them. For example, for an individual greatly upset by change, one approach is to try to keep things as consistent and predictable as possible. When changes are unavoidable, if they are known in advance, it is often helpful to prepare the child for this fact. Another approach is to teach the child in a gradual, but systematic way, techniques for dealing with the changes and disruptions in life.

In addition to trying to prevent temper tantrums whenever possible, it is useful to have a plan in place to deal with them should they occur. This approach has more likelihood of success if utilized early in the temper tantrum; circumventing a temper tantrum is usually much easier than trying to stop one in full swing. The plan needs to be tailor made to the child; what works for one individual may be quite different from what works for another. It is often useful for teachers to speak to parents about what approaches are helpful in dealing with their kids. Undoubtedly, they have had many opportunities to try out different techniques! For some kids, removing them from the scene and providing them with "settling" activities may be useful. For example, Fred was often helped by being led to a quiet place where he could look at his calendars and yearbooks. For some kids, touch, especially firm pressure, can be a useful technique. On the other hand, for kids who are sensory defensive, touch can be too overwhelming. The following example illustrates one approach to containing a temper tantrum.

Mike had been eagerly looking forward to going on the Swan Boats in Boston. One day, his parent planned an outing in which they rode the subway into town, an experience Mike loved, and then went on to the boats. Unfortunately, just as they were about to board, the skies opened up in a downpour and the attendant announced the Swan Boats were closing. Mike began a full-fledged temper tantrum, complete with screaming, name-calling and flailing. His parent somehow managed to usher him into the subway station and onto the train, where, naturally, everyone else was also congregating because of the weather! Although the train was extremely crowded, the other passengers gave Mike and his parent a wide berth. She sat him down on a seat and knelt before him, placing her face very close to his and cupping his face in her hands. In a soothing voice, she told him repeatedly to look at her and reassured him that he was okay. His sobbing and flailing soon ceased.
Depression—

Like anxiety, depression is quite common in people with Aspergers. Many people develop problems with low self-esteem and depression during adolescence. It is at this time that many become acutely aware of their differences from their peers. Unfortunately, this is also the time in life when fitting in becomes so critical.

Some people with Aspergers develop affective disorders, which include true clinical depression and bipolar disorder. There is some data to suggest the incidence of these disorders in Aspergers is higher than in the general population. When these disorders do occur, there may be changes in the individual’s predominant mood or in his view of himself and the world. Vegetative symptoms, e.g., changes in sleep, eating, and activity level, may also occur. Of critical importance is the fact that some people with Aspergers and autism display an increase in “autistic” behaviors, for example, stereotyped motor mannerisms, self-injurious behaviors, or aggressiveness, when they become depressed. This fact seems to contribute to the problem of mental illness not being accurately diagnosed in this population, because clinicians sometimes attribute the increased “autistic” symptoms to the autism or Aspergers, rather than to the affective illness. Affective disorders are also more difficult to diagnose in this population because many people with autism spectrum disorders have difficulty communicating their feelings, both in words and in facial expressions. As a general rule of thumb, a significant change from the individual’s baseline level of functioning should raise questions about the possibility of an additional diagnosis.

In "Emotional Disturbance and Mental Retardation: Diagnostic Overshadowing", Steven Reiss, Grant W. Levitan and Joseph Szyszko of the University of Illinois conducted an important study outlining difficulties similar to those described above. They conducted two experiments showing that people with mental retardation were less likely than controls to be diagnosed with emotional disturbances. They coined the term diagnostic overshadowing, meaning that the emotional problems seemed less significant, or were overshadowed in importance, by the presence of mental retardation. Although this study did not include people with autism or Aspergers, it seems highly likely that similar results would occur. The following example illustrates this point.

Tony, an 8 year old with high functioning autism, was a gentle, rather easy-going youngster and was included in a Montessori classroom. During the fall of 3rd grade, he seemed to become more and more depressed, with increasingly frequent episodes of weeping with no apparent precipitant. His condition continued to deteriorate throughout the fall and by Christmas he required psychiatric hospitalization. By this time, he was weeping almost constantly, had become assaultive, and was trying to escape from his family’s home, which was situated near a major highway. In addition, he kept repeating bizarre demands, such as insisting the names of the days of the week be changed to those of the names of the kids in his class. After discharge from the hospital, he went to a residential school, where the psychiatrist viewed his symptoms as indicative of his autism. It was not until sometime later that another psychiatrist correctly concluded that Tony carried the additional diagnosis of bipolar illness.
Asperger's Syndrome: Different Pathways to Diagnosis

There are several different pathways to the diagnosis of Aspergers. Some kids receive the diagnosis fairly early in life, while some individuals are not diagnosed until well into adulthood. In some cases, kids are inaccurately diagnosed with another disorder, (e.g., a language disorder, depression, schizoid personality), and are only later correctly diagnosed with Aspergers. Some kids are considered autistic early in life, but progress well enough to ultimately be diagnosed with Aspergers.

The impact of the diagnosis of Aspergers on a family is no doubt partly related to the manner in which the individual was diagnosed. Families who recognize early on that there is something seriously wrong with their youngster and are given a diagnosis of autism spectrum disorder (and only later learn their youngster has Aspergers) will experience many of the reactions families with autistic kids have. These reactions are described below. Many families, whose kids progress far enough to no longer warrant an autism diagnosis, experience considerable relief and pride in their and their kid’s accomplishments. At the same time, they still struggle with complex feelings related to their youngster's Aspergers diagnosis. If the diagnosis is made in a parent or other relative when a youngster in the family receives the diagnosis, a different constellation of feelings is often set into motion. In these families, the adult must grapple not only with the diagnosis of a disability in the youngster, but with coming to terms with his own disability as well.

Because many kids with Aspergers were originally felt to have an autism diagnosis, the following remarks address the social and emotional issues for the families of kids diagnosed with any diagnosis along the autism spectrum (ASD). These remarks generally refer to adult family members, primarily moms & dads and sometimes grandmoms & dads.

It is hard to overestimate the impact the diagnosis of AUTISM SPECTRUM DISORDER has on a family. For many moms & dads, this pain is so searing that even years later, the memory automatically causes tears. All moms & dads wish for healthy kids and this diagnosis shatters that hope irrevocably; never mind the fantasy of "perfect" kids, it shatters the premise that one has a normal youngster.

There is generally a kind of anxiety surrounding the birth of a baby that the youngster be healthy and many of these kids early on seemed to be fine. To learn that one does not have the normal little girl or boy one thought one had is an especially painful blow.
Compounding the impact of the diagnosis of AUTISM SPECTRUM DISORDER is the fact that AUTISM SPECTRUM DISORDER, unlike some other handicaps, affects multiple and diverse aspects of functioning. There may be impairments of cognition, motor skills, language, behavior, and certainly social and emotional interaction. AUTISM SPECTRUM DISORDER affects the way in which kids respond to and relate to their moms & dads. This is most dramatic in those autistic kids who act as if people do not exist. There is nothing more chilling than the gaze of a youngster who appears not to see. Such difficulties tend to make moms & dads feel helpless and as if they don’t matter. Most families become preoccupied with AUTISM SPECTRUM DISORDER and see it as the central feature of their lives. According to one father, "There isn't an hour that goes by that I don't think about it." Another parent said, "Will I ever be happy again?"

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Asperger's Syndrome and Siblings

Almost more than spouses, brothers and sisters are thrown together for better or for worse. When a sibling has Aspergers, it can complicate that relationship because one youngster lacks social skills and another just can’t figure out “why my brother acts that way.”

Tips for Parents—

1. Don’t accept bad behavior from your Aspergers youngster and don’t expect perfection from your other kids. That can lead to resentment and acting out.

2. Fully educate yourself about your Aspergers youngster and then inform her siblings on an age-appropriate basis. Know that these kids find it very difficult to pick up on social cues and often have intense, narrow interests. Even a young sibling can understand that, “Hannah gets upset when we stop talking about rabbits but we’re working on ways to make that better.”

3. Realize just as you may mourn the loss of a more mainstream youngster, her siblings may also be sad they don’t have the kind of brother-sister relationship that other siblings enjoy. Let them talk about those feelings.

4. Seek support groups. Mom & dads in those organizations likely have other kids, too, and they can be a valuable resource for the siblings of your Aspergers youngster.

5. Set aside quality time alone with each youngster. This may sound difficult, but one way
to accomplish that is to take one youngster at a time on an errand or personal appointment when you can. You’ll have valuable “car time” with the youngster in tow.

6. Understand that Aspergers is an “invisible” disability. Siblings may be embarrassed in front of their friends or at the mall when their brother (who looks no different than any other kid) can’t stop clenching and unclenching his fists.

Tips & Warnings—

• All siblings fight.
  • Never compare your kids. It will create feelings of unworthiness about themselves and anger toward the sibling.
  • Your Aspergers youngster will learn crucial social skills in interactions with siblings. Seize upon teaching moments.

Letter from a parent re: siblings of Asperger’s children—

It has been two years since my oldest son was diagnosed with Aspergers, and while we have all come a long way since that day, it has become obvious to us that our younger son (there is only a year between the two) has had to go down a much longer road to get to the point where he can understand his brother.

When we first discussed the difficulties our older child faced, our younger son didn’t want to hear them. He didn’t want to know that there was something different about his brother. He cried for many nights after, grieving the loss of his idea of what an older brother should be like. He became so depressed and upset over the diagnosis that I took him to see the psychiatrist who had diagnosed my older son. She reassured him that all his feelings were normal, it was okay to feel stressed by this development and suggested ways in which he could deal with his feelings.

After the grieving stage came the anger. This was a very difficult stage for us to deal with. He wouldn’t even look at his brother except to glare at him from time to time. He wouldn’t speak to his brother unless he had to, and when he did, he spoke in a really rude tone of voice. There were many times when we had to step in and “have a talk” with him about his attitude. Finally, when we pointed out that his behavior wasn’t helping the situation at home and that we needed him to be more accepting of his brother, he settled down.

His first steps into trying to understand Aspergers came in the form of questions. He would ask why his brother behaved a certain way, or did a certain thing and we would answer as best as we could. Then he started to make statements like “My brother does that because he hates change”. As situations arose, we explained them to our son and he developed an understanding of Aspergers. When the kids at school asked him why his older brother was a “freak”, he wouldn’t say a word. At the end of the day he would tell us these stories and we would make suggestions about how to deal with these situations. While this issue of the other kids calling his brother names still makes him very uncomfortable, he no longer responds by taking out his anger on the family.
Over the past year we have made a point of teaching our younger son about the communication difficulties his brother has. With the literal interpretation of words being the cause of many disagreements between them, my younger son can often stop an escalating fight by using humor or word play to diffuse the situation. Two years ago this would have been impossible.

Don't misunderstand me, it has not been easy to explain the intricacies of Aspergers to a 10 year old sibling but I am glad now that we did. The boys get along much better than they have for several years and the younger one is providing much needed support and understanding for the older one.

Parents of Asperger's Children: Grief and Guilt

Parents must grieve for the loss of the youngster they imagined they had. Moms & dads have their own particular way of dealing with the situation based on a number of factors, e.g., their personality style, life experiences and support systems, among others. Clearly there are a range of stages and coping techniques, such as denial, depression, anger and rationalization. Most families recognize, at least at some level, that there is something seriously wrong with their youngster. To at last be given a name for it, can be a relief.

Certainly, having a clearer understanding of what is wrong affords the opportunity to obtain appropriate services, as well as to begin to think about the youngster in a different, and hopefully more helpful way.

The grief surrounding the diagnosis of AUTISM SPECTRUM DISORDER is compounded by tremendous confusion and uncertainty. Many moms & dads have little understanding of what the diagnosis of AUTISM SPECTRUM DISORDER entails. Many have the inaccurate perception that all kids with AUTISM SPECTRUM DISORDER are non-verbal, mentally retarded, extremely remote and possibly self-abusive. Moms & dads must become informed about the varied presentations of AUTISM SPECTRUM DISORDER. This spectrum is a long one with extremely impaired individuals at one end, but highly capable ones on the other.

While the continuum is long, the potential of any particular youngster is unclear. The course of the disorder is extremely hard to predict at an early age. Some very impaired looking toddlers go on to become high functioning adults, including adults with Aspergers. As one parent said, “The problem is we don’t know if he is going to become a rocket scientist or work in a sheltered workshop.”
After learning of the diagnosis on the autism spectrum, the family is forced not only to come to terms with what may be a devastating handicap, but is thrust almost immediately into making many critically important decisions. To champion the youngster's cause at the same time one must begin to grieve is truly an untenable position. It is as if one must—overnight—and while grieving—become an expert in AUTISM SPECTRUM DISORDER and its treatment, despite tremendously conflicting opinions. There is considerable support to the notion that the availability of early, intensive intervention offers the best hope for improvement. While this hope leads to a sense of optimism, the message that services must be implemented immediately and intensively can also feel overwhelming.

In addition to decisions about what kind of schooling their youngster should have, moms & dads must also make decisions about such treatments and services as speech therapy and occupational therapy. What about sensory integration? Auditory retraining? Facilitated communication? Medication? Behavior modification? Many times the approaches seem confusing and even contradictory, with proponents claiming success and even cures. How is a parent, especially one in the midst of grieving, and of desperately hoping for help, supposed to make informed, intelligent choices?

The grief work in the families of kids with AUTISM SPECTRUM DISORDER is an ongoing process. In most families, there are periods of greater and lesser intensity to the grieving. This intensity may partly relate to developmental issues in the youngster. For example, birthdays or other rites of passage (e.g. Bar Mitzvahs, graduations) may underscore how different the youngster is from his typical peers. Grief intensity may also relate to more personal, individual factors. These factors include such things as one’s own temperament, history, supports and losses.

In addition to the waxing and waning in the intensity of grief, there is typically an alternation of hope and despair. Each new treatment or program for the youngster is often accompanied by an increase in optimism in the moms & dads. If the new treatment or program is deemed unsuccessful, despair may follow, only to be replaced by hope once again, when a new plan is implemented.

Feelings of jealousy and anger are common in many families. These feelings may be directed towards other families who do not have to contend with such stresses or towards other families with disabled kids whose kids are higher functioning or have improved to a greater extent. Many families also experience feelings of anger and frustration towards professionals for a variety of reasons. These reasons include not diagnosing properly, insensitivity, offering false hope or providing inadequate or ineffective treatments or services.

One variant of grief that sometimes occurs in the families of higher functioning kids, particularly those with Aspergers, is the sense that the youngster “should” be doing better than he is because he is so bright. There may be feelings of frustration that “normalcy” is so close, yet still out of reach. For some of these kids and their families, graduation from high school is a particularly stressful time. For the parents, there may be the sadness that their youngster is not yet able to be independent the way their typically developing peers are. Finding work is often challenging for those with Aspergers, and support services are
usually quite limited for this population.

Guilt—

Guilt is another common reaction to the diagnosis of AUTISM SPECTRUM DISORDER in a youngster. Fortunately, the medical and professional community no longer hold to the notion that autism is a result of parental failing (e.g., the concept of “refrigerator mothers” postulated by Bruno Bettelheim in his book The Empty Fortress: Infantile Autism and the Birth of the Self). Today, there is widespread acceptance of the fact that AUTISM SPECTRUM DISORDER is a genetically based disorder. The possible contribution of additional factors, such as environmental toxins, is currently being studied.

This change in perspective, from parental failing to genetic loading, has not eradicated parental guilt, although in most cases it has lessened it. Many moms & dads wonder what they unwittingly did to contribute to their youngster's AUTISM SPECTRUM DISORDER. Were they exposed to too much mercury from injections or dental fillings? Was the termite control treatment of their house the culprit?

There have recently been articles in the press on the high incidence of AUTISM SPECTRUM DISORDER in Silicon Valley. Time Magazine entitled the phenomenon the "Geek Syndrome" in the article "The Secrets of Autism" in May, 2002. This term has led some to speculate that the blame has shifted from "refrigerator mothers" to "geek fathers". Said differently, believing genetics is the cause does not necessarily eradicate the guilt moms & dads feel. Unfortunately, in some cases, it seems to confirm their fears about having caused or contributed to their youngster's disability.

05:40PM (-07:00)

**Asperger's: Daily Stresses and Others' Reactions**

There is yet another aspect to the diagnosis of AUTISM SPECTRUM DISORDER that further complicates the task most families face. This aspect is that the day to day, hour by hour, moment by moment experience of life with a youngster on the spectrum may be profoundly affected in very difficult and disconcerting ways.

Unquestionably, there is tremendous variance here. Some AUTISM SPECTRUM DISORDER kids are relatively quiet and docile and in this respect, easier to live with. Others are quite unpredictable, even volatile, and extremely hard to manage. The most simple, mundane things most people take for granted – the natural, unquestioning way people get through the day - moms & dads of AUTISM SPECTRUM DISORDER kids may be unable to do. For example, some kids perseverate in ways that turn family life
upside down and some become profoundly upset by the way they think things are supposed to be. Some are terrible sleepers and some may be difficult to bring out in public because of behavioral outbursts.

While the moms & dads of AUTISM SPECTRUM DISORDER kids desperately need time away from them, this issue, too, tends to be more complicated than in families with typical kids. Babysitters for such kids tend to be quite difficult to find. Many teenaged babysitters are unable and unwilling to deal with the challenges such kids provide and many moms & dads feel uneasy leaving their youngster in this situation. Similarly, it is often impossible to impose on one’s neighbors, friends, or even family the way many moms & dads do; one cannot simply ask to drop the youngster by while one goes to the store.

Others' Reactions—

The reaction of others often complicates the difficulties moms & dads face. One of the most painful aspects of raising a youngster on the autism spectrum can be the stares, disapproving looks, and critical remarks from passersby. This issue is often particularly problematic in families in which the kids look outwardly normal (and most of them do).

Because they look normal and are usually quite bright, kids (and adults for that matter) with Aspergers are are especially likely to be misperceived as willfully defiant. Many times their “defiant” behavior is due to misreading a situation or being incapable of effectively dealing with frustration. Sometimes moms & dads themselves do not realize their kids are not intentionally thwarting authority. Unfortunate confrontations in schools are often due to teachers and school administrators misunderstanding the disorder.

Test Your Knowledge of Asperger’s Syndrome

Listed below are the three main categories of impairments in Aspergers. Under each category are several possible characteristics. Indicate with a Yes or No whether each characteristic listed is indicative of Aspergers.

1. Impairment in Social Interaction:
   a. Odd facial expressions
   b. Difficulty judging social distance
   c. Overly friendly
   d. Inappropriate responses to approaches of others

2. Impairment in Communication:
a. Inappropriate questions/comments
b. May be non-verbal
c. Good at thinking abstractly
d. Delay in development of language

3. Restricted and/or Repetitive Patterns of Behavior, Interests and Activities:
   a. Inflexibility regarding routines
   b. Severe self-abuse
   c. Stereotyped motor mannerisms
   d. Little to interest them

Aspergers or Not?

Below are three vignettes, each describing an individual with certain difficulties. Indicate whether you believe the paragraph describes an individual with Aspergers.

Charlie was a boy in his mid-teens. He attended a school for students with special needs. He was verbal, but at times difficult to understand, partly because of his articulation and partly because his sentences were often constructed incorrectly. He rarely initiated conversations, unless to talk about his interest in movies. He was not particularly interested in his peers, although it did not seem to matter to him that he had no real friends. He was fairly accomplished in math, but was reading at a 3rd grade level at age 14. His full-scale I.Q. was 68.

Robert, a man in his mid-twenties, complained he felt uncomfortable around people. He had decided he had ASPERGERS. He worked as an accountant and was competent at his job. He did not feel particularly depressed, although complained of feeling anxious when forced to interact with others.

Mark, an eleven year old in the public school system, frequently got into serious trouble with his teachers. He was clearly bright, but often refused to do his work, saying he did not have to if he did not want to. He was a computer whiz, able to fix problems with the computer even his teacher could not solve. In fact, his interest in computers seemed to overshadow nearly all aspects of his life. He tended to interact poorly with other kids, misreading their social cues, and becoming very angry if they tried to interfere with his use of the computer.

Answer Key—

1. Impairment in Social Interaction:
   a. Yes
   b. Yes
   c. No
   d. Yes

2. Impairment in Communication:
   a. Yes
   b. No
c. No

d. No. However, this is somewhat of a trick question. The DSM IV indicates there can be no delay in the development of language to qualify for an ASPERGERS diagnosis. On the other hand, Attwood indicates a significant percentage of ASPERGERS kids do have delayed language, although they are speaking fluently by age 5.

3. Restricted and/or Repetitive Patterns of Behavior, Interests and Activities:

a. Yes. Inflexibility can occur in ASPERGERS, but is not required for the diagnosis. Restricted patterns of behavior, interests and activities, however, are quite common.

b. No. There can sometimes be self-injurious behavior, but severe self-abuse is much more likely to be indicative of autism.

c. Yes. Stereotyped motor mannerisms can occur in ASPERGERS, although serious problems in this area occur more often in autism.

d. No

Aspergers or Not?

The extent of Charlie’s language difficulties and his cognitive difficulties rule out the diagnosis of ASPERGERS. A more appropriate diagnosis would be autism, albeit fairly high-functioning.

This case is more complicated. Although Robert may qualify for an ASPERGERS diagnosis, there is not enough information in the vignette to substantiate this. His feelings of discomfort around people might suggest ASPERGERS, but they might just as well be indicative of another disorder, such as schizoid personality. Additional information about such issues as his use of language and any problems with perspective taking would help in formulating the diagnosis.

Mark has ASPERGERS. His refusal to do school work stems from his difficulty recognizing the social rules, i.e., kids are in school to work, as well as his inability to recognize the importance of restraint in his remarks. Computers and computer games are his area of special interest.

05:53PM (-07:00)

Helping Aspergers Kids Deal with Anger and Rage: Advice for Parent...

Helping Aspergers Kids Deal with Anger and Rage: Advice for Parents—

All of us exhibit some "signs" just as we begin to get angry. Identify the anger/rage signs
in your Aspergers child. For example, you may detect a certain "look in the eye," the tone of voice or the tightness in the body. Help your youngster to observe these signs right at the onset of anger/rage.

Once Aspergers kids can identify the early signs of their anger/rage, they can also learn to diffuse it by such methods as walking away or taking full and vigorous breaths.

Train your Aspergers child to respond to your "signal" like your hand motion to stay calm. Give that signal as soon as your youngster starts "stewing" about something.

If your Aspergers child is too young for such self-control techniques, use distraction as soon as you notice the youngster exhibiting an anger/rage sign. A distraction, in order to be effective, has to be of interest to the youngster. For example suggest to your youngster, "Let's ride a bike" or, "Let's play ball."

Teach your Aspergers kids to talk about how they feel. Give them a language to express their feelings. For example, ask them how they feel. If they are too angry to talk or don't have the vocabulary to express their feelings, ask about the feelings relevant to the specific situation. Examples: "Do you feel embarrassed?" "Humiliated?" "Let down?" or, "Is your pride hurt?"

When your Aspergers child expresses the feeling behind his or her anger/rage, such as embarrassment or humiliation, suggest some other ways to look at the same event that might not be embarrassing or humiliating.

The thought, "It's not fair," is a big anger/rage arouser for many Aspergers kids. If that is the case, ask them, "Do you feel you are treated unfairly?" When your child answers the question, listen and don't rush to negate his or her feelings.

If the Aspergers child refuses to be distracted or engaged in dialoguing about his or her anger/rage and starts yelling, stomping or breaking an object, impose appropriate consequences. It's better to have these consequences in place to serve as a guideline. That means that you have discussed them with your Aspergers kids beforehand and written them out for future reference.

Armed with a list of consequences which preferably consist of withdrawing privileges or charging the Aspergers child a "penalty," moms & dads should encourage their kids to choose such alternatives as doing something else, walking away, or talking about the anger/rage rather than acting out of anger/rage.

How about your own anger/rage in response to your Aspergers child's anger/rage? You can set an example of anger/rage control for your youngster. No teaching technique is as effective as a parent "modeling" for the youngster with his or her own example.

One thing that makes many moms & dads angry is to see their own child challenging their authority and defying them. Sometimes, it may appear so, but that may not be the intention of the child. For example, a child may be too unhappy to be told "No." because he or she wants it so badly. Of course, you shouldn't give in to the wishes of the child, but
try to understand what might really be the intention of your Aspergers child.

Some Aspergers kids get upset when they know they made a mistake. Instead of admitting their mistake, they act out in anger/rage to deflect the attention off them. If you realize that that might be the case, it's helpful to say to your child, "Everyone makes mistakes. I am okay with it. Don't feel so bad about it."

Aspergers kids, who in anger/rage lash out at others, should be often reminded of such consequences as going to the Principal's office, being detained and losing privileges at home.

If the anger/rage outbursts occur in relation to the siblings and you didn't observe the whole interaction from the very beginning, it's better to impose penalty on both siblings.

Some Aspergers kids get angry because they don't have appropriate peer-interaction skills. For example, some Aspergers kids don't know how to join in a conversation or a game. They abruptly try to get in. When resisted or rejected by peers, they explode. Teaching appropriate social skills can go a long way to avoid such negative encounters.

We can establish a culture that reduces anger/rage and teaches tolerance. For example, we can set a personal example for Aspergers kids that "big people" do apologize and it's graceful to lose and try again.

Helping Aspergers Kids Deal with Anger and Rage: Advice for Teachers—

Kid's anger/rage presents challenges to teachers committed to constructive, ethical, and effective child guidance. This post explores what we know about the components of Aspergers kid's anger/rage, factors contributing to understanding and managing anger/rage, and the ways teachers can guide Aspergers kid's expressions of anger/rage.

Three Components of Anger/rage—

Anger/rage is believed to have three components (Lewis & Michalson, 1983):

The Emotional State of Anger/rage. The first component is the emotion itself, defined as an affective or arousal state, or a feeling experienced when a goal is blocked or needs are frustrated. Fabes and Eisenberg (1992) describe several types of stress-producing anger/rage provocations that young Aspergers kids face daily in classroom interactions:

- Conflict over possessions, which involves someone taking kid's property or invading their space.
- Issues of compliance, which often involve asking or insisting that Aspergers kids do something that they do not want to do--for instance, wash their hands.
- Physical assault, which involves one child doing something to another child, such as pushing or hitting.
• Rejection, which involves a youngster being ignored or not allowed to play with peers.

• Verbal conflict, for example, a tease or a taunt.

Expression of Anger/rage. The second component of anger/rage is its expression. Some Aspergers kids vent or express anger/rage through facial expressions, crying, sulking, or talking, but do little to try to solve a problem or confront the provocateur. Others actively resist by physically or verbally defending their positions, self-esteem, or possessions in non-aggressive ways. Still other Aspergers kids express anger/rage with aggressive revenge by physically or verbally retaliating against the provocateur. Some Aspergers kids express dislike by telling the offender that he or she cannot play or is not liked. Other Aspergers kids express anger/rage through avoidance or attempts to escape from or evade the provocateur. And some Aspergers kids use adult seeking, looking for comfort or solutions from a teacher, or telling the teacher about an incident.

Teachers can use child guidance strategies to help Aspergers kids express angry feelings in socially constructive ways. Aspergers kids develop ideas about how to express emotions (Michelson & Lewis, 1985; Russel, 1989) primarily through social interaction in their families and later by watching television or movies, playing video games, and reading books (Honig & Wittmer, 1992). Some Aspergers kids have learned a negative, aggressive approach to expressing anger/rage (Cummings, 1987; Hennessy et al., 1994) and, when confronted with everyday anger/rage conflicts, resort to using aggression in the classroom (Huesmann, 1988). A major challenge for early childhood teachers is to encourage Aspergers kids to acknowledge angry feelings and to help them learn to express anger/rage in positive and effective ways.

An Understanding of Anger/rage. The third component of the anger/rage experience is understanding—interpreting and evaluating—the emotion. Because the ability to regulate the expression of anger/rage is linked to an understanding of the emotion (Zeman & Shipman, 1996), and because kid’s ability to reflect on their anger/rage is somewhat limited, Aspergers kids need guidance from teachers and moms & dads in understanding and managing their feelings of anger/rage.

Understanding and Managing Anger/rage—

The development of basic cognitive processes undergirds kid’s gradual development of the understanding of anger/rage (Lewis & Saarni, 1985).

Memory. Memory improves substantially during early childhood (Perlmutter, 1986), enabling young Aspergers kids to better remember aspects of anger/rage-arousing interactions. Aspergers kids who have developed unhelpful ideas of how to express anger/rage (Miller & Sperry, 1987) may retrieve the early unhelpful strategy even after teachers help them gain a more helpful perspective. This finding implies that teachers may have to remind some Aspergers kids, sometimes more than once or twice, about the less aggressive ways of expressing anger/rage.

Language. Talking about emotions helps young Aspergers kids understand their feelings
(Brown & Dunn, 1996). The understanding of emotion in preschool Aspergers kids is predicted by overall language ability (Denham, Zoller, & Couchoud, 1994). Teachers can expect individual differences in the ability to identify and label angry feelings because Aspergers kid's families model a variety of approaches in talking about emotions.

Self-Referential and Self-Regulatory Behaviors. Self-referential behaviors include viewing the self as separate from others and as an active, independent, causal agent. Self-regulation refers to controlling impulses, tolerating frustration, and postponing immediate gratification. Initial self-regulation in young Aspergers kids provides a base for early childhood teachers who can develop strategies to nurture kid's emerging ability to regulate the expression of anger/rage.

Guiding Kid's Expressions of Anger/rage—

Teachers can help Aspergers kids deal with anger/rage by guiding their understanding and management of this emotion. The practices described here can help Aspergers kids understand and manage angry feelings in a direct and non-aggressive way.

Create a Safe Emotional Climate. A healthy early childhood setting permits Aspergers kids to acknowledge all feelings, pleasant and unpleasant, and does not shame anger/rage. Healthy classroom systems have clear, firm, and flexible boundaries.

Model Responsible Anger/rage Management. Aspergers kids have an impaired ability to understand emotion when adults show a lot of anger/rage (Denham, Zoller, & Couchoud, 1994). Adults who are most effective in helping Aspergers kids manage anger/rage model responsible management by acknowledging, accepting, and taking responsibility for their own angry feelings and by expressing anger/rage in direct and non-aggressive ways.

Help Aspergers kids Develop Self-Regulatory Skills. Teachers of infants and toddlers do a lot of self-regulation "work," realizing that the Aspergers kids in their care have a very limited ability to regulate their own emotions. As Aspergers kids get older, adults can gradually transfer control of the self to the children, so that they can develop self-regulatory skills.

Encourage Aspergers kids to Label Feelings of Anger/rage. Teachers and moms & dads can help young Aspergers kids produce a label for their anger/rage by teaching them that they are having a feeling and that they can use a word to describe their angry feeling. A permanent record (a book or chart) can be made of lists of labels for anger/rage (e.g., mad, irritated, annoyed), and the class can refer to it when discussing angry feelings.

Encourage Aspergers kids to Talk About Anger/rage-Arousing Interactions. Preschool Aspergers kids better understand anger/rage and other emotions when adults explain emotions (Denham, Zoller, &Couchoud, 1994). When Aspergers kids are embroiled in an anger/rage-arousing interaction, teachers can help by listening without judging, evaluating, or ordering them to feel differently.

Use Books and Stories about Anger/rage to Help Aspergers kids Understand and
Manage Anger/rage. Well-presented stories about anger/rage and other emotions validate kid's feelings and give information about anger/rage (Jalongo, 1986; Marion, 1995). It is important to preview all books about anger/rage because some stories teach irresponsible anger/rage management.

Communicate with Moms & dads. Some of the same strategies employed to talk with moms & dads about other areas of the curriculum can be used to enlist their assistance in helping Aspergers kids learn to express emotions. For example, articles about learning to use words to label anger/rage can be included in a newsletter to moms & dads.

Aspergers kids guided toward responsible anger/rage management are more likely to understand and manage angry feelings directly and non-aggressively and to avoid the stress often accompanying poor anger/rage management (Eisenberg et al., 1991). Teachers can take some of the bumps out of understanding and managing anger/rage by adopting positive guidance strategies.

My Aspergers Child
06:21AM (07:00)

List of Support Groups for Children with Autism, Aspergers, and PDD

- ABMD (Autism BioMedical Discussion)—High volume group for discussions by parents and professionals of research and biomedical interventions as they apply to the investigation and treatment of autistic spectrum disorders. To Join: Send a blank email to abmd-subscribe@yahoogroups.com or join online.

- ANDI_ADI (Autism Network for Dietary Intervention)—This is an ADVANCED autism- diet discussion group moderated by ANDI, the Autism Network for Dietary Intervention. The purpose of this list is to provide a forum for discussion regarding advanced dietary treatment options such as the Specific Carbohydrate Diet (SCD), the Body Ecology Diet (BED), grain-free, sugar-free, low oxalates, supplementation, and other dietary interventions for children with autism spectrum disorders. To Join: Send a blank email to ANDI-ADI-subscribe@yahoogroups.com or join online.

- Asperger—An excellent listserv for discussions of all aspects of Asperger Syndrome (AS) and other forms of high-functioning autism, including Pervasive Developmental Disorder (PDD). Subscription requires owner approval. This is a well established, high volume autism support list. To Join: Send email with the message, SUBSCRIBE ASPERGER to listserv@listserv.icors.org or join online. Listowners: Head Listowner - Ellen Dietrick; Co-listowners - Karen Reznek, Sandy Sebree, Phil Schwarz, Dave Spicer, Tee Forshaw, Barry Conner

- Aspergers Support—Mailing list for parents of children with Asperger's Syndrome or High Functioning Autism. To Join: Send a blank email to AspergersSupport subscribe@yahoogroups.com or join online.
- Aut-2B-Home (Autism To Be Homeschooled)—Listserv for homeschooling children with autism. To Join: Send email with the message, SUBSCRIBE AUT-2B-HOME to LISTSERV@LISTSERV.ICORS.ORG or join online.

- Autinet—An unmoderated parent support group and news service for Autism and Asperger's Syndrome, running since 1996. To Join: Send the message with "SUBS" in the subject line to autinet@autinet.org. In your message to listowner Peter Wise include a little about yourself, your interest in Autism and Asperger's Syndrome, and your COUNTRY of residence (for statistical reasons).

- Autism ABA—The Autism and ABA list is an open, unmoderated forum for discussing anything related to autism. Much of our discussion centers around Applied Behavior Analysis (ABA), including areas of ABA such as teaching Verbal Behavior (VB) and Natural Environment Training (NET). We're a quiet list, but we have a healthy mix of parents, professionals, and others involved with autism in some way. To Join: Send a blank email to autismaba-subscribe@yahoogroups.com or join online. Listowner: Christina Burk ChristinaBurkABA@aol.com

- Autism Adolescence—Autism Spectrum Disorders and adolescence support for parents who have pre-teen or teenaged children. Please free to share your stories, advice, woes, rants, tears, and especially laughter here with us. THIS IS A HIGH VOLUME LIST.. http://www.geocities.com/alleycatjo/Autism.html

- Autism Aspergers—A high quality, high volume support list where parents share stories, treatments, therapies, ideas, advice and support about their children with moderate to high functioning autism or Aspergers syndrome. To Join: Send a blank email to Autism-Aspergers-subscribe@yahoogroups.com or join online.

- Autism Awareness Action—A moderately high volume group to help parents find autism related resources and support, not state specific but is associated with a Texas autism group. To Join: Send a blank email to autism-awareness-action-subscribe@yahoogroups.com or join online.

- Autism Behavior Problems—Helpful discussion, aid and support in dealing with these behaviors present in the autistic child. Support on topics for all ranges of behaviors...self stimulating, self injurious, aggressive, inappropriate etc and different ways of addressing these problems. To Join: Send a blank email to AutismBehaviorProblems-subscribe@yahoogroups.com or join online.

- Autism in Girls—Restricted membership! This is a high quality list for parents and professionals who wish to exchange information regarding treatment of autism in girls, how autism effect females in the family, and any other issues dealing with autism and females and/or the comparison of males and females with autism. To Join: Send a blank email to Autism_in_Girls-subscribe@yahoogroups.com or join online.

- Autism—The oldest ongoing discussion list for autism, provides general autism support. To Join: Send email with the message subscribe [password] [digest|nodigest] [your email address] to autism-request@lists.apana.org [Commands in brackets are optional.] or join
online. Listowner: Carolyn Baird. Panel Representatives: Ray Kopp, Linda Carlton, Kevin Kramer

- Chelating Kids 2—A restricted discussion list of parents with children who have autism/mercury poisoning and are using chelation. To Join: Send a blank email to chelatingkids2-subscribe@yahoogroups.com or join online.

- Children with Autism—High volume parent support list for autism. To Join: Send a blank email to children_with_autism-subscribe@yahoogroups.com or subscribe online.

- DTT-NET (Autism: AVB: ABA: Verbal Behavior)—A moderated list for parents and professionals running home (and school) programs to discuss concerns and share their knowledge of Applied Verbal Behavior (AVB), a specialty within the field of Applied Behavior Analysis (ABA). To Join: Send a blank email to DTT-NET-subscribe@yahoogroups.com or join online. Listowners: Jenn Godwin and Steph Hulshof

- Enzymes and Autism—The Enzymes and Autism forum is a high volume list for the discussion of digestive enzymes (and many other types of supplements) and their effect on the autistic spectrum/PDD, attention deficit, sensory integration, digestion/malabsorption, and food sensitivities/allergies. To Join: Send a blank email to EnzymesandAutism-subscribe@yahoogroups.com or join online.

- Floortimers Floor Timers—A small group, but an important topic. Parents, caregivers, therapists, educators and related professionals who work with children using using a floortime approach share ideas and provide support for one another. To Join: Send a blank email to floortimers-subscribe@yahoogroups.com or join online.

- GF CF Kids (Gluten-Free Casein-Free Kids)—This high volume, unmoderated list provides discussion forum for parents of children on the autism spectrum who are avoiding gluten and casein and other substances in their children's diets. To Join: Send a blank email to GFCFKids-subscribe@yahoogroups.com or join online.

- Gluten-Free Casein-Free Recipes—High volume group to share recipes for cooking a gluten-free, casein-free diet for children. To Join: Send a blank email to GFCFrecipes-subscribe@yahoogroups.com or join online.

- HDO Therapy for Autism—Hyperbaric Oxygen Therapy (HBOT), or more accurately, High Dosage Oxygen Therapy (HDOT) is fast becoming one of the more successful therapies for children with Autism. Autism is a neurological injury whether caused by toxicity, birth injury or unknown. Some amazing results are being obtained, especially with young children. To Join: Send a blank email to HDOTtherapyforAutism-subscribe@yahoogroups.com or join online.

- Home Schooling Aspies—Support list for Christian moms who homeschool (or are seriously considering homeschooling) their children who have been diagnosed with Asperger's Syndrome (or suspect their child has Asperger's Syndrome). All are welcome to join, but there will be a Christian focus to many of the posts. We are here to encourage, support, and pray for one another as we do our best to teach our Aspies at
home. To Join: Send a blank email to homeschoolingaspies-subscribe@yahoogroups.com or join online.

- Parenting Autism—An excellent, high volume parent support group to share the day-to-day experience of being a parent of an autistic child. To Join: Send a blank email to Parenting_autism-subscribe@yahoogroups.com or join online.

- PDD BP KidS (Pervasive Development Disorder Bipolar Kids)—This group is for parents and primary caregivers of children diagnosed with PDD (Pervasive Developmental Disorder), Autistic Spectrum Disorder (Autism, Asperger's Syndrome, PDD-NOS, Rhett's Syndrome, Childhood Disintegrative Disorder), and BP (Bipolar Disorder). To Join: Send a blank email to PDD-BPkids-subscribe@yahoogroups.com or join online.

- Verbal Behavior—A high volume moderated forum for teaching verbal behavior (VB) within a program of applied behavior analysis (ABA). Discussions include difficulties in the development of communication seen in most individuals with autism and other related disabilities, with an emphasis on functional language and motivational variables using ABA techniques. To Join: Send a blank email to VerbalBehavior-subscribe@yahoogroups.com or join online. Listowner: Christina Burk ChristinaBurkABAnop.com

07:00AM (-07:00)

List of the Most Popular Books on Autism Spectrum Disorder

General Reference—

- ATTWOOD, T., Asperger's Syndrome - A Guide for Parents & Professionals, Jessica Kingsley, UK, 1998. This paperback is essential reading for those living or working with a child or adult with Asperger Syndrome. It is written in a clear and concise manner, with plenty of examples, practical suggestions and resource lists.
- BARNHILL, G., Right address...wrong planet: Children with Asperger Syndrome becoming Adults, Autism Asperger Publishing Company, 2002. Written by an autism consultant, who has an adult son with Asperger Syndrome, this paperback covers a much needed area - that of adolescence and adulthood. Ms. Barnhill offers both her family perspective and practical advice for those living with/caring for an adult with Asperger Syndrome.
- BASHE, P.R. & KIRBY, B.L. The OASIS Guide to Asperger Syndrome, Crown Publishers, 2002. Written by two parents, this paperback deals with the social, emotional
and cognitive challenges faced by those with Asperger Syndrome, and their parents. It also provides an overview of treatment strategies and options.

- **HOWLIN, P.**, *Children with Autism and Asperger Syndrome*, John Wiley & Sons, 1998. Pat Howlin is one of the most highly regarded clinicians in the field of autism. This paperback describes the full range of presentations along the autistic spectrum, and explains what is currently known about causes, assessment and treatment. Pat deals in an unbiased way with the vast range of treatments and therapies for autistic disorders. This is a detailed reference for practitioners and caretakers.

- **NEWPORT, J. & M.** *Autism-Aspergers and Sexuality*, Future Horizons, 2002. This paperback is written by a married couple, both of whom have Asperger Syndrome. It is a valuable insight into the social and sexual challenges faced by those with an Autism Spectrum Disorder, and provides advice for these individuals and their parents. Some parts of this paperback are quite explicit.

- **SHAW, W.**, *Biological Treatments for Autism and PDD*, The Great Plains Laboratory, US, 1998. This paperback will be of interest to parents and others who are researching the alternatives to conventional treatment and management of Autism Spectrum Disorders. It specifically focuses on biological treatments, including antifungal and antibacterial treatments, gluten and casein restriction, vitamin therapy, food allergies - to name a few. This publication is not considered to be part of the mainstream literature on Autism Spectrum Disorders, but will meet the need of some families.

- **WING, L.**, *The Autistic Spectrum - A Guide for Parents and Professionals*, Constable, London, 1996. On its publication in 1971, Lorna Wing's paperback *Autistic Children* was acclaimed as the definitive guide on autism. In this update, Lorna describes what autism is, how to help those with the condition, and the service types of value. This guide is easy to read and invaluable for parents and anyone working with people with an Autism Spectrum Disorder.

### Training Programs and Approaches—

- **ADAMS, J.**, *Autism - PDD: Introductory Strategies for Parents & Professionals; Creative Ideas During the School Years; and More Creative Ideas from Age Eight to Adulthood*, Adams Publications, Ontario, 1995 & 1997 (distributed by Future Horizons). A mother in Canada has compiled these parent resource paperbacks. They are packed with useful ideas, checklists, strategies, sample charts, teaching aids and suggestions gleaned from her son's teachers and therapists.


- **GRAY, C.**, *The Original Social Story Paperback; The New Social Story Paperback and the New Social Story Paperback Illustrated Edition*, Future Horizons, (1993, 1994 & 2000). Social Stories provide individuals with autism with accurate information regarding situations they encounter. For many students with Asperger Syndrome, this type of written information appears to have a positive impact on their responses to social situations. Social stories have also been used successfully to teach academic skills. These paperbacks are collections of sample social stories compiled by Carol Gray, who
developed the Social Stories approach.

- HOGDGON, L., Visual Strategies for Improving Communication, Quirk Roberts, 2001. A very practical paperback that provides easy to follow strategies for using visual aids to assist those with autism, Asperger Syndrome and PDD-NOS. Strategies are suggested for school and home.

- JORDAN, R. & POWELL, S., Understanding and Teaching Children with Autism, John Wiley & Sons, England, 1996. An excellent paperback for all teachers of children with an Autism Spectrum Disorder. The authors provide a basis for understanding the developmental processes and problems of these students, and also the implications of these for social and educational learning.

- MCAFEE, J., Navigating The Social World, Future Horizons, 2002. This manual provides a thorough curriculum for teaching social skills to individuals with Asperger Syndrome and High Functioning Autism. The program includes forms, exercises and guides for the student, and educational guidance to teachers and parents.

- MOYES, R.A., Incorporating Social Goals in the Classroom, Jessica Kingsley, 2001. This paperback is divided into two sections - the first gives a thorough overview of the characteristics of Asperger Syndrome and high functioning autism; the second half provides a guide to assessing areas of social deficit and implementing appropriate strategies. Very useful for parents and teachers.

- MYLES, B. S. & SOUTHWICK, J., Asperger Syndrome and Difficult Moments, Autism Asperger Publishing, KS, 1999. This paperback specifically examines the rage and anger exhibited by persons with Asperger Syndrome. Chapter headings include "An overview of the characteristics of Asperger Syndrome that may impact on behavior"; "The rage cycle and functional assessment of behaviors in the cycle"; "Strategies that promote self-awareness, self-calming and self-management"; and "Specifically for Parents". It is practical and easy to use and especially recommended for parents, caretakers, and teachers.


- WILLEY, L.H. (ed.), Asperger Syndrome in Adolescence: living with the ups, downs and things in between, Jessica Kingsley, 2003. This paperback tackles issues pertinent to all teenagers with Asperger Syndrome, including friendship, depression and sexuality. A different author, including Tony Attwood, Liane Holliday Willey and Rebecca Moyes, has written each chapter.

- WINTER, M., Asperger Syndrome: what teachers need to know, Jessica Kingsley, 2003. Written by a teacher, this paperback is very easy to read and full of strategies that will assist teachers, both in understanding Asperger Syndrome and also in providing a positive classroom experience for students.

Parents and Families—

- BOYD, B. Parenting a child with Asperger Syndrome, Jessica Kingsley, 2003. Written by the mother of Kenneth Hall (author of Asperger Syndrome, the Universe and Everything) this paperback is a handy guide for parents and teaching staff. The format makes it very easy to use - it covers the range of issues that affect a person with
Asperger Syndrome, and a host of tips and strategies to address these issues. Highly recommended for parents and teachers.

• HARRIS, S.L., Siblings of Children with Autism, Woodbine House, USA, 1994. This paperback will help parents understand a little more about sibling relationships and how Autism Spectrum Disorder can affect these relationships. It is a practical paperback, with suggestions and strategies for dealing with specific issues that are often of concern to siblings.

• JACKSON, J. Multicolored Mayhem, Jessica Kingsley, 2003. Jacqui Jackson is the mother of seven children. Her four boys are affected by a mixture of autism, Asperger Syndrome, ADHD, dyslexia and dyspraxia. Jacqui is also the mother of Luke, who authored the very popular paperback Freaks, Geeks and Asperger Syndrome. In Multicoloured Mayhem Jacqui gives the reader an amazing insight into her parenting strategies and the skills she has developed that enable her to parent these children on her own!

• WAITES, J. & SWINBOURNE, H., Smiling at Shadows, Harper Collins, 2001. This is the story of Junee and Rod Waites and their son Dane. Dane was born in Melbourne in 1974. He was diagnosed with classic autism when he was about four. Junee and Rod have endured much to bring Dane into their world, from infancy through childhood and adolescence to the talented and caring adult that he now is, with a valued place in his community. A remarkable family account.

Children's Paperbacks—

• DAVIES, J., Able Autistic Children - Children with Asperger Syndrome, University of Nottingham, 1993/94. Designed specifically for brothers and sisters of children with Asperger Syndrome from the age of seven years, this useful paperback explains what Asperger Syndrome is and explores some of the difficulties that siblings may experience.

• HADDON, M., The Curious Incident of the Dog in the Night-time, Random House, 2003. Christopher is 15 and has Asperger Syndrome. He finds his neighbor's dog dead one night and decides to 'do some detecting' to solve the crime. His efforts lead to an eventful sequence of events for Christopher and his parents. The story is written in the first person, from Christopher's perspective, and provides an amazing insight into how people with Asperger Syndrome and Autism think. It is funny, sad, exhausting and ultimately very satisfying to read. Whilst noted as a children's paperback, we would recommend it for teenagers and adults - it is a little gruesome and the language is colorful!

• HOOPMAN, K., Blue Bottle Mystery; Of Mice and Aliens; Lisa and the Lacemaker; Haze, Jessica Kingsley, 2001, 2002, 2003. Kathy Hoopman is an Australian parent who has written a series of adventure stories in which the central character has Asperger Syndrome. These paperbacks are a delightful read for siblings, peers and young people with Asperger Syndrome. Suitable for children aged eight years onwards.

• IVES, M., What is Asperger Syndrome and how will it affect me?, National Autistic Society, 1999. This is a useful guide specifically for the teenager and young adult seeking explanations about themselves. It contains simple coping strategies and answers to some frequently asked questions.

• MURRELL, D., Tobin Learns to Make Friends, Future Horizons, 2001. A delightful story about a train carriage that has characteristics of Asperger Syndrome, and therefore has difficulty making friends. Highly recommended for siblings, peers and children with Asperger Syndrome, between the ages of 6 - 14.
OGAZ, N., Wishing on the Midnight Star, Jessica Kingsley, 2004. Told from the point of view of Alex, a 13-year-old boy whose older brother has Asperger's, this adventure story is about two brothers, their relationship, their friends and some interesting dilemma's they get themselves into. A highly enjoyable read for those aged between 8-15. This paperback is by the author of another Asperger adventure, Buster and the Amazing Daisy.


Autobiographical Accounts—

FLEISHER, M., Making Sense of the Unfeasible, Jessica Kingsley, 2003. Diagnosed with Asperger Syndrome when he was 11 years old, Marc has gone on to complete degrees in mathematics. This paperback is an enjoyable account of his life and his strategies for success, complete with appendices on astronomy, parallel universes and the mathematics of unfeasibly large numbers!

HALL, K., Asperger Syndrome, the Universe and Everything, Jessica Kingsley, 2002. A wonderful paperback written by an 11-year-old boy with Asperger Syndrome. This paperback gives a fantastic insight into his world, and provides an understanding of life with Asperger Syndrome. Highly recommended for siblings, parents, teachers and young people with Asperger Syndrome.

JACKSON, L., Freaks, Geeks and Asperger Syndrome, Jessica Kingsley, 2002. Written by a 13 year old boy with Asperger Syndrome, this paperback is highly recommended for parents, teachers, and young adults with Asperger Syndrome. It is funny, sad, insightful and full of great tips for parents and teachers.

LAWSON, W., Life Behind Glass (1998); Understanding and Working with the Spectrum of Autism (2001); Build Your Own Life (2003), Jessica Kingsley. For 25 years Wendy was incorrectly diagnosed with schizophrenia. When in her 40's, her son was diagnosed with Asperger Syndrome and she realized that this condition explained her own difficulties. With this unique insight, Life Behind Glass is a readable and very moving personal account. Her more recent paperbacks provide practical day-day strategies for living with an Autism Spectrum Disorder. Wendy is an acclaimed speaker and consultant and lives in Victoria.

Videos—

Ask Me about Asperger Syndrome, Michael Thomson Productions, 2000. A fantastic, 30 minute video targeting teaching staff. This video is very comprehensive and will give teachers a thorough introduction to Aspergers Syndrome and several classroom strategies that will assist students and teachers. Would also be helpful for parents.

ATTWOOD, T., Asperger Syndrome: a video guide for parents and professionals,
Future Horizons 1999. A three hour presentation by Tony Attwood covering the major characteristics of Asperger Syndrome, the diagnostic process and management strategies. It is a very helpful introduction for anyone interested in learning about Asperger Syndrome. Tony has an informative and unique presentation style and is in demand as a speaker around the world.

- GRANDIN, T. Sensory Challenges and Answers and Visual Thinking of a Person with Autism, Future Horizons, 2002. These videos are interviews with Temple Grandin and provide a useful insight into the sensory challenges faced by people with Autism Spectrum Disorder, and the process of ‘thinking in pictures’ and strategies to overcome these. Each video is approximately 30 minutes long.
- PRIOR, M. et al, Understanding Asperger Syndrome, Royal Children's Hospital, Melbourne, 2000. This 28 minute video explains the nature of Asperger Syndrome, how it impacts on the affected child and their families, and gives practical advice for teachers. Available to buy from Autism Victoria.

Periodicals—

- Autism Research Review International (USA)
- Autism/Asperger Syndrome Digest (Future Horizons)
- Communication (National Autistic Society - UK)
- NoticeBoard (Association for Children with a Disability, Victoria)
- The Advocate (Autism Society of America)

07:14AM (-07:00)

Asperger's Syndrome and Tantrums

Some Aspergers kids are more likely to have temper tantrums than other kids. Causes that contribute to a youngster's tendency to have temper tantrums include fatigue, the youngster's age and stage of development, temperament, stress in the youngster's environment, and whether underlying behavioural, developmental, or health conditions are present such as ADHD or Aspergers. Also, a youngster may be more likely to have temper tantrums if moms & dads react too strongly to difficult behaviour or give in to the youngster's demands. Temper tantrums are normal behaviour for most kids and there is no reason why kids with Aspergers should refrain from this stage of development.

Temper tantrums are one of the most common problems in young kids with Aspergers. They may appear to go into a state of rage, panic, anxiety or fear for no reason at all.
This might involve screaming, crying, resisting contact with others, or pushing others away. Unfortunately for individuals with Aspergers and their families, ‘temper tantrums’ and destructive behaviours are especially common, among kids. The problem seems to be that it is more difficult for moms & dads to prevent ‘temper tantrums’ in kids with Aspergers, the youngster seems inconsolable during the ‘temper tantrum’, the episode might last a long time, and consist of more aggressive behaviour, such as hitting, biting, and pinching. Most often the satisfaction that typically accompanies the end of the ‘temper tantrum’ rarely occurs. Similar episodes of panic, anxiety, rage or even aggression might be seen all through childhood, adolescence and even adulthood.

Ignoring the temper tantrum behaviour and helping a youngster learn how to handle and express anger and frustration are usually effective ways to deal with the behaviour. Also, paying attention to what triggers temper tantrums can help you act before a youngster’s emotions escalate beyond the point where he or she can control them. This is supposed to identify the cause of the behaviour and prevent ‘blaming’ the individual. This is very important in Aspergers, as it is doubtful that any behaviour which may cause difficulties for families is intended maliciously or menacing. There is almost always some other, unidentified, trigger that brings on challenging behaviour.

It is important to intervene as early as possible so that behaviours are not constant and so that other means of expression and communication are open to kids with Aspergers.

Causes for challenging behaviours--

What causes this? As with such behaviour in all kids there may be any number of causes. There might be underlying reasons (such as feeling upset, anxious or angry) and immediate triggers (such as being told to do something). In Aspergers however there is also a specific pattern of behaviour, social interaction and understanding the temper tantrums are directed by frustration, can help explain some ‘challenging’ behaviours.

People with Aspergers often rely on ritual and structure. Structure is a method that helps define the world in terms of set rules and explanations in turn helps the person function most effectively. Most kids with Aspergers find their own methods of imposing structure and maintaining consistency. They need this structure because the world is confusing. Other people are complex and almost impossible to understand. The information they receive through their senses might be overwhelming and hard to bring together into a strong whole, and there is likely to be an additional learning disability that makes it hard to apply cognitive skills to all these areas at once.

When some form of structure or routine is disrupted the world becomes confusing and overwhelming again. It might be like losing a comforting toy when feeling alone or homesick. This disruption of structure might be obvious (having a collection of objects disturbed, being made to go a different way to school, getting up at an unusual hour) or it might be hidden (subtle changes in the environment which the youngster is used to for example). Some of these triggers might be out of the control of the individual or his or her family members. Some might be avoidable. Others might be necessary events, which can be slowly introduced so as to limit overt reactions.
Generally one of the most significant causes of ‘challenging behaviour’ is a communicative need. For people with profound difficulties in understanding others and in communicating with them it is hardly surprising for frustration, anger and anxiety to build up. It is also quite likely that ‘challenging behaviours’ will directly serve as a form of communication. Natural ‘temper tantrums’, for example in response to changes in routine or requests to do something the individual does not want to do may well become usual reactions to those involved.

Frequent Temper tantrums--

If your youngster continues to have frequent temper tantrums after age 3, you may need to use time-outs. A time-out removes the youngster from the situation, allows him or her time to calm down, and teaches the youngster that having a temper tantrum is not acceptable behaviour. Time-out works best for kids who understand why it is being used.

Most kids gradually learn healthy ways to handle the strong emotions that can lead to temper tantrums. They also usually improve their ability to communicate, become increasingly independent, and recognize the benefits of having these skills. Kids who continue to have temper tantrums after the age of 4 usually need outside help learning to deal with anger. Temper tantrums that continue or start during the school years may be a sign of other issues, including problems with learning or getting along with other kids.

Talk with a health professional if:

- Difficult behaviour that frequently lasts longer than 15 minutes, occurs more than 3 times a day, or is more aggressive may indicate that a youngster has an underlying medical, emotional, or social problem that needs attention. These are not considered typical temper tantrums. Difficult behaviours may include: kicking, hitting, biting, scratching, hair pulling, or pinching other people, throwing or breaking things, head-banging or inflicting self-injury.

- The youngster hurts him/her self, other people, or objects during a temper tantrum.

- The youngster's behaviour does not improve after 4 years of age.

- The youngster’s temper tantrums frequently last longer than 15 minutes or occur more than 3 times a day.

- You have concerns about your youngster's temper tantrums.

- You have problems handling your youngster's behaviour, especially if you are concerned that you might hurt your youngster.

- You want help with learning to cope with your feelings during your youngster's temper tantrums.
• Your youngster older than 4 years continues to have frequent temper tantrums.

• Your youngster’s temper tantrums escalate into violent behaviour that endangers others or results in self-inflicted injuries.

Medical treatment for temper tantrums may be recommended for kids who:

• Causing self-injury or becomes violent.
• Have long-lasting and frequent temper tantrums.
• Regularly have temper tantrums after 4 years of age.

This is where support is needed both in the form of direct interventions related to the behaviours, and in advising and helping moms & dads manage episodes in ways which can be applied at home.

These difficulties can be improved slowly through education and other interventions, but particular differences must be respected. Moms & dads can help by making an effort to manage the environment so that the individual is more comfortable (allowing some structure, avoiding distracting information when engaging in tasks, allowing personal space where necessary). The second major area is where ‘challenging behaviour’ serves a communicative conduct. In this case the cause for the behaviour must first be identified before teaching and developing other means of communicating.

My Aspergers Child
05:23AM (-07:00)

How do I balance out the needs of two children on the spectrum and ...

Question

How do I balance out the needs of two children on the spectrum and two NT kids? Answer

Parenting is hard work. Unless you have a child with Asperger’s Syndrome or Autism, you just have no idea about the true demands this adds to everyday parenting. A second child on the spectrum does not always mean more of the same because every child is affected so differently. Balancing the needs of a large family is a full time job, even without Asperger’s Syndrome!

It is easy to feel overwhelmed and stretched too thin when you have so much on your parenting plate. Planning a strategy to help meet everyone’s needs is necessary. Don’t forget to take care of yourself so you’ll feel like taking care of everyone else.
Taking care of yourself

. Participate in support groups focused on the needs of Asperger’s families.

. Find respite care when you need a break. Everyone deserves to get out and relax for an hour or so.

. Do not ignore your hobbies. A mother with four kids is going to have to schedule time for hobbies, but it is important to do things you enjoy for relaxation and personal growth.

. Keep in touch with your friends. You need this form of support. Your friends know you and know how to lift your spirits and keep you motivated.

Taking care of your kids

. Spend one-on-one time with each child. Focus a little time each week on each child. They all enjoy the special attention and it gives you a chance to teach each one something new or enjoy a favorite-shared activity.

. Keep in touch with each child’s teacher. The children spend a big chunk of time at school. Knowing what is going on at school will help you be a more effective parent and advocate for your children.


. Listen to each of your children. Sometimes moms of many can get so busy that they forget to stop and listen. A few minutes of listening to each child can clarify the causes of problem behavior or illuminate special moments.

Finding balance is a goal for which to aim. With a little investigation and preparation, you will find what works for each of your children and your family as a whole.
Temper Tantrums and Meltdowns in Children with Autism Spectrum Diso...

ASD Spectrum Disorders (ASD), also known as Pervasive Developmental Disorders (PDDs), cause severe and pervasive impairment in thinking, feeling, language, and the ability to relate to others. These disorders are usually first diagnosed in early childhood and range from a severe form, called autistic disorder, through pervasive development disorder not otherwise specified (PDD-NOS), to a much milder form, Asperger syndrome. They also include two rare disorders, Rett syndrome and childhood disintegrative disorder.

Some ASD kids are more likely to have tantrums than other kids. Causes that contribute to a youngster's tendency to have tantrums include fatigue, the youngster's age and stage of development, temperament, stress in the child's environment, and whether underlying behavioral, developmental, or health conditions are present such as ADHD or ASD. Also, a youngster may be more likely to have tantrums if moms & dads react too strongly to difficult behavior or give in to the child's demands. Tantrums are normal behavior for most kids and there is no reason why kids with ASD should refrain from this stage of development.

Tantrums are one of the most common problems in young kids with ASD. They may appear to go into a state of rage, panic, anxiety or fear for no reason at all. This might involve screaming, crying, resisting contact with others, or pushing others away. Unfortunately for individuals with ASD and their families, ‘tantrums’ and destructive behaviors are especially common, among kids. The problem seems to be that it is more difficult for moms & dads to prevent ‘tantrums’ in kids with ASD, the youngster seems inconsolable during the ‘tantrum’, the episode might last a long time, and consist of more aggressive behavior, such as hitting, biting, and pinching. Most often the satisfaction that typically accompanies the end of the ‘tantrum’ rarely occurs. Similar episodes of panic, anxiety, rage or even aggression might be seen all through childhood, adolescence and even adulthood.

Ignoring the tantrum behavior and helping a young child learn how to handle and express anger and frustration are usually effective ways to deal with the behavior. Also, paying attention to what triggers tantrums can help you act before a youngster's emotions escalate beyond the point where he or she can control them. This is supposed to identify the cause of the behavior and prevent ‘blaming’ the individual. This is very important in ASD, as it is doubtful that any behavior which may cause difficulties for families is intended maliciously or menacing. There is almost always some other, unidentified, trigger that brings on challenging behavior.

It is important to intervene as early as possible so that behaviors are not constant and so that other means of expression and communication are open to kids with ASD.

Causes for challenging behaviors—
What causes this? As with such behavior in all kids there may be any number of causes. There might be underlying reasons (such as feeling upset, anxious or angry) and immediate triggers (such as being told to do something). In ASD however there is also a specific pattern of behavior, social interaction and understanding the tantrums are directed by frustration, can help explain some ‘challenging’ behaviors.

Kids with ASD often rely on ritual and structure. Structure is a method that helps define the world in terms of set rules and explanations in turn helps the person function most effectively. Most kids with ASD find their own methods of imposing structure and maintaining consistency. They need this structure because the world is confusing. Other people are complex and almost impossible to understand. The information they receive through their senses might be overwhelming and hard to bring together into a strong whole, and there is likely to be an additional learning disability that makes it hard to apply cognitive skills to all these areas at once.

When some form of structure or routine is disrupted the world becomes confusing and overwhelming again. It might be like losing a comforting toy when feeling alone or homesick. This disruption of structure might be obvious (having a collection of objects disturbed, being made to go a different way to school, getting up at an unusual hour) or it might be hidden (subtle changes in the environment which the youngster is used to for example). Some of these triggers might be out of the control of the individual or his or her family members. Some might be avoidable. Others might be necessary events, which can be slowly introduced so as to limit overt reactions.

Generally one of the most significant causes of ‘challenging behavior’ is a communicative need. For people with profound difficulties in understanding others and in communicating with them it is hardly surprising for frustration, anger and anxiety to build up. It is also quite likely that ‘challenging behaviors’ will directly serve as a form of communication. Natural ‘tantrums’, for example in response to changes in routine or requests to do something the individual does not want to do, may well become usual reactions to those involved.

Frequent Tantrums—

If your youngster continues to have frequent tantrums after age 3, you may need to use time-outs. A time-out removes the youngster from the situation, allows him or her time to calm down, and teaches the child that having a tantrum is not acceptable behavior. Time-out works best for kids who understand why it is being used.

Most kids gradually learn healthy ways to handle the strong emotions that can lead to tantrums. They also usually improve their ability to communicate, become increasingly independent, and recognize the benefits of having these skills. Kids who continue to have tantrums after the age of 4 usually need outside help learning to deal with anger. Tantrums that continue or start during the school years may be a sign of other issues, including problems with learning or getting along with other kids.

Talk with a health professional if:
Difficult behavior that frequently lasts longer than 15 minutes, occurs more than 3 times a day, or is more aggressive may indicate that a youngster has an underlying medical, emotional, or social problem that needs attention. These are not considered typical tantrums. Difficult behaviors may include: kicking, hitting, biting, scratching, hair pulling, or pinching other people, throwing or breaking things, head-banging or inflicting self-injury.

- The youngster hurts him/her self, other people, or objects during a tantrum.
- The youngster's behavior does not improve after 4 years of age.
- The youngster's tantrums frequently last longer than 15 minutes or occur more than 3 times a day.
- You have concerns about your youngster's tantrums.
- You have problems handling your youngster's behavior, especially if you are concerned that you might hurt your youngster.
- You have problems handling your youngster's behavior, especially if you are concerned that you might hurt your youngster.
- You want help with learning to cope with your feelings during your youngster's tantrums.
- Your youngster older than 4 years continues to have frequent tantrums.
- Your youngster's tantrums escalate into violent behavior that endangers others or results in self-inflicted injuries.

Medical treatment for tantrums may be recommended for kids who:

- Have long-lasting and frequent tantrums.
- Regularly have tantrums after 4 years of age.
- Causing self-injury or becomes violent.

This is where support is needed both in the form of direct interventions related to the behaviors, and in advising and helping moms & dads manage episodes in ways which can be applied at home.

These difficulties can be improved slowly through education and other interventions, but particular differences must be respected. Moms & dads can help by making an effort to manage the environment so that the individual is more comfortable (allowing some structure, avoiding distracting information when engaging in tasks, allowing personal space where necessary). The second major area is where ‘challenging behavior’ serves a communicative conduct. In this case the cause for the behavior must first be identified before teaching and developing other means of communicating.

Many young kids have so-called “temper tantrums” at one time or another in their lives. This type of behavior may continue for years in kids with ASD. Kids with ASD have perfectly “normal” appearances. They usually do not have any distinguishing features or characteristics that would make them appear different from any other youngster. Their behavior might be the only thing about them that makes them seem “different.”

People who witness a tantrum tend to make judgments on tantrum behaviors, often without anything to base their judgments on other than their own personal experiences. They will make hasty evaluations about the moms & dads of the youngster, about the
situation, and assume that the youngster is a “spoiled brat,” when that may not be the case at all.

What Does a Tantrum Look Like?

An ASD tantrum is different in many ways from the average type of temper tantrum. A regular temper tantrum usually starts at the mall, a grocery store, or other public place. A youngster sees an object such as candy, or a toy, and makes a request. The parent refuses the request. The onset of the tantrum begins with this initial refusal to grant the wish. The tantrum will last until the youngster’s wish is granted or the youngster loses the desire for the wish. In this circumstance, the tantrum is indeed “a violent, willful outburst” performed by the youngster to manipulate the environment for the purpose of obtaining the desired object.

Adults have all types of reactions to a temper tantrum. It is very embarrassing to have a youngster kicking and screaming on the floor. Some moms & dads will “give in” to the youngster in order to escape such a scene, which is about the worst thing a parent can do. Other moms & dads will take the youngster to a more private area for an “attitude adjustment,” which works some times. If it is really out of hand, the parent will remove the youngster from the store and go home. These are just some of the more typical reactions, but there are as many ways to deal with a temper tantrum as there are moms & dads. How to react to a temper tantrum is a very personal choice for moms & dads to make.

First of all, when an ASD outburst occurs, many times the triggering event is not obvious. The youngster will just start kicking and screaming for no apparent reason. We have no earthly idea what might have caused the onset of this behavior!

Second, the outburst or episode can last for HOURS! We don’t know what has started it, and we don’t know what we can do to end it! Rocking, comforting, scolding,spanking, and other measures we usually take do not help the situation. If anything, the outburst just escalates and the behaviors become even more extreme. We, as adults, are left feeling helpless and frustrated.

Third, no two ASD tantrums ever look quite alike. Kids with ASD can throw crying tantrums, where they just cry and cry for hours and they cannot be comforted. They might throw screaming tantrums, where they screech at the top of their lungs at such a high pitch that you are sure it can break glass. Kids can also throw giggling tantrums, though I hesitate to call it a tantrum exactly, it is more like a “fit” or a “spell.”

Giggling “fits” are much less annoying than the crying or screaming, but they can occur at the most unusual moments or inappropriate times. Too often, when they start giggling, the event is no laughing matter.

Why Does a Youngster With ASD Have These Tantrum Behaviors?

The youngster or youth has deficits in developing and using verbal or non-verbal communication systems for receptive or expressive language.
Some kids with ASD can and do have language, but that does not mean that they are very good at communicating. There are people who have a form of ASD known as Asperger’s who are very articulate. Some people with ASD actually talk a great deal, but there is a lack of communication because they often fail to understand the purpose of language. Other people with ASD do not have the ability to speak, but they learn to communicate through other means. Kids may be somewhere in between, they may echo back what you say to them - this is one way that kids with ASD actually develop speech skills. However, just because a youngster can echo your words does not mean that the youngster understands what those words mean.

When a baby is born, its first method of communicating to the parent is by crying. It does not take very long for the infant to figure out that “If I cry someone will come and feed me.” or “change my diaper,” or “rock me and make me feel better.” Crying is a very primitive form of communication. Because ASD is a neurologically based disorder, infants later diagnosed with ASD even have impairments in this area. A youngster who is not developing language often will continue to use crying, or even temper tantrums, to indicate wants and needs.

Tantrums are a very primitive form of communication that can be used to indicate “no,” “I don’t want to,” and so on. It is also a way to communicate choices and preferences. (Hold up some of Christopher’s favorite objects.)

The youngster or youth demonstrates abnormal responses to environmental stimuli.

A youngster with ASD may be hyposensitive (senses may be dulled) or hypersensitive (superman hearing) or anywhere in between. One or all senses may be affected.

Temple Grandin describes her responses to sensory stimuli like “tripping a circuit breaker.” One minute she was fine, and the next minute she was on the floor “kicking and screaming like a crazed wildcat.”

Dr. Grandin states that two things she hated as a youngster were washing her hair and dressing to go to church, because she has overly sensitive skin. She is very “tender headed” and washing her hair actually causes pain to her scalp. The petticoats that her mother made her wear to church felt like “sand paper scraping away at raw nerves.” I am sure that her mother misread her tantrums as not wanting to go to church, when really it was just Temple’s reaction to the clothing.

Other sensory related stimuli that might result in tantrum-like behaviors can include reactions to certain sounds, tastes or smells, bright lights or textures. Think of all the sounds, smells, lights and sensory experiences you have when you walk into a department store. Now imagine what it must be like for a person who is extra sensitive to all of these things! Tantrum-like behaviors in those places just might be a reaction to sensory overload.

Another reason kids with ASD might have tantrum-like behaviors is because they fail to understand social situations. This is certainly one of the criteria for ASD.
The youngster or youth has deficits in social interaction, including social cues, emotional expression, personal relationships, and reciprocal interactions.

Sharing and taking turns are VERY difficult for my son to understand. He also has difficulty in sitting and participating in a large group, but he is getting much better at that. He does not know how to give a reliable yes or no response, but he has learned how to say "No, thank you." when he does not want something.

One other reason that a youngster might have a tantrum-like behavior is because his or her routine has been upset or changed in some way, usually without advance notice.

The youngster or youth demonstrates repetitive ritualistic behavioral patterns including insistence on following routines and a persistent preoccupation and attachments to objects.

People who have ASD have a very difficult time making sense of their environment. They cannot always rely on their sense of touch, taste, smell, vision, or hearing to give them accurate information. This is one of the reasons why they prefer to have everything exactly the way it was yesterday.

Reality to an autistic person is a confusing interacting mass of events, people, places, sounds and sights. There seem to be no clear boundaries, order or meaning to anything. A large part of my life is spent just trying to work out the pattern behind everything. Set routines, times, particular routes and rituals all help to get order into an unbearably chaotic life.

What Should I Do When A Youngster With ASD Has a Tantrum?

When a tantrum occurs it is a good idea for a youngster to have a "renewal area." A renewal area is just a place for a youngster with ASD to go and calm down. The renewal area should be a quiet area away from any extra sensory stimuli. A spot at the end of a hallway is good. My son has a little tent in his room that he made from a folding card table with a blanket over it. He just crawls in there when things get to be too much for him to handle.

It is sort of like a "time out" spot, but differs in the fact that once the youngster does calm down they can leave that area. In time-out, the youngster is expected to sit in that spot for a set number of minutes. If a youngster is kicking and screaming, you are not going to be able to make them sit in time-out. It is more beneficial to have a spot for them to go when the "lose it." Then once they are over the episode, you can decide what you want to do about the behavior.

It helps to think of an autistic tantrum more as an epileptic seizure. Just like a seizure, the tantrum has to run its course. It will help the youngster to calm down, if you are able to keep yourself calm. If you become angry or excited, this will make the tantrum worse. Never take an autistic tantrum as a youngster's defiance of your authority. There might be any number of things at play here, just as I have described.
The first step you should take when you are trying to change a youngster’s behavior is to first figure out what the appropriate behavior is that you want to teach. It isn’t enough to just stop a tantrum-like behavior… you have to replace it with some sort of appropriate behavior. What does the youngster need to learn?

When you are trying to decide how to stop a youngster’s tantrum-like behaviors, you have to become a detective. Negative, punitive measures don’t work very well with kids who have ASD. You can take a youngster’s recess away for the next 100 years, and the kid will still have a tantrum every time he hears a fire truck. Just what do you want the youngster to do when he hears that fire truck coming down the road?

The second step is to analyze the purpose of the inappropriate behavior. You have to try and figure out what the behavior means from the youngster’s point of view. This is not as easy as it sounds, because kids with ASD view the world completely different from the rest of us. According to the Technical Assistance Manual on ASD for Kentucky Schools, we should be thinking about what happens before the behavior occurs, what is the exact behavior of the student, and what happens just after the behavior?

So a fire truck comes roaring down the road past the playground, sirens blaring, strobe lights flashing. This happens just before the behavior occurs.

The youngster grabs his ears and falls to the ground, kicking and screaming. This is the exact behavior of the student.

A teacher’s aid picks the youngster up and takes him back into the building. This happens every time just after the behavior occurs.

What are some possible reasons this youngster throws a tantrum-like fit every time the fire truck comes down the road? (Sensitive hearing, to get away from the noise.)

The third step is to teach the appropriate replacement behavior. What does the youngster need to learn? How about a more appropriate way to ask to go indoors? Instead of writhing on the ground in pain, when he first hears the siren he could go to the aid and give her tug on the sleeve, or indicate by pointing that he wants to go inside for a few minutes. Then after the fire truck is gone, he can resume the usual activities.

Point to remember:

- A youngster with ASD who has tantrums is NOT a “spoiled brat,” “stubborn,” “bad,” “obstinate,” “strong willed,” or even “demon possessed” youngster, the tantrum like behavior is one of the manifestations of the disability.
- Never take a tantrum as a personal threat against your authority.
- With appropriate intervention strategies, tantrums do occur less frequently, so hang in there!

MELTDOWNS--
One of the most misunderstood autistic behaviors is the meltdown. Frequently, it is the result of some sort of overwhelming stimulation of which cause is often a mystery to moms & dads and teachers. They can come on suddenly and catch everyone by surprise. Autistic kids tend to suffer from sensory overload issues that can create meltdowns. Kids who have neurological disorders other than ASD can suffer from meltdowns. Unlike temper tantrums, these kids are expressing a need to withdraw and slowly collect themselves at their own pace.

Kids who have temper tantrums are looking for attention. They have the ability to understand that they are trying to manipulate the behavior of the others, caregivers and/or peers. This perspective taking or "theory of mind" is totally foreign to the autistic youngster who has NO clue that others cannot "read" their mind or feelings innately. This inability to understand other human beings think different thoughts and have different perspectives from them is an eternal cause of frustration.

Temper Tantrums—

A temper tantrum is very straightforward. A youngster does not get his or her own way and, as grandma would say, "pitches a fit." This is not to discount the temper tantrum. They are not fun for anyone.

Tantrums have several qualities that distinguish them from meltdowns:

- A youngster having a tantrum will look occasionally to see if his or her behavior is getting a reaction.
- A youngster in the middle of a tantrum will take precautions to be sure they won't get hurt.
- A youngster who throws a tantrum will attempt to use the social situation to his or her benefit.
- A tantrum is thrown to achieve a specific goal and once the goal is met, things return to normal.
- A tantrum will give you the feeling that the youngster is in control, although he would like you to think he is not.

• When the situation is resolved, the tantrum will end as suddenly as it began.

FACT—

If you feel like you are being manipulated by a tantrum, you are right. You are. A tantrum is nothing more than a power play by a person not mature enough to play a subtle game of internal politics. Hold your ground and remember who is in charge.

A temper tantrum in a youngster who is not autistic is simple to handle. Moms & dads simply ignore the behavior and refuse to give the youngster what he is demanding. Tantrums usually result when a youngster makes a request to have or do something that the parent denies. Upon hearing the parent's "no," the tantrum is used as a last-ditch effort.

The qualities of a temper tantrum vary from youngster to youngster. When kids decide
this is the way they are going to handle a given situation, each youngster's style will dictate how the tantrum appears. Some kids will throw themselves on the floor, screaming and kicking. Others will hold their breath, thinking that his "threat" on their life will cause moms & dads to bend. Some kids will be extremely vocal and repeatedly yell, "I hate you," for the world to hear. A few kids will attempt bribery or blackmail, and although these are quieter methods, this is just as much of a tantrum as screaming. Of course, there are the very few kids who pull out all the stops and use all the methods in a tantrum.

Effective parenting -- whether a youngster has ASD or not -- is learning that you are in control, not the youngster. This is not a popularity contest. You are not there to wait on your youngster and indulge her every whim. Buying her every toy she wants isn't going to make her any happier than if you say no. There is no easy way out of this parenting experience. Sometimes you just have to dig in and let the tantrum roar.

Meltdowns—

If the tantrum is straightforward, the meltdown is every known form of manipulation, anger, and loss of control that the youngster can muster up to demonstrate. The problem is that the loss of control soon overtakes the youngster. He needs you to recognize this behavior and rein him back in, as he is unable to do so. A youngster with ASD in the middle of a meltdown desperately needs help to gain control.

• A youngster in a meltdown has no interest or involvement in the social situation.
• A youngster in the middle of a meltdown does not consider her own safety.
• A meltdown conveys the feeling that no one is in control.
  • A meltdown usually occurs because a specific want has not been permitted and after that point has been reached, nothing can satisfy the youngster until the situation is over.
  • During a meltdown, a youngster with ASD does not look, nor care, if those around him are reacting to his behavior.
  • Meltdowns will usually continue as though they are moving under their own power and wind down slowly.

Unlike tantrums, meltdowns can leave even experienced moms & dads at their wit's end, unsure of what to do. When you think of a tantrum, the classic image of a youngster lying on the floor with kicking feet, swinging arms, and a lot of screaming is probably what comes to mind. This is not even close to a meltdown. A meltdown is best defined by saying it is a total loss of behavioral control. It is loud, risky at times, frustrating, and exhausting.

Meltdowns may be preceded by "silent seizures." This is not always the case, so don't panic, but observe your youngster after she begins experiencing meltdowns. Does the meltdown have a brief period before onset where your youngster "spaces out"? Does she seem like she had a few minutes of time when she was totally uninvolved with her environment? If you notice this trend, speak to your physician. This may be the only manifestation of a seizure that you will be aware of.

When your youngster launches into a meltdown, remove him from any areas that could
harm him or he could harm. Glass shelving and doors may become the target of an angry foot, and avoiding injury is the top priority during a meltdown.

Another cause of a meltdown can be other health issues. One example is a youngster who suffers from migraines. A migraine may hit a youngster suddenly, and the pain is so totally debilitating that his behavior may spiral downward quickly, resulting in a meltdown. Watch for telltale signs such as sensitivity to light, holding the head, and being unusually sensitive to sound. If a youngster has other health conditions, and having ASD does not preclude this possibility, behavior will be affected.

Practical steps to reduce ASD tantrums and meltdowns—

1. Address your youngster's sensory issues. Many kids with ASD have issues with sensory integration. This means your youngster is constantly bombarded with sensory information and lacks the ability to filter out the unimportant things. Loud noises, bright lights and large crowds are enough to cause a tantrum. Sensory integration therapy and occupational therapy help address the issue. However, these therapies are most effective if you start them while your youngster is really young. Learn more about sensory integration therapy at Healing Thresholds.

2. Get your youngster on a communication system. Sometimes tantrums occur because your youngster lacks the communication to adequately express herself. This is especially important if your youngster is non-verbal or only slightly verbal. Communication systems, like visual schedules, consist of objects, pictures or words. Sometimes a system as simple as a basic choice board really helps to reduce tantrums.

3. Make your youngster a visual schedule. Visual schedules provide structure to your youngster's day, through the use of visual supports. Whether the schedule consists of objects, pictures or printed words, it provides the youngster with a visual road map of his day. When your youngster knows what to expect next, it alleviates anxiety which reduces his potential for tantrums.

4. Use transition tools. Some kids with ASD have great difficulty with transitions. This means asking your youngster to switch from one activity to the next can cause a tantrum. Something as simple as a two columned "First, Then," card will alleviate anxiety. Divide a half sheet of paper in half by drawing a line down the middle. Label the first column, "First," and label the second column "Then." Place a picture card of the activity you youngster will do first in the "First," column and a picture card of the activity your youngster will do next in the "Then," column. When you transition your youngster to an activity, show them the card. Say, "First, we'll do homework, then we'll play outside." Point to each picture as you speak. See an example of a "First, Then" card at Special Ed.

My Aspergers Child
10:39AM (-07:00)
Temper Tantrums in Children Diagnosed with Asperger’s Syndrome (AS)...

How to Cope with the Tantrums of Aspergers/ODD Children (Dual Diagnosis)

How to Handle Tantrums—

Oppositional Defiant Disorder or ODD, as it is more commonly known, often occurs with other behavioral and mental health conditions, such as Aspergers and ADHD. In fact, it has been estimated that over 50% of the kids suffering from ODD are also suffers of some other disorder. There are plenty of other conditions that are more common in kids suffering from ODD with the majority of these centering around pronounced learning difficulties.

When Is ODD Diagnosed?

ODD is often diagnosed when the Aspergers youngster is in his or her teenage years. The symptoms, which vary in severity, include the youngster being irritated and annoyed by authority figures, which, in turn leads to them becoming uncooperative and generally defiant.

Experts suggest that ODD affects around 10% of Aspergers kids. ODD will be diagnosed by a specialist when the youngster has displayed a persistent pattern of disobedience towards authority figures, such as moms & dads, grandmoms & dads and teachers.

Symptoms of ODD—

Diagnosing conditions like ODD is actually quite difficult. However, you can use the list of symptoms below as a starting point:

The Aspergers child:

• speaks to others in a hateful manner
• refuses to do anything when asked
• is argumentative with adults
• displays touchy, or irritable tendencies
• displays persistent and prolonged tantrums
• displays of defiance
• deliberately tries to upset kids
• blames other kids for their own mistakes
• appears to often be angry or irritable

Just because your Aspergers youngster is acting up doesn’t necessarily mean that he has ODD. It’s perfectly normal for Aspergers kids to test the boundaries, especially at the ages of 2 to 3, and during the teenage years. This is normally nothing to worry about as...
your Aspergers youngster will grow out of it eventually.

The Moms & dads' Role in AS/ODD—

As a parent of an Aspergers child, you have an important job in his upbringing. As such you should be finding ways to overcome his/her ODD.

There are a number of things that you can do to successfully parent a youngster with AS/ODD:

• Be positive. When the youngster does something right praise, him or her and reinforce what he or she has done. Whenever your youngster does something for you, be sure to let him or her know that you are grateful
• Seek medical attention as early as possible

If you are particularly concerned about your youngster, then you might want to take him or her to see your family doctor. If he is concerned that your youngster is presenting significant symptoms of the disorder, then he will refer you to a psychiatrist who is familiar with dealing with kids with such behavioral problems.

You should be aware that bringing up a youngster with Aspergers – and ODD will be difficult, and it is important that you get support from other members of the family.

Moreover, as a parent you have to show that you are in control. Although kids with this condition have a lack of respect for authority figures, you must try to retain control. You may want to try drawing up a "rules contract" to help you. This is a technique whereby you write down what you expect to happen on paper. Sometimes this works because it makes it a more formal system, which the youngster may respond to as it is similar to the way they are often managed in schools.

This contract will also make Aspergers kids realize that they are responsible for what they do; kids need to learn that there are consequences for their actions. Once the condition is diagnosed, at least you know the reason behind the errant behavior, you can also look into treatment options and therapy with your doctor's advice.

Dealing With Your Youngster's Tantrums—

Many moms & dads do not have the necessary tools to deal with this condition. They will normally react when their youngster starts showing defiance by giving in, threatening, screaming or sometimes negotiating. This isn’t the ideal thing to do as, by doing so, you are showing your kids that they can get what they want by behaving in an unacceptable manner.

You no doubt know that Aspergers kids need structure. The problem is that it can be difficult to decide on the right type of structure. Regular parenting methods such as “time out” often don’t work with Asperger/ODD kids, as they will simply use the time to plot some sort of revenge!
You should talk over problems when your misbehaving youngster has calmed down. Most importantly, don't give into temptation and join in with the shouting. Rewards are the best way of dealing with the condition, but never offer false rewards that are just intended to make your youngster feel better as this will have worse repercussions in the long run.

You should carefully pick your battles with your youngster, realize that you cannot possibly win every one. Make sure that you pick ones you can win, and then make sure that you do win them!

Working with Kids with AS/ODD—

ODD is a difficult condition that can affect both younger kids and teenagers alike, however, its precise diagnosis can be difficult and subjective. Nevertheless, there are a number of key coping mechanisms you, as a parent, can put in place to manage your youngster’s behavior and manage his or her tantrums.

Remember to always deal with your Aspergers youngster in a calm manner. Also, consider introducing rules, rewards and consequences to create wanted behaviors and reduce unwanted ones. A strongly defined structured environment will also go a long way to preventing this behavior, or managing it if it should appear.

Whilst there is no definitive cure for this condition, the implementation of the techniques in this article will go at least part of the way to assist you in parenting your kids successfully if they suffer from both Aspergers and ODD.

My Aspergers Child
06:48AM (-07:00)

Asperger’s Children: Fighting & Biting

All people have aggressive feelings. As adults, we learn how to control these feelings. Aspergers kids, however, are often physically aggressive ...they hit, bite and scratch others. These behaviors are fairly common and often appear by the youngster's first birthday. Moms & dads often struggle over how to manage their youngster's aggressive and/or destructive behavior.

While some biting can occur during normal development, persistent biting can be a sign that a youngster has emotional or behavioral problems. While many Aspergers kids occasionally fight with or hit others, frequent and/or severe physical aggression may mean that a youngster is having serious emotional or behavioral problems that require professional evaluation and intervention. Persistent fighting or biting when a youngster is in daycare or preschool can be a serious problem. At this age, Aspergers kids have much more contact with peers and are expected to be able to make friends and get along.

BITING—

697
Many Aspergers kids start aggressive biting between one and three years of age. Biting can be a way for a youngster to test his or her power or to get attention. Some Aspergers kids bite because they are unhappy, anxious or jealous. Sometimes biting may result from excessive or harsh discipline or exposure to physical violence. Moms & dads should remember that Aspergers kids who are teething might also bite. Biting is the most common reason Aspergers kids get expelled from day care.

What to do:

• Say "no", immediately, in a calm but firm and disapproving tone.
• Do NOT bite a youngster to show how biting feels. This teaches the youngster aggressive behavior.
• If biting persists, try a negative consequence. For example, do not hold or play with a youngster for five minutes after he or she bites.
• For a toddler (1-2 years), firmly hold the youngster, or put the youngster down.
• For a young youngster (2-3 years) say, "biting is not okay because it hurts people."

If these techniques or interventions are not effective, moms & dads should talk to their family physician.

FIGHTING AND HITTING—

Toddlers and preschool age Aspergers kids often fight over toys. Sometimes Aspergers kids are unintentionally rewarded for aggressive behavior. For example, one youngster may push another youngster down and take away a toy. If the youngster cries and walks away, the aggressive youngster feels successful since he or she got the toy. It is important to identify whether this pattern is occurring in Aspergers kids who are aggressive.

What to do:

• Do NOT hit a youngster if he or she is hitting others. This teaches the youngster to use aggressive behavior.
• For a toddler (1-2 years) say, "No hitting. Hitting hurts."
• For a young youngster (2-3 years) say, "I know you are angry, but don't hit. Hitting hurts." This begins to teach empathy to your youngster.
• If a youngster hits another youngster, immediately separate the Aspergers kids. Then try to comfort and attend to the other youngster.
• It is more effective to intervene before a youngster starts hitting. For example, intervene as soon as you see the youngster is very frustrated or getting upset.
• Moms & dads should not ignore or down play fighting between siblings.
• When young Aspergers kids fight a lot, supervise them more closely.

When hitting or fighting is frequent, it may be a sign that a youngster has other problems. For example, he or she may be sad or upset, have problems controlling anger, have witnessed violence or may have been the victim of abuse at day care, school, or home.

Research has shown that Aspergers kids who are physically aggressive at a younger age
are more likely to continue this behavior when they are older. Studies have also shown that Aspergers kids who are repeatedly exposed to violence and aggression from TV, videos and movies act more aggressively. If a young youngster has a persistent problem with fighting and biting or aggressive behavior, moms & dads should seek professional assistance from a youngster and adolescent psychiatrist or other mental health professional who specializes in the evaluation and treatment of behavior problems in very young Aspergers kids.

My Aspergers Child
06:53AM (-07:00)

How can I explain Asperger’s to my child and her siblings?

Question

How can I explain Asperger's to my child and her siblings? Answer

Children with Asperger’s Syndrome are intelligent and inquisitive individuals. Their struggles are obvious to them, yet they may not be able to actually pinpoint the areas of weakness. If asked, kids with Asperger’s will tell you that they are different from their peers and siblings. The peers and siblings of children with Asperger’s also notice the differences. It can be difficult to live with and understand a child with Asperger’s. It can be tough for all involved.

You should be completely honest with your children about Asperger’s. The child who has Asperger’s needs to understand the condition in age-appropriate context. Your other children need to know about Asperger’s so that they will be able to support their sibling as much as possible.

Educate yourself on Asperger’s so you can share the details with your children. Contact your local Autism society chapter and ask for information on the condition and also about the events in your area that they sponsor. Ask about support group sessions and educational events for siblings.

Speak with the special education teachers at your children’s school about resources that can assist in explaining Asperger’s to your child and his siblings, as well as information that will help you discuss Asperger’s with your family.

You can find a lot of information on the Internet. The Autism Society and other Autism support organizations have websites chock-full of information and materials for families affected by Asperger’s. Other websites offer testimonials and products produced by individuals with Asperger’s, families affected by Asperger’s, and professionals trained to treat the challenges associated with Asperger’s.
Books and materials that will help you explain things to all of your children are available on the Internet. One such program is called “That’s What’s Different About Me! Helping Children Understand Autism Spectrum Disorders” by Heather McCracken.

This program is a puppet program that can be used to teach all children about kids with Asperger’s and what it is that makes them different. The DVD included showcases the puppet show, along with parent/teacher information and helpful tips. A program manual with instructions on implementing the program at home or at school is included. A children’s story and coloring book adapted from the puppet show rounds out the kit.

Your children will be more comfortable when they know exactly what having Asperger’s means. They will see that while there are challenges to overcome, there are also strengths associated with Asperger’s Syndrome.

07:43AM (-07:00)

Aspergers & Heredity

Question

Is Aspergers hereditary? Answer

There is a strong genetic component with Aspergers, but it doesn't necessarily mean that you will inherit it from your parents, or that your children will inherit from you, only that you have a higher likelihood of having Aspergers than the general population if someone in your family has Aspergers. If both parents have autism or Aspergers, there is an even greater likelihood that they will have children with autism or Aspergers, but it does not mean that all or any of their children will. Ongoing research is attempting to determine causes of autism spectrum disorders, but there are still many unanswered questions.

01:28PM (-07:00)

Meal Plan for Aspergers Adolescents

As moms & dads, we all know that our adolescents need to eat well. Their bodies are still growing, their brains are still changing, and their hormones may be taking a toll on their moods and energy levels. Yet we also know that adolescents are prone to eating irregularly, and sometimes quite poorly, particularly as they distance themselves from parental controls, and eat more meals away from home. Pizza, cookies, ice cream, and soft drinks may be the most common foods in their diets at this age. But moms & dads have more influence and capacity to affect their adolescents' diets positively than they may think they do. The keys to positive change in the arena of diet and nutrition are positive attitude, planning, and preparation. These keys are already in your hands.

Moms & dads have a particularly strong advantage in this arena because, generally speaking, moms & dads have higher incomes than adolescents, and adolescents would rather spend more of their incomes on clothing, music, movies, and other entertainment, and as little as possible on food. Adolescents with Aspergers are not much different; the only real difference may be that appropriate diet and nutrition may be even more important to help them keep improving their social skills and relations with other adolescents and adults. Even slight worsening of moods, or additional
absent-mindedness due to low blood sugar from skipping a meal, may cause a adolescent with Aspergers to fall into difficulties in important social situations. Once he or she has created a "social storm", such as a rift with a friend, or opposition to a teacher, the adolescent with Aspergers often has more trouble than other adolescents navigating the troubled waters and reaching a safe shore.
Using the keys to positive change in the arena of your adolescent’s diet and nutrition is not difficult. The following outline gives many examples of simple and direct changes you can make. A separate article on this website will cover special issues, including how to assess and manage food allergies, and co-occurring medical conditions.

Positive Attitude—

Most of us yearn to have peace at the dinner table and in the home; we would like to provide healthy food, and have our kids eat it with appreciation and without complaints. Yet we may forget that a positive attitude about food has to begin with us.

In many countries and cultures of the world, kids and adolescents are only too glad to have enough food to eat each day. In much of Africa, families still eat all their meals together and in rural areas there is generally a single bowl of food, a grain or root starch with a vegetable sauce that young and old family members share. Meat is often more of a luxury, or may be offered only in small quantities. Soft drinks and sugary desserts are luxury items, and a regular component of the diet only for relatively wealthy people. While living and traveling in rural West Africa for four years, I never observed any adolescents complaining about the food, or refusing to eat a prepared meal.

In the United States, by contrast, we often have too much food, and paradoxically, much of it is not healthy or nutritious. Adolescents complain about the food provided for them, and may refuse to eat, or don't eat well at prepared meals with their families, because they have a confusing array of other choices. They often do not view making daily decisions about what is and is not nutritious as their job, and they shouldn't; it is the job of the adults in the community, whether at home or at school, to guide adolescents to eat wisely by providing nutritious food, and by limiting the supply of non-nutritious foods available.

At the same time, eating together is one of the most affirming and basic family-building activities possible; it also links us to other human beings in our own community and other communities; it is one activity that we all have in common, no matter what culture we are from! Our first job, therefore, is to return a sense of pleasure and even joy to family mealtimes, and to eating in general, if it isn't already there; our second job is to plan for food that is appropriately nutritious, even planning some meals with our adolescents; our third job is to prepare the food with a calm attitude and with thoughtful attention to the needs of our adolescents, whether it be for portable meals, late-night snacks, or a constant supply of pocket-sized nutritious energy-boosters.

Here are several ways to keep positive attitudes circulating in your home:

1. **Try music and candlelight for a change.** Ask your adolescent to choose some quiet music that he or she especially likes.

2. **Start each meal together, at the table, and wait for everyone to be there.** It helps to share a moment of silent appreciation, a chosen quote, or a prayer if you are so inclined. Let all family members take turns choosing the opening.

3. **Offer only nutritious foods at mealtimes.** Try to buy as many fresh foods as possible,
and use color contrasts to make the meal appeal to the artist in your teen.

4. Get family members to take turns helping to set the table creatively with attractive, even unusual, centerpieces or decorations. Some of these may even help generate conversation with ordinarily taciturn adolescents.

5. Do not make meal times a time to criticize or moralize; try to open the conversation to everyone, and avoid topics that exclude some people, or are boring for kids or teens. In the original book, Cheaper by the Dozen (a true story), family members were allowed to call out, "Not of general interest!" when inappropriate or boring dinnertime conversation topics were introduced.

6. Ask family members what their favorite dinners are, and either prepare those meals yourself or allow them to prepare those meals, once a week.

Planning and Preparation—

Turning your kitchen into a generator of good nutrition and better eating habits may feel like a monumental task, but it is entirely manageable if broken down into tasks that only take an hour or less.

1. Based on your family's list of favorite meals, and the cook's preferences, create a new grocery list featuring fresh foods and non-sugar foods for the main meals.

2. Go through the refrigerator and the pantry shelves and gradually reduce and eliminate unhealthy foods. These include those foods whose primary ingredient is sugar (i.e. the first ingredient on the label), and foods with artificial ingredients, including preservatives and artificial coloring. Get rid of all soft drinks. Extra salty or fatty foods should also be limited, but these are more problematic for adult health; adolescents can handle some salty, fatty foods because of their higher activity levels. Then don't buy unhealthy foods anymore. If anyone asks, you can tell them you can't afford them. Having to buy these foods themselves will immediately reduce your adolescents' (and other family members') need for them.

3. It is also good practice to rotate cooking duties. Cooking is a practical skill and art form that all adolescents should master early in life. A adolescent with Aspergers may especially appreciate feeling self-confident serving tasty food he or she has prepared to friends and family.

4. It is important to continue to provide some snack foods, portable foods, and quick meals. These in-between food sources are often the culprits in poor nutrition and diet, however, so it is crucial to look closely at ingredients, and change the foods that are available whenever you determine that the current offerings are unhealthy. Make sure that you provide a continual supply of a variety of these meal alternatives, or your adolescent will resort to relying on vending machines and friends; neither source can be relied upon for solely healthy and nutritious food!

5. Next, see how many canned or already prepared foods you can replace with fresh
foods. These foods are often a hidden source of unwanted sugars, preservatives, and other chemical additives that can actually damage your family’s health. Try the local health food store for spaghetti sauce and other sauces and dressings free of chemistry experiments; farmer’s markets often have homemade jams, hot sauces, pesto, flavored honey, herb vinegars and other specialties. Check the local bakeries for bread; often bakeries sell their day-old bread at a significant discount - and it is still a lot fresher than what you will find at the grocery store!

6. Pay special attention to breakfast foods. You may have to woo your adolescent to the breakfast table, but it is worth the effort. Breakfast is still the most important meal of the day for regulating energy levels, brain power, and moods.

7. Preparing food should be a happy, not a harassed, activity. We have a rule in our house that the cook gets to choose the music or radio program while preparing meals, and others are in the kitchen at the same time only if they are contributing to a positive atmosphere.

8. Whoever does the majority of the cooking in the family should consider what foods he or she enjoys the most, and should check out a few cookbooks featuring their favorite foods from the library. A happy and inspired cook makes good food; inspiring food makes better mealtimes and better nutrition possible.

Very Easy Recipes—

Simple examples of healthy snack foods: a) apples and peanut butter; b) carrots, celery, cherry tomatoes etc., either plain or with dipping sauce; c) granola or homemade granola bars; d) peanuts and raisins, or other fruit/nut mixes; e) whole yogurt with fresh fruit and honey; f) cheese and wholegrain crackers; g) yogurt and fruit "smoothies" made in the blender; h) quick breads and muffins made from scratch - easier than you think.

Portable foods need to be hard, or in a hard container, so that they are not squashed and unappetizing by the time your adolescent gets around to remembering to eat them. Apples and granola bars are a good start; sometimes we get beef, elk, venison or bison jerky from friends who make their own jerky, and more farmers and ranchers are starting to offer these products for sale. We also have a favorite cookie recipe. Using whatever basic chocolate chip cookie recipe your family prefers, cut the sugar by one-quarter cup, and substitute one-half cup quick oats for one-half cup of the flour required. Add chopped nuts, and even coconut flakes, if you prefer. Use real butter rather than margarine. Making a variation of these cookies each week, and filling the cookie jar will provide a more nutritious treat than store-bought cookies.

Quick meals should be meals that adolescents, including those with Aspergers’ Syndrome, can cook for themselves in the afternoon after school, or late at night when returning from an evening out, or if they are up late studying. Provide instruction in how to prepare basic pasta, and then make sure that a variety of interesting pasta shapes and sauces are readily available and that your adolescent knows how to find the necessary ingredients and pots and pans by him or herself. Egg-based meals are another example. Make sure that your adolescent knows how to prepare basic scrambled eggs, omelets,
fried or poached eggs, hard-boiled eggs, and French toast. With just these two basic food sources in his or her cooking repertoire, your adolescent can create a dozen different healthy meals.

Rather than using direct praise for positive changes in your adolescent's eating habits, which may feel too intrusive or excessive for what he or she will rightly regard as a very basic part of life, ask your adolescent to cook for the family. "You prepare such good food these days; could I get you to cook for everyone once this week or next week?" will make your adolescent feel both self-confident, and needed. For a adolescent, with or without Aspergers, these are the marks of growing into adulthood and family membership as the contributing adult that he or she wants to be, deep down.

RESOURCES:


• Fallon, Sally. 1995. Nourishing Traditions: The Cookbook that Challenges Politically Correct Nutrition and the Diet Dictocrats. San Diego, California: ProMotion Publishing. The title says it all; this wonderful cookbook provides healthy, fresh food alternatives based on a wide variety of traditional cultures, as well as an introduction to good nutrition that is well worth reading.

• Beard, James. 1973. Beard on Bread. New York, New York: Alfred A. Knopf, Inc. This easy-to-use cookbook has clear instructions and great recipes for all kinds of quick breads, including biscuits, muffins, and sweetbreads, as well as yeast breads.
The Gluten-Free, Casein-Free (GFCF) Diet for Autism Spectrum Disorder...

It has been suggested that peptides from gluten and casein may have a role in the origins of Autism Spectrum Disorder (ASD) and that the physiology and psychology of ASD might be explained by excessive opioid activity linked to these peptides.

What on earth are gluten and casein? Can removing them from my youngster's diet really improve the symptoms of ASD and Pervasive Developmental Disorder (PDD)?

Gluten and casein are getting a lot of attention in the ASD community and from doctors in the "Defeat Autism Now!" biomedical movement. Some parents, doctors and researchers say that kids have shown mild to dramatic improvements in speech and/or behavior after these substances were removed from their diet. Some also report that their kids have experienced fewer bouts of diarrhea and loose stools since starting a gluten-free, casein-free (GFCF) diet. Author and ASD consultant Donna Williams, who has ASD herself, says she has been helped by "nutritional supplements together with a dairy/gluten-free and low Salicylate diet." Some children report no benefits from the GFCF diet. (Salicylates are found in some fruits likes apples and other foods).

Gluten and gluten-like proteins are found in wheat and other grains, including oats, rye, barley, bulgar, durum, kamut and spelt, and foods made from those grains. They are also found in food starches, semolina, couscous, malt, some vinegars, soy sauce, flavorings, artificial colors and hydrolyzed vegetable proteins.

Casein is a protein found in milk and foods containing milk, such as cheese, butter, yogurt, ice cream, whey and even some brands of margarine. It also may be added to non-milk products such as soy cheese and hot dogs in the form of caseinate.

There is growing interest in the link between ASD and gastrointestinal (GI) ailments. A study by the University of California Davis Health System found that kids with ASD born in the 1990s were more likely to have gastrointestinal problems, including constipation, diarrhea and vomiting, than autistic kids who were born in the early 1980s. Some children use the GFCF diet mainly to ease gastrointestinal problems and food allergies or sensitivities.

According to one theory, some children with ASD and PDD cannot properly digest gluten and casein, which form peptides, or substances that act like opiates in their bodies. The peptides then alter the person's behavior, perceptions, and responses to his environment. Some scientists now believe that peptides trigger an unusual immune system response in certain children. Research in the U.S. and Europe has found peptides in the urine of a significant number of kids with ASD. A doctor can order a urinary peptide test that can tell if proteins are not being digested properly.

Studies are currently underway to examine the effectiveness of the GFCF diet, which has not gained widespread acceptance in the U.S. medical community. One recent study
found behavioral improvements in kids on a GFCF diet, while another study found no significant effects from the diet.

Medical tests can determine if your youngster has a sensitivity or an allergy to gluten, casein and other foods such as eggs, nuts and soybeans. Any pediatrician or a physician from the DAN! (Defeat Autism Now!) list can order these tests before you begin the diet.

Before you change your youngster’s diet, consult with a physician and nutritionist to make sure you are providing a healthy diet and, if necessary, nutritional supplements. Also, read any of the books and web sites about the diet.

Some advocates of dietary intervention suggest removing one food from the diet at a time, so you will know which food was causing a problem. It also is helpful to ask children who do not know about the dietary change if they see any improvement after a few weeks.

It’s often suggested to remove milk first because the body will clear itself of milk/casein the quickest. Gluten may be removed a month after the elimination of milk. It may take up to six months on a gluten-free diet for the body to rid itself of all gluten. That is why most advocates suggest giving the diet a trial of six months.

The diet can seem like a lot of work, at first. You must carefully read the ingredients on food packages. Beware of “hidden” casein and gluten in ingredient lists, such as curds, caseinate, lactose, bran, spices or certain types of vinegar. It may be hard to locate a substitute for the milk your youngster loves, although many kids do adapt to the gluten-free, casein-free (GFCF) soy, potato, almond and rice milk substitutes available. Look for varieties that are enriched with calcium and Vitamin D. In addition, many parents provide vitamin and calcium supplements to their kids on the diet.

Many communities have health food stores or regular supermarkets that stock flour, bread, crackers, cookies, pretzels, waffles, cereal, and pasta made of rice, potato or other gluten-free flours. There also are online retailers that sell GFCF foods and vitamins. Also, some web sites list commercially-available foods that are gluten-free and casein-free, such as Heinz ketchup, Bush’s Baked Beans and Ore-Ida Golden Fries. Some prepared foods originally developed for children with Celiac Disease, a form of gluten intolerance, now come in casein-free varieties, too. To save money, some families choose to make their own GFCF foods using some of the cookbooks below.

Foods that CAN be eaten on a gluten-free, casein-free diet include rice, quinoa, amaranth, potato, buckwheat flour, soy, corn, fruits, oil, vegetables, beans, tapioca, meat, poultry, fish, shellfish, teff, nuts, eggs, and sorghum, among others.

Author Karyn Seroussi says her son now has no traces of ASD, due in large part to a strict GFCF diet. Some parents report improved eye contact, less constipation or diarrhea, and better behavior. However, other parents do not notice a difference in their kids.

Besides gluten and casein, some parents report that removing corn or soy led to equal or
greater improvements in their kids. Because soy protein is similar to gluten and casein, some diet proponents recommend removing it if the youngster seems very sensitive.

Research into the GFCF diet continues. “Although the hypothesis may appear 'off the wall' in many respects, there are a number of pieces of evidence, which seem to support them. The ideas are compatible with virtually all the accepted biological data on ASD and are therefore worthy of consideration. The dietary method must still be considered as experimental and no positive results can be promised or are claimed for every person,” according to Paul Shattock and Dr. Paul Whiteley of the British Autism Research Unit at the University of Sunderland, which provides scientific information on the diet.

07:39AM (-07:00)

Natural Treatment for Asperger's Syndrome

As a psychologist and as a parent, I have seen a need for safe, effective and healthy natural remedies specially formulated for Aspergers kids's health. I have spent a lot of time researching and formulating a range of natural remedies especially for young Aspergers kids.

All remedies are herbal or homeopathic and ingredients are carefully chosen by our team of experts here at MyAspergersChild.com for efficacy and safety (however we do NOT sell products directly from this website). The remedies are especially formulated to promote health and encourage well-being in Aspergers kids, without harmful side effects.

The remedies are non-addictive and presented in child-safe doses. No artificial colors or preservatives are used and manufacturing is in accordance with the highest pharmaceutical standards.

Maintain a balanced mood—

Aspergers kids commonly have fluctuating moods throughout the day as their emotional development is still in its early stages. Moods may differ from moment to moment based on the youngster's feelings and the trials of daily life. Events that may seem small and insignificant to adults, may become huge calamities for young minds and this can sometimes cause chaos and distress in the family. Although these 'childish storms' may soon blow over, they can come and go many times in the average day – depending on the age and disposition of the youngster.

From worries over imaginary monsters to fretting over the opinion of other kids at school, the moods of both Aspergers kids and teens can be commonly affected by many
seemingly normal events, causing mood swings and concern.

On the whole, adults have normally learned how to weather these storms as their nervous systems and emotional development has matured. However, even for adults, routine 'ups and downs' may occur as part of daily living and can sometimes become difficult to manage.

Natural remedies have been used in traditional medicine for thousands of years to gently and safely support the healthy functioning of the brain and nervous system, as well as to encourage normal and efficient balance of emotion and a soothed state.

There are now many published clinical studies demonstrating the ability of a range of herbs to support the normal functioning of the brain and nervous system and maintain balanced mood, feelings of well-being and promote emotional health.

MindSoothe Jr.™ is an herbal remedy especially for Aspergers kids and formulated by a Clinical Psychologist to support balanced mood and feelings of well-being. Regular use promotes the health of the brain and nervous system, helping to support healthy production of essential brain hormones and chemicals related to nervous system health and emotional well-being, thereby helping to maintain balanced mood and optimum performance.

MindSoothe ™ is a 100% safe, non-addictive, natural herbal remedy that has been especially formulated by a Clinical Psychologist for adults and teens, and comes in a compact capsule form, making it easy to take. MindSoothe can be used to safely maintain emotional health, balanced, mood and harmony in the brain and nervous system, without harmful side effects.

Support overall calm—

Sometimes erratic, unpredictable impulsive behavior can escalate to frenetic, flustered, and wild outbursts in even the most normal and even tempered youngster.

Aspergers kids may commonly resort to yelling and kicking - even biting - in order to express their feelings and get what they want. This behavior may become increasingly difficult for parents to manage and can cause numerous disruptions to the family’s daily routine. These bursts of childhood temper tantrums are most common during the pre-school years, but may occur from time to time in older Aspergers kids and even adults if they occasionally lose their tempers – which can happen to all of us from time to time.

Natural remedies can help to support a balanced demeanor and homeopathic and herbal remedies are of great benefit in helping to restore calm and a positive demeanor after a common emotional episode. Natural remedies have been used in traditional medicine for thousands of years to support the healthy functioning of the brain and nervous system.

Tula Tantrum Tamer ™ is a registered homeopathic remedy which helps Aspergers kids to maintain balanced mood, calm demeanor and reasonable attitude by providing a sound platform to support emotional peace and stability. As a result, Tula Tantrum Tamer
can make all the difference to a youngster who is prone to tantrums and emotional storminess.

PureCalm™ is a 100% safe, non-addictive herbal remedy that has been specially formulated by a Clinical Psychologist for adults and Aspergers kids. PureCalm can especially benefit those individuals needing support for balanced mood and to assist with common nervous tension.

Encourage focus and concentration—

Our brain is like a virtual filing cabinet where the completed tasks, acquired information, and experiences are all processed and then stored - nothing is lost, instead we sometimes need to just take a little more effort to retrieve. Healthy brain functioning, including concentration and focus, are essential if we are to successfully complete our everyday tasks.

Natural remedies have been used in traditional medicine for thousands of years to support the healthy functioning of the brain and nervous system, helping to maintain efficient concentration and memory functioning.

Focus Formula ™ is a 100% safe, non-addictive, natural, herbal remedy. Formulated by a Clinical Psychologist for both Aspergers kids and adults, Focus Formula has been used for many years to safely maintain health and systemic balance in the brain and nervous system. Focus Formula contains a selection of herbs known for their supportive function in maintaining brain, nervous system and circulatory health, and well-being.

BrightSpark ™ is a safe, non-addictive, registered homeopathic remedy containing 100% homeopathic ingredients especially selected by our clinical psychologist. BrightSpark will help keep your youngster alert while at the same time preventing common restlessness, thereby helping Aspergers kids to concentrate and balance moods. BrightSpark can also be especially effective for Aspergers kids who tend to act out and play the fool or for those who have routine difficulties controlling their tempers or getting along with other Aspergers kids.

Promote healthy sleep patterns—

A regular and peaceful night’s sleep is a useful indicator of overall physical and emotional health.

Healthy sleep patterns are a crucial aspect of a youngster’s development. Aspergers kids commonly resist going to bed – especially when their minds are busy and they can think of a million more exciting things to do! However, Aspergers kids who routinely get away with late bed times may struggle to cope the next day – especially at school – and may become ratty and difficult.

A good night’s sleep is just as important for adults who need to replenish their resources after a demanding day of work and family responsibilities. For many adults, a natural sleep tonic can make all the difference to supporting regular sleeping patterns.
Serenite Jr. ™ is a safe and effective herbal remedy specially formulated by our Clinical Psychologist to promote junior night time harmony and to assist parents in their task of naturally settling fussy little ones.

SerenitePlus ™ is a herbal formula specially formulated by a Clinical Psychologist for teenagers and adults. The natural ingredients are chosen for their relaxing and calming properties to assist with occasional routine sleeplessness and to relax and wind down at night.

For the Brain and Nervous System— For Aspergers kids:

• BrightSpark is a registered homeopathic formula used to reduce routine impulsive, restless and erratic behavior – so helping your youngster to listen more calmly, carefully, and attentively.

• Focus Formula is used to support brain health and maintain a healthy supply of blood and nutrients to the brain – thereby supporting the brain’s functions of concentration, memory and healthy mental focus, while promoting corresponding health in the nervous system.

• MindSoothe Jr. is used to maintain emotional balance, a reasonable attitude and feelings of well-being in Aspergers kids, also supporting the balance of neurotransmitters produced in the brain like dopamine and serotonin, both linked to the maintenance of balanced mood.

• PureCalm is our excellent on the spot remedy for nervous system support - widely used to lessen common feelings of being flustered, bothered or on-edge, and to soothe the nerves.

• Serenite Jr. is used to support healthy sleep patterns in babies over 6 months and Aspergers kids up to 12 years old.

• Tula TamtrumTamer is a registered homeopathic remedy used to reduce the frequency and strength of common childhood tantrums, calm and soothe fiery tempers, while promoting a balanced mood and reasonable attitude.

For Adults:

• SerenitePlus is a herbal formula specially formulated by a Clinical Psychologist for teenagers and adults. The natural ingredients are chosen for their relaxing and calming properties to assist with occasional routine sleeplessness and to relax and wind down at night.

• PureCalm is our excellent on-the-spot remedy for nervous system support - widely used to lessen common feelings of being flustered, bothered or on-edge, and to soothe the
nerves.

• MindSoothe is used to support emotional well-being and stability, lessen general feelings of the blues, support a healthy motivated attitude, a well-adjusted outlook and positive temperament, as well as support healthy sleep patterns.

• Focus ADDult contains a selection of herbs known for their supportive function in maintaining brain, nervous system, circulatory health, and overall well-being.

08:27AM (-07:00)

**Asperger's Adults & Marriage**

Being partnered to an Aspergers adult comes with its own set of marital difficulties. Of primary concern is the lack of intimacy and reciprocation of emotion. This is the most common reason for marriage breakdown associated with Aspergers. This neurological disorder makes it extremely difficult for the Aspergers adult to interact emotionally in an appropriate way with others.

In a marriage situation, the so-called "normal" spouse may be content with doing the bulk of the emotional work of the relationship, particularly if that person is a female. However, once kids arrive, further difficulties can arise as the Asperger mom or dad cannot effectively engage with their youngster and the other parent can observe feelings of distress in the growing youngster as little empathy is displayed towards that youngster. When the spouse expresses frustration at this lack of affection and intimacy, the Aspergers adult is often puzzled by the outburst as understanding is absent. It is easy to see how arguments and unhappiness result. It is not surprising that around 80% of such marriages end in divorce.

For spouses and family members of an Asperger adult, counseling can help in learning to overcome feelings of anger, hurt, disappointment, and depression. Joining a support group can also assist on overcoming the feelings of isolation associated with being a relative of an Aspergers adult.

For the Aspergers adult himself, counseling is of some assistance, but social skills training will better equip the individual in dealing with others, whether they be spouses, kids, or workplace colleagues. Social skills training involves teaching the person to recognize facial expressions and associate them with certain emotions, learning body language skills and being able to interpret what is being communicated, and learning to verbally interact with others at a more functioning level.
This type of training is a learned procedure, as it does not come naturally to the Aspergers adult. However in doing so, it makes for easier social interaction, less misunderstanding and social isolation. If the person desires better relationships, they must also be willing to ask for and act on advice in situations in which they know they find difficult to negotiate. The attitude of both spouse and the Aspergers adult are crucial for the successful learning process to occur.

It requires hard work and much patience for spouses and family members, and a willingness to accept constructive criticism on the part of the Aspergers adult to smooth out the rough edges of these relationships. But, like any relationship, willingness on both sides can certainly lead to improved daily interactions.

This condition is a lifelong developmental disorder and mainly manifests in the inability to successfully relate emotionally to others during everyday interactions. There exists a lack of awareness in interpreting social cues; a skill that most of us take for granted. Given that inability, it can be extremely difficult for the family and friends of an Asperger to cope with many of the behavior patterns typically exhibited.

As Aspergers is a relatively recently classified disorder, an adult's diagnosis with Aspergers may occur after the diagnosis of a youngster or a grandchild. When this occurs, family members often then relate the behaviors of the newly-diagnosed youngster to that of the lifelong behavior patterns of a parent or spouse.

This "Ah-ha" phenomenon is often accompanied by relief on the part of the parent, spouse, or youngster of an Aspergers adult, but with it comes grief when the realization hits home that there is little likelihood of gross changes in the Aspergers adult. For instance, the daughter whose son is diagnosed with Aspergers may then realize that her father had the same constellation of symptoms, and the reason for her father's apparent disconnectedness, coldness, and inability to empathize with her suddenly becomes crystal clear.

Coping with a family member with Aspergers can be frustrating and demoralizing, particularly with an Aspergers adult who is undiagnosed. There can be much suffering and misunderstanding by the youngster of a mom or dad with Aspergers, and certainly psychological damage is likely. Once an effective diagnosis is made, at least there is some understanding for other family members as to why the Aspergers adult behaves the way that they do.

One of my clients had a mother-in-law who exhibited all the classic symptoms of Aspergers. Previous to the mother-in-law's diagnosis, this distressed client had suffered enormously at the hands of this woman, as had her husband and kids. She had called her "The Hologram." Her explanation was that "she looks like a normal human being, and she's smart and has a good job, but there's just nothing there." Hence the name she had dubbed her mother-in-law in order to cope with the stress that family get-togethers inevitably brought.

The term "hologram" was an unwittingly apt description of her mother-in-law. There was no intimacy, no understanding, no empathy, just a pragmatic approach to life that did not
take into account the emotions of the individuals she dealt with. Nor was she able to adapt herself to the changing needs of different individuals or situations. The diagnosis of this woman's grandchild with Aspergers led to a realization by her own adult kids as to why their mother was the way she was. It answered a lot of questions, and gave these adult kids some closure regarding the childhood hurts they had experienced due to her inability to relate to them.

Dealing with a person with this condition can be extremely difficult at times, particularly when the person has yet to be diagnosed with Aspergers. When diagnosis of Aspergers occurs, it is often as a result of a child or grandchild being assessed with Aspergers. It then becomes apparent to other family members that the undiagnosed adult they have struggled for so long to understand or relate to also has Aspergers.

When an adult is diagnosed with Aspergers as a result of a youngster within the extended family being diagnosed, it can come as a "double whammy" to the family. This is particularly the case when a youngster and a spouse are diagnosed, since the remaining member of the family group is now in the position of dealing with two Aspergers in the one home.

Similarly, the diagnosis of a youngster may make the parent twig that Mom or Dad had Aspergers too. This also causes intense personal suffering for the person concerned since finding out that one's mom or dad has Aspergers will open as many wounds as it will explain.

The problems in dealing with Aspergers adults can be numerous, and include:

• A sense of frustration that you cannot "get through" to this person.
• A sense of hopelessness that the person doesn't love you.
• Depression related to the knowledge that the individual won't get better.
• Difficulties accepting that the spouse has the condition.
• Failure to understand why the person cannot relate to you in a "normal" manner
  • Feeling overly responsible for the person; feeling a need to constantly explain their inappropriate behaviors and comments to others. A feeling of trepidation due to the effect of this constant vigilance.
  • If the Aspergers adult is a marriage partner, concerns over whether to stay in the relationship are at times overwhelming.
  • Lack of intimacy in the relationship and a failure to have your own needs met. Lack of emotional support from family and friends who do not understand the condition.

Aspergers makes for difficulties in understanding the emotions of others as well as interpreting subtle communication skills, as transmitted through eye contact, facial expressions, and body language. This often leads to the person with Aspergers being labeled as rude, uncaring, cold, and unfeeling. While it is natural for those who interact with him/her to feel this way, it is unfair to the Aspergers adult. This is because Aspergers is a genetic, neurological condition which renders the Aspergers adult mentally unable to readily understand and interpret the emotional states of others.

One of the problems associated with adult Aspergers is lack of accurate diagnosis.
Because Aspergers is a disorder that has only been recognized and singled out from other autistic spectrum disorders in the last decade, to date there has been little information about the behaviors of adults with the condition. As kids, these adults would have stood out among their peers as being "unusual," yet at the time there was no accurate diagnosis available. Hence there still remains many Aspergers adults in the community who remain undiagnosed.

The other problem is that, even when diagnosis occurs, the Aspergers adult may refuse to go into family counseling or accept available assistance as they do not see that they have a problem. One of my client's who had a mother with the condition was relieved to finally discover the reason for his mother's emotional aloofness, yet was devastated when that same mother refused to go into family therapy because she simply said "I feel good, there's nothing wrong with me."

In this case, there was no denial involved on the part of the mother. She simply couldn't understand her son's pain, his feelings of rejection, or his desire for a real "mother-son" relationship. None of it made any "sense" to her. In addition, her interactions with the family and in-laws were fraught with difficulties. Eventually this man decided to limit interaction with his mother as it caused too much distress.

In other cases, the Aspergers adult, when told that their actions are hurtful or inappropriate, may be genuinely shocked. However, the behavior is likely to be repeated, unless there is some form of intervention, and the individual genuinely desires to change.

Some Aspergers individuals can maintain ongoing relationships, however due to their neurological inability to effectively communicate on an emotional level, there are numerous difficulties. Even dating can prove to be a problem as the subtle "language of love" which operates during the courtship phase is often a mystery to the Aspergers adult. This can apply to even the most academically gifted individual. Recent research into the sexual behaviors of Aspergers adults indicate that they have similar sex drives as the general population but seldom possess the social skills to deal with the high level of intimacy required of such a relationship. In fact, research suggests that the divorce rate for couples in which one spouse has Aspergers is around 80%.

07:41AM (-07:00)

Asperger's Syndrome & Criminal Behavior

This post explores the question whether people diagnosed with Aspergers have a greater probability than typically-developing peers of becoming involved in delinquent or criminal activity.
The alternative perspective under consideration is that the characteristic traits and behaviors associated with Aspergers (such as poorly developed theory of mind, or obsessionality, etc) may lead to a greater vulnerability to accusations of offending behavior despite no criminal intent, especially when there appears to be little regard for the effect of certain behaviors upon other people.

Although several studies have suggested an association between violent crime and Aspergers, few have examined the underlying reasons. Research needs to determine to what extent psychiatric factors contribute to offending behavior in this population.

Of the 37 cases described in one recent research project, 11 cases (29.7%) had a definite psychiatric disorder and 20 cases (54%) had a probable psychiatric disorder at the time of committing the crime. These findings underscore the role of psychiatric disorders in the occurrence of violent crime in people with Aspergers and highlight the need for their early diagnosis and treatment.

The review of available findings and observations by Allen et al (2007) set out to highlight evidence by which to support or refute the suggested association between Aspergers (AS) and offending against the law that has become a subject for much debate.

Reference is made, for example, to the work of Haskins and Silva (2006) whose initial research data indicated that people with ASPERGERS are over-represented among the population of known offenders relative to their prevalence in the general population.

On the other hand, Howlin (2004) has argued that any association that is perceived between ASPERGERS and crime is the result of a small number of cases which have given rise to much publicity and to (speculative) causal attributions in the media.

Allen et al recognize how this kind of link may come to be perceived in that, in his original description, Asperger (1944) noted that some kids carried out what could be defined as malicious acts either of an aggressive or sexual nature without any apparent regard for the impact upon other people.

However, the question is raised about the actual intent or motive behind these and other offensive actions; and Howlin argues that significant underlying factors include a reaction to a lack of social understanding of situations (or of being misunderstood by other people), the pursuit of some obsessional interest, and a failure to anticipate consequences.

There is also the possibility that the person concerned would not have the capacity to avoid pressures from peers to engage in malicious or delinquent activity.

This view concerning problems in verbal and non-verbal communication, social understanding, and flexibility of thought or action has become commonly expressed; and reference is made to a number of factors which could explain why someone with
ASPERGERS may have an increased risk for offending behavior:

• An (innate) lack of concern for the outcomes of actions
• Failure to understand (formal) questioning and an over-frankness
• Impulsive behavior which may be stimulated by an underlying anxiety
  • Misreading of social signals and a lack of knowledge of social rules which may underlie accusations of sexual misconduct
• Obsessional interests which may be reflected in behavior such as stalking
  • Resistance or limited motivation to change may underlie a persistence of inappropriate behaviors
  • Social immaturity, and a misinterpretation of “friendships”, with a vulnerability to being led by others into inappropriate or illegal behavior

It has been suggested (by Debbaudt 2002 among others) that certain types of illegal acts may have diagnostic significance and lead to the identification of previously unrecognized ASPERGERS. These include an (obsessive) harassment of other people, hitting out for no observable reason, computer crime, and offences arising from misjudged personal relationships.

Allen et al have also been able to identify a number of forensic case studies which have provided illustrations of how the particular characteristics of ASPERGERS may predispose the people to offending.

Their summary indicates that there are three key types of offence that are consistently reported ... sexual offences, violent offences, and arson. Frequently, there was a ready admission of the actions, with the reasonable implication that the offences themselves and the reactions afterwards reflect central features of ASPERGERS, namely preoccupations, self-centered “logic”, interpersonal naiveté, and low empathy.

However, the authors identify a problem applicable to a case study approach in that, when assessing the circumstances of some offence committed by a person identified with ASPERGERS, it is virtually inevitable that there will be a focus upon aspects of this condition that can be linked to the offending behavior. There is a lack of evidence concerning variables that differentiate among people with ASPERGERS who have been involved in offending and those who have not.

Just because someone with ASPERGERS offends does not mean that this condition is a inevitable and universal risk factor for offending ... (and one is reminded of the consistent finding that a number of risk factors, e.g. living in a high delinquency area, poor achievement at school, etc, may differentiate between groups of teenagers whose probability of offending are respectively high and low, but such variables may be much less accurate in predicting the behavior of a given person).

In respect of experimental studies, reference is made to the work of Baron-Cohen and Wheelwright (2004) who demonstrated that the capacity for empathy is indeed lower among people with ASPERGERS than in the general population.

However, while this limited empathy might be thought to be a risk factor for offending, it
was further shown that the characteristic problems of interpreting the behavior and feelings of other people are not associated with any wish to cause harm to those other people.

When it was pointed out that their behavior could be hurtful, this sample of people with ASPERGERS offered expressions of regret, but they could not see that their own actions were responsible for causing the hurt.

In other words, there is support for the hypothesis that limited or absent theory of mind, (an inability to read the signals and reactions of other people), coupled with unusual and repetitive interests, is significant for offending behavior among people with ASPERGERS.

As far as actual prevalence of offending behavior is concerned, inconsistent findings emerge from existing studies.

Tantam (2003) found that acts of violence towards others, such as lashing out, were common in an ASPERGERS population; and there is a consensus among various studies that sexual offences, aggression, and arson are particularly prevalent.

However, the problem with much of the evidence available for review by Allen et al is that it is based upon very selective samples of people with ASPERGERS, typically those attending specialist hospitals.

It is consistently noted that there is an over-representation of such people among the population of known offenders in these hospitals, but the question is raised whether this kind of statistic which applies to people who have committed serious offences, can be generalized to the overall ASPERGERS population. There is the further possibility that the significant association is between offending and some co-morbid condition rather than with the ASPERGERS per se.

The National Autistic Society (2004) presented the view that only a minority of people with ASPERGERS become offenders and that there is no association between autism and crime ... (although one might ponder whether autism and ASPERGERS are comparable in this respect given that the people with ASPERGERS are more likely to work in mainstream settings and to be exposed to the behaviors and relationship patterns of a range of peers while seeking acceptance and relationships of their own and pursuing their particular interests and goals).

The NAS further argues that the very rigidity of adherence to rules and routines would decrease the probability of law-breaking ... (although, again, one might ponder whether any literalness about rules, and a kind of tunnel-vision, may cause some interpersonal conflicts and increase the risk of misunderstanding, anxiety, and reactive aggression).

The present authors (Allen et al) highlight the continuing inconsistency of findings concerning whether offending is more or less prevalent in an ASPERGERS population than in the general population, complicated by methodological differences between studies in terms, for example, of criteria for the diagnosis of ASPERGERS among target samples and for defining the offending behaviors.
Prevalence of offending appears lower in an ASPERGERS population than in the general population when a whole range of types of offence is considered; but higher in respect of aggressive behavior such as criminal damage (perhaps attributable to reactions to perceived victimization).

However, while offending may be a relatively low-frequency phenomenon among people with ASPERGERS, it seems likely that those who do offend will experience marked difficulties with the subsequent judicial processes, starting with the arrest, any element of restraint, and with the questioning.

Problems are likely in their remembering the sequences and timing of events or in over-compliance to suggested interpretations of events; and their apparent competence in (expressive) language may mask their particular vulnerabilities and anxieties.

The implications include ensuring that staff working in the criminal justice system are aware of the nature of Aspergers and AUTISM SPECTRUM DISORDER generally, and of the particular profile of strengths and weaknesses in given people; that language used in investigating events is kept simple and unambiguous; that approaches are not threatening; and that the person is supported by a familiar person who has experience of working in the field of autism.

Allen et al conclude by making a plea for ongoing research to study truly representative samples of people with ASPERGERS rather than those already involved with the judicial system in order to identify the similarities and differences between people with ASPERGERS and controls in respect of the risk for offending; and to explore further the factors which differentiate offenders from non-offenders within the overall ASPERGERS population.

It was noted by Allen et al (op.cit) that any association that may be perceived, rightly or wrongly, between ASPERGERS and offending will have been influenced by the dramatic or even sensational way in which certain cases have been reported in the media.

A recent example concerned an 18 year old, diagnosed with ASPERGERS and experiencing the characteristic social and communication weaknesses (and, reportedly, associated bullying), who, during a party which had been particularly daunting for him, responded to the teasing from a 10 year old girl by attacking her with fatal consequences.

The young man was convicted, and, when sentencing him to a long prison term, the judge referred to the ASPERGERS condition and his uncertainty whether the disturbance of personality could be traced to the ASPERGERS, but justified the sentence by describing the young man as presenting considerable danger to young girls.

A similar implication of some direct link between autism and violent crime was made in the trial of the man accused of the murder of a TV presenter in 1999, when specialist opinion highlighted a number of diagnosed conditions co-morbid in this man with no way of determining which condition or combination of conditions could be associated with the crime. (The conviction has now been declared unsafe, and a re-trial is to be held.)
The general moral is that the action (or alleged action) of one given person with his or her idiosyncratic profile of strengths and needs, and history of experiences, and which occurs in a particular setting and involves a particular set of circumstances, should not be regarded as typical of all the people who share a diagnostic label, especially one associated with a spectrum condition.

The further moral appears to involve an early recognition of the condition, and the precise nature of the behavioral profile and symptoms, with a view to increasing awareness of the needs and strengths on the part of extended family, peers, and relevant others, thus to minimize situations likely to evoke fight or flight reactions.

In a conference presentation, Allen et al (2006) provided a summary of their general themes. First, they set out the possible predisposing factors among people with ASPERGERS that could increase the probability of offending:

- Anxiety or even panic reactions which may be translated into aggressive actions
- Impulsiveness (perhaps linked to co morbid ADHD)
- Lack of awareness of likely outcomes, hence a willingness to initiate outcomes with unforeseen consequences
- Misunderstanding of social and interactional conventions or rules
- Naïve social awareness and misinterpretation of relationships leading to exploitation
- Obsessions and preoccupations
- Resistance to changing behavior
- The lack of empathy, or lack of insight into the effects of behavior; a denial of their own responsibility

They go on to cite supportive evidence from other researchers to highlight this kind of commonality across cases, with deficient empathy typically seen as the most significant factor.

While noting the relatively few people with ASPERGERS identified among those of their sample known to have committed offences, they listed the commonly-cited precipitating events, as described by their sample of adults with ASPERGERS, for the aggressive or destructive or otherwise offending actions.

The percentage of respondents referring to particular circumstances was as follows:

- Bereavement 13%
- Bullying 50%
- Change in the support arrangements 19%
- Change of domicile 25%
- Family conflict 50%
- Onset of additional mental health problems 31%
- Sexual rejection 50%
- Social rejection 69%
The point emphasized by these authors was that, in their survey covering a very large number of people, the actual incidence of crime among people identified with ASPERGERS was low. On the basis of this kind of empirical evidence, the team held that there is little support for any hypothesized association between ASPERGERS and criminal activity.

This is not to belittle the impact of the offences that are committed, but the implication concerns how to interpret the actions. It is accepted that some of the behaviors associated with ASPERGERS reflect a lack of communication, or misunderstandings, coupled with an inability to predict the outcomes; but whether the offending actions should be interpreted as having a knowing and criminal intent is questionable, with implications for determining how judicial and mental health systems should best respond in safeguarding the interests both of the person and of the community.

In a commentary on the presentation, Dr Tony Attwood held that it is important that such findings are given publicity in order to counter any view among the general public that ASPERGERS is a direct and common cause of anti-social or threatening behavior.

Attwood shares the concern lest high profile cases where the central figure is identified with ASPERGERS (or is believed, or claims, to be so-identified) will reinforce a false assumption that anyone validly diagnosed with ASPERGERS may commit similar actions.

This concern is justified given the reports in the national press (e.g. Bright 2005) that kids and adolescents with developmental or psychological difficulties, including ASPERGERS, are being unreasonably targeted for anti-social behavior orders (ASBOs).

The examples, identified by the British Institute for Brain Injured Kids, are given of a 15 year old boy with ASPERGERS given an ASBO to counter his tendency to stare over the neighbors' fence into their garden; and of another 15 year old boy identified with Tourettes given an ASBO seeking to stop his swearing in public!

In a further case, an ASBO was served upon a 13 year old girl with ASPERGERS who had been swearing in the street (and where it turned out that there had been an angry altercation between her parents and the neighbors and she had been copying the language used).

The concept of “zero tolerance” has been identified by staff at the institute as problematic if it is taken literally and involves unreasonable demands upon some kids and teenagers.

The NAS has taken a similar line in expressing concern that the definition of anti-social behavior is too vague. In particular, it is held that “behavior which causes or is likely to cause harassment, alarm, or distress” could describe some of the core symptomatic behaviors of many people with autism.

One NAS initiative has involved a pilot program in a number of UK schools to help teenagers with ASPERGERS to become aware of the risk of crime and associated issues, given that their social and communicative vulnerability will increase the risk of
their being placed in dangerous situations.

The program is seeking to enhance social awareness in the target group and to enable them to remain safe from exploitation or from (unwitting) involvement in offending activities.

One common area of potential offending is with the use of computers.

ASPERGERS is not a specific risk factor for hacking activities, but there has long been the concern (as expressed, among others, by Temple Grandin) that many people with AUTISM SPECTRUM DISORDER and ASPERGERS are drawn to computer-based learning or recreation, and to jobs which utilize IT interests and skills, so that, without monitoring and mentoring, there is a risk of a drift into hacking activities.

It may well be, again, that there is no criminal intent but that the people who are identified as hacking into the systems of large organizations are motivated by the presenting challenge to their computing skills.

There are no hard data concerning the actual incidence of this computer crime among people with ASPERGERS or AUTISM SPECTRUM DISORDER, but a small number of publicized cases may have allowed there to develop a belief (which may or may not be true) that such actions are more common among people with ASPERGERS than among the general population.

Therefore, while seeking to avoid inappropriate stereotyping, one might still recognize (as noted by Baron-Cohen 2001 among others) the overlap of traits of people with ASPERGERS and of people prone to computer hacking. However, Baron-Cohen stresses that any link can only be speculative in the absence of any actual research evidence.

Meanwhile, Szatmari is quoted in the same 2001 publication as dismissing any such link arguing, instead, that people with ASPERGERS tend to stick to rules and routines almost to a fault.

However, it is possible that, in addition to the "abstract" intellectual challenge involved, there may be some instances where the hacking is motivated by a sense of injustice or by a claimed quest to identify poor security.

Whether this kind of action is more common among the ASPERGERS population remains subject to debate; and, presumably, there remains the possibility that it is more identified but not more prevalent among the ASPERGERS group given their likely frankness or lack of concealment about what they are doing.

Finally, one can refer to the work of Bowen and Plimley (2007) who accept that people with AUTISM SPECTRUM DISORDER can be particularly vulnerable to becoming either victims or perpetrators of offending actions.

They, too, highlight the characteristic problems with social communication and
interaction, inflexibility, etc, which can lead to a misunderstanding of their actions and reactions (including on the part of staff in the judicial system).

The implication is not that people with AUTISM SPECTRUM DISORDER are more likely to commit some offence, but that they need help to stay safe and to avoid actions which were not motivated by a criminal intent but which may be interpreted in that way.

These authors go on to cite the comments of teachers experienced in working with teenagers with AUTISM SPECTRUM DISORDER to the effect that behaviors accepted and tolerated in childhood, such as outbursts of temper, pushing into people, touching, expressing highly personal comments or questions, etc, are not tolerated and may be interpreted very negatively during adolescence and into adulthood.

It may also be the case that the teenagers can present as confrontational or provocative (which, presumably, may be the starting point for an escalation of behavior into more overtly aggressive interchanges); and they may also be persuaded into delinquent acts, such as petty theft or damage to property, by peers.

Their interviews with those teenagers who had experience of involvement with the police revealed the probability of mutual misunderstandings as a result of some or any of the characteristic aloofness, or apparent rudeness and insensitivity, or literalness, etc.

Bowen and Plimley recommend providing people with AUTISM SPECTRUM DISORDER some kind of identity card describing the presence and nature of the condition and presenting symptoms.

This concept was described as being supported by their sample of teenagers (and their parents) who felt that behaviors could be open to misinterpretation as deliberately provocative or dangerous or offensive when the real issues concerned communication problems, a lack of recognition of consequences, and stress in the face of uncertain or challenging situations leading to apparently aggressive actions.

Social stories are also recommended as a means of teaching the people concerned about how to avoid those behaviors open to misinterpretation, such as being able to differentiate appropriate and inappropriate touching, social rules, road safety etc.

Further, the advice is for identifying "triggers", i.e. those events or experiences giving rise to idiosyncratic but negative reactions which may be perceived as deliberately provocative or aggressive acts.

One might summarize much of the implication from the studies reviewed as a matter of seeking fully to understand what lies behind and motivates the observable behavior. If triggers are operating, one needs to be clear what they are ... seeking to gain the perception and to tap the experience of the people concerned as opposed to maintaining one's own untested hypotheses about the sequence of events.

This could be summarized as ensuring a functional assessment of behavior ... the precise antecedents, the intended purpose, the payback, etc ... with a view either to
averting those circumstances which evoke the inappropriate behaviors or to identifying acceptable means of achieving the desired outcome.

Once more, the need is for identification of the needs as early as practicable in order that the particular “style” of the person can be observed and increasingly appreciated over time with the opportunity to introduce strategies to reduce maladaptive behaviors and reactions, and generally to increase appropriate day-to-day social functioning.

Further, despite the high incidence of diagnosed cases of ASPERGERS and AUTISM SPECTRUM DISORDER, it appears that the nature of these conditions remains unclear or confused among significant numbers either of the public, typically-developing peers, or of professionals whose role may bring them into frequent contact with teenagers.

The need is for ongoing efforts to raise awareness of the nature of ASPERGERS and AUTISM SPECTRUM DISORDER, and the range of permutations of symptoms that may be observed among the persons so-identified, thus to increase an understanding of the needs and an avoidance of misinterpretations leading to inappropriate judicial disposals which may serve only to compound the needs.

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Aspergers & Post High School Education

Question

What are the best options for post high school education? Answer

The future is looking brighter than ever for children with Asperger’s Syndrome. As you know, children with Asperger’s are usually very intelligent, but suffer from a lack of social skills, communication abilities, and sensory issues. The recent surge of information, education, and treatment options are starting at younger ages, increasing the chances and the choices for post high school education.

There are several secondary education options to investigate for your child with Asperger’s.

Here are several choices to research:

* Technical or vocational schools-These schools offer career training in a relatively short amount of time, with the added benefit of being close to home. If your child is thinking of a career in computer repair, air conditioning and heating repair, general office duties, or computer technology, a vocational school is worth a look. Check your local schools for the programs available in your area. Many of these schools offer federal financial aid, as well as state or local aid.

* Community college-If your child is interested in earning an Associates degree, the local community college may be the solution. These schools are close to home, yet offer the ‘real’ college experience. For kids who are uncomfortable with the thought of going away
to college, this alternative can give them that big school experience at a more manageable volume.

* Specialty schools-Single concentration schools are popping up everywhere. These schools cater to one certain specialty. For the child with Asperger’s, special interests can mean sure success when it comes to choosing a career path. Why not concentrate fully on that special interest after high school? Some examples of specialty careers are culinary arts, cosmetology, graphic arts, fashion design, and animation.

* Colleges and Universities-It is no longer unusual to find children with Asperger’s going away to a college or university in search of a higher-level degree. These schools are starting to make necessary accommodations for students with Asperger’s, offering more assistance on campus.

Teens with Asperger’s are demonstrating their capabilities by adapting to college life quite well, as long as the preparation has been in place during high school. Possibilities for financing their education are numerous with federal and state financial aid and scholarships.

Choosing the right school can guarantee success. “Colleges that Change Lives: 40 schools you should know about even if you’re not a straight-A student” by Loren Pope, Director of the College Placement Bureau and author of Looking Beyond the Ivy League is a book that lists a group of colleges that have shown a proven ability to develop potential in exceptional students.

Preparing your child early by working on social skills, organizational skills, and living skills will ensure a successful adjustment from high school and home life to the college experience. Finding the right post high school opportunity for your child with Asperger’s Syndrome is not only possible, it is promising.

07:57AM (-07:00)

New Theories of Autism and Aspergers

Two separate new theories have been proposed that may explain the development of autism, and the milder form of autism known as Aspergers.

The new theory of autism that suggests that the brains of children with autism are structurally normal but dysregulated, meaning symptoms of the disorder might be reversible. The theory suggests that autism is a developmental disorder caused by
impaired regulation of a bundle of neurons in the brain stem that processes sensory signals from all areas of the body.

Some of the symptoms Aspergers, such as a need for routine and resistance to change, could be linked to levels of the stress hormone cortisol suggests the second theory.

Normally, children have a surge of this hormone shortly after waking, with levels gradually decreasing throughout the day. It is thought this surge makes the brain alert, preparing the body for the day and helping the person to be aware of changes happening around them. Researchers have discovered that kids with Aspergers do not experience this surge.

The two new theories, announced separately, provide intriguing new insights into these childhood disorders, and suggest the focus of future treatment strategies.

A New Theory of Autism—

The new autism theory stems from decades of anecdotal observations that some autistic kids seem to improve when they have a fever, only to regress when the fever ebbs. A 2007 study in the journal Pediatrics took a more rigorous look at fever and autism, observing autistic kids during and after fever episodes and comparing their behavior with autistic kids who didn't have fevers. This study documented that autistic kids experience behavior changes during fever.

On a positive note, we are talking about a brain region that is not irrevocably altered. It gives us hope that, with novel therapies, we will eventually be able to help children with autism.

Autism is a complex developmental disability that affects a person's ability to communicate and interact with others. It usually appears during the first three years of life. Autism is called a "spectrum disorder" since it affects individuals differently and to varying degrees. It is estimated that one in every 150 American kids has some degree of autism.

Einstein researchers contend that scientific evidence directly points to the locus coeruleus—noradrenergic (LC-NA) system as being involved in autism. The LC-NA system is the only brain system involved both in producing fever and controlling behavior.

The locus coeruleus has widespread connections to brain regions that process sensory information. It secretes most of the brain's noradrenaline, a neurotransmitter that plays a key role in arousal mechanisms, such as the "fight or flight" response. It is also involved in a variety of complex behaviors, such as attentional focusing (the ability to concentrate attention on environmental cues relevant to the task in hand, or to switch attention from one task to another). Poor attentional focusing is a defining characteristic of autism.

What is unique about the locus coeruleus is that it activates almost all higher-order brain centers that are involved in complex cognitive tasks.
Drs. Purpura and Mehler hypothesize that in autism, the LC-NA system is dysregulated by the interplay of environment, genetic, and epigenetic factors (chemical substances both within as well as outside the genome that regulate the expression of genes). They believe that stress plays a central role in dysregulation of the LC-NA system, especially in the latter stages of prenatal development when the fetal brain is particularly vulnerable.

As evidence, the researchers point to a 2008 study, published in the Journal of Autism and Developmental Disorders, that found a higher incidence of autism among kids whose mothers had been exposed to hurricanes and tropical storms during pregnancy. Maternal exposure to severe storms at mid-gestation resulted in the highest prevalence of autism.

Drs. Purpura and Mehler believe that, in autistic kids, fever stimulates the LC-NA system, temporarily restoring its normal regulatory function. This could not happen if autism was caused by a lesion or some structural abnormality of the brain. This gives us hope that we will eventually be able to do something for children with autism.

The researchers do not advocate fever therapy (fever induced by artificial means), which would be an overly broad, and perhaps even dangerous, remedy. Instead, they say, the future of autism treatment probably lies in drugs that selectively target certain types of noradrenergic brain receptors or, more likely, in epigenetic therapies targeting genes of the LC-NA system.

If the locus coeruleus is impaired in autism, it is probably because tens or hundreds, maybe even thousands, of genes are dysregulated in subtle and complex ways. The only way you can reverse this process is with epigenetic therapies, which, we are beginning to learn, have the ability to coordinate very large integrated gene networks.

The message here is one of hope but also one of caution. You can't take a complex neuropsychiatric disease that has escaped our understanding for 50 years and in one fell swoop have a therapy that is going to reverse it — that's folly. On the other hand, we now have clues to the neurobiology, the genetics, and the epigenetics of autism. To move forward, we need to invest more money in basic science to look at the genome and the epigenome in a more focused way.

A New Theory of Aspergers—

Cortisol, the body's stress hormone, might be a key component to understanding Aspergers, according to researchers.

Cortisol is one of a family of stress hormones that acts like a 'red alert' that is triggered by stressful situations allowing a person to react quickly to changes around them.

In most children, there is a two-fold increase in levels of this hormone within 30 minutes of waking up, with levels gradually declining during the day as part of the internal body clock.

Our study found that the kids with Aspergers didn't have this peak although levels of the hormone still decreased during the day as normal.
Although these are early days, we think this difference in stress hormone levels could be really significant in explaining why kids with Aspergers are less able to react and cope with unexpected change.

These findings are important as they give us a clearer understanding about how some of the symptoms we see in AS are linked to how an individual adapts to change at a chemical level.

The new study suggests that kids with Aspergers may not adjust normally to the challenge of a new environment on waking.

This may affect the way they subsequently engage with the world around them.

The researchers hope that by understanding the symptoms of Aspergers as a stress response rather than a behavioral problem it could help care-takers and teachers develop strategies for avoiding situations that might cause distress in kids with the condition.

The next step in the research will be to look at whether kids with other types of autism also lack a peak of cortisol after waking.

Source: Albert Einstein College of Medicine and University of Bath

04:32PM (-07:00)

23-year-old grandson has Aspergers...

Question:

My 23-year-old grandson has Aspergers. He is intelligent and is doing well in college -- but is lonely. He has met a woman online who wants him to move to California, and I fear for his safety. He is obsessed with moving and believes that "friends" are waiting for him. How can I help him see that he may be headed for trouble?

Answer:

In cases like this, unfortunately it seems like experience is the best teacher. I can see both sides: that of the parents convinced their child is making a potentially fatal mistake and wanting to do anything to prevent it; and of the young man who has experienced nothing but loneliness and rejection all his life and who finally believes he has a chance
to make it on his own and find both friendship and love. He is not likely to be persuaded from his dreams, and you may damage your relationship with him if you push too hard.

Could you ask him more questions about the relationship? How long ago did he meet her, what are her interests, what is the thing he most loves about her, what are his plans for once he gets to California, what is his idea of an ideal relationship....subtle questions if possible to gauge how much he really even knows about her and how serious he is, and what a relationship really means to him. If it sounds serious and valid, you can be relieved; if not, you can hopefully subtly push him in the right direction. The other thing you can do is let him go, but try to get him to promise you that he will call X amount of times per day, get as much contact info as you can - her phone number and address, his itinerary, etc.

I do think that if he could just have some social success, maybe he wouldn't be so bent on chasing this lady to the other coast. And meeting other people on the spectrum through support groups could give him that. But he may or may not be interested in learning about Asperger's and meeting other people with it.

I wish I could offer you something decisive to do. If he does go, just try to prepare him for the possibility that it might not quite work out the way he thinks it will. Tell him that relationships take time and don't always work out; the most important thing you can do, actually, is not to antagonize him so that he is not too embarrassed to come home if things fall apart. Make clear to him that you love him and will support him no matter what he does, and that you will help him in any way you can and that he always has a home to come back to. Hopefully, he will spread his wings a little and keep the lines of communication open with you. Get him a cell phone if he doesn't already have one.

04:42PM (-07:00)

Do I have Aspergers?

Do you find yourself confused in social situations? Are you passionately interested in a single topic? Is it tough for you to make and maintain eye contact? Then you, like many talented and intelligent adults, may be diagnosable with Aspergers.

Aspergers is different from other disorders on the autism spectrum, in part, because it is often diagnosed in older kids and adults as opposed to very young kids. That's because Aspergers is a relatively mild form of ASD which does not include problems with basic language skills. Many individuals with Aspergers are very bright and capable. The issues that emerge for individuals diagnosed with Aspergers are related specifically to social and communication skills -- skills that only become significant as individuals get older and
need to negotiate complex social situations.

What Does It Mean to Have Aspergers?

What does it mean to have Aspergers? Clearly, since so many successful individuals seem to have the diagnosis (Dan Ackroyd, for one, announced his diagnosis on the air -- and rumor has it that Bill Gates may also have Aspergers) it is not a disability in the classic sense. In fact, some historians suggest that Einstein, Mozart, and Alan Turing (the inventor of the first electronic computer) may all have been diagnosable with Aspergers.

What individuals with Aspergers do have in common is a set of characteristics that may make social interaction particularly difficult. Many individuals with Aspergers have been bullied or teased as kids. They may be awkward with the opposite sex. And they may have a tough time maneuvering through complex social cues at school, at work, or elsewhere.

The Cambridge Lifespan Aspergers Service (CLASS), an organization in the United Kingdom that works with adults with Aspergers has developed a simple ten question checklist to help with a preliminary self-diagnosis. If you answered "yes" to some or most of these questions, you may decide to find out more.

- I am good at picking up details and facts.
- I can focus on certain things for very long periods.
- I did not enjoy imaginative story-writing at school.
- I do certain things in an inflexible, repetitive way.
- I find it hard to make small talk.
- I find it hard to work out what other individuals are thinking and feeling.
- I find social situations confusing.
- I have always had difficulty making friends.
- I have unusually strong, narrow interests.
- Individuals often say I was rude even when this was not intended.

If you do answer “yes” to many of these questions relative to yourself or a loved one, you may have uncovered an undiagnosed case of Aspergers. For some teenagers and adults, this is a tremendous relief: it puts a name on a set of issues that has troubled them throughout their lives. And it also opens the door to support, treatment, and community.

But there is no obligation to do anything at all about Aspergers. In fact, many adults feel that being having Aspergers is a point of pride. They are unique, often successful individuals who are simply … themselves!
Aspergers: Coping with the pressures of middle school...

Question:

I'm worried about how my 12-year-old son with Aspergers is going to cope with the pressures of middle school. That is a difficult age for any child and most people don't accept him as he is. My husband thinks we should focus on making him more acceptable to the majority, but I don't think he should have to change who he is. I haven't heard from anyone who has been through those middle & high school years and I am terrified!!

Answer:

This is a common fear that parents of spectrum kids have. Middle school, as we all know, is cruel to everyone, and especially to those who are different. How do you let your kids be who they are while still protecting them so they don't emerge traumatized?

I feel what is most important is not to let your kids feel ashamed of who they are. If they've got a spark to them, they've got things they're interested in, don't kill it by making them conform. Most people lose that spark naturally when they get older; there's no reason to do it prematurely. Don't take away one of best things your Aspergers child has going for himself: his passion for living life, even if it's living life on his own terms. If he wants to fit in, he'll ask you how to fit. It'll come, but let it be when he's ready for it rather than force him into a cookie cutter existence.

Some Aspergers kids go through middle school so excited about their passions that they barely notice they're the odd ones out, or if they notice, they don't care (probably not a lot, but some). Others are unfortunately bullied quite a bit.

There are a few things you can do to try to either prevent this from happening or minimize the effects if it does. First, use his talents and passions to find him a niche in the school where he can succeed. The drama club is a natural place. Many quirky kids find refuge in drama clubs; and if he can succeed in school plays, then he has one place where he belongs and can be accorded respect. If there's a particular subject he's interested in, see if he can start a club and find other kids interested in the same thing. Or find if you can a group outside of school interested in that kind of thing. Buffer him so if he does encounter some rejection he will already belong to and have found success in enough other activities that it won't really matter so much. Perhaps you could encourage him to take interest in a particular teacher, especially in a subject he enjoys, so he could have an ally at the school. Teachers were always invaluable support people to me when I was in school.

If he does encounter problems, try to find ways around some of the biggest trouble spots. For example, he could eat lunch in a classroom instead of the lunchroom if the lunchroom is problematic. If bullying does occur, hopefully you can work with him and the school to minimize the amount of places that it occurs. Keep reminding him of how great he is, and
let him cry to you if he needs to. But the most important thing you can do, it seems, is continue to let him be who he is because it's not worth losing yourself for a bunch of junior high kids, and give his outlets where he can succeed so he's not as bothered by the junior high kids. Also, if he's into it and they're available, a support group for Aspergers teens may be valuable.

05:02PM (-07:00)

Asperger's Kids: Difficulty Labeling Emotions

Question

Tips on teaching black-and-white kids labels for different emotions would be invaluable. With our nine-year-old, everyone is either happy, sad, frustrated or mad. His difficulty labeling emotions compounds problems because by not being able to adequately express what he's feeling and be understood. This frustration usually ends with a day full of sitting on the couch with his head down, not talking to anyone because he's so upset. How can I help him better express himself?

Answer

It can be very difficult for some children with Asperger’s Syndrome to understand their own emotions. They have a very hard time reading the emotions of others as well. This can be a very frustrating place for a child to be and helping him to learn how to identify these emotions can be very beneficial for your child.

Understand that it will be difficult for your child to learn how to identify emotions. He’ll first need to have a frame of reference. In her book, “What's That Look on Your Face? All About Faces and Feelings,” Catherine S. Snodgrass has created a set of pictures of exaggerated facial expressions. These pictures are accompanied by poems that further reinforce the emotion shown in the face to help reinforce the connection in the child’s mind. This is a great way to begin to teach your child how to read and identify emotions.

You can also create activities for you and your child to participate in, depending on the age of your child and his desire to participate. You can photograph yourself and your child making faces that portray different emotions. You can have pictures of happy faces, sad faces, frustrated faces, and mad faces – all sorts of faces. Take a picture of you and take a picture of your child making the same face. You can take those photographs and turn them into flash cards so your child can practice identifying emotions.

Once he has a language and a frame of reference, then you can begin to help your child
learn to identify how he is feeling. This can be a time consuming process, but a very important process. When you see your son is happy, have him stop what he’s doing and talk about what it feels like to be happy. He will begin to equate the feeling he’s having with the word. You can do this with many emotions, such as anger and frustration. Once your son begins to connect words with the emotions he is having, he’ll be able to correctly identify the emotions. This will help greatly when you are trying to help him modify some of his behaviors that may surround some of his emotions, especially around anger and frustration issues.

Be patient with your son and try to understand how frustrating and confusing this can be for him. If he begins to understand that you are trying to help him understand this confusing issue, he will be better able to open up to you.

07:57AM (-07:00)

**Asperger's Syndrome and Substance Abuse**

Pain, loneliness and despair can lead to problems with drugs, sex and alcohol/drugs. In their overwhelming need to fit in and make friends, some Aspergers teens fall into the wrong high school crowds. Teens who abuse substances will use the "Aspie’s" naivety to get him to buy or carry drugs and liquor for their group.

Growing from childhood into adulthood can be very difficult for those diagnosed with Aspergers, and the typical pressure of drinking can lead to substance abuse, especially since substance abuse can seem like a temporary "cure-all" or an escape method for coping with other issues. If the symptoms of Aspergers have never been successfully treated or acknowledged, this can make alcohol/drugs abuse an even more likelihood, just as there is an increased risk for substance abuse for anyone with untreated disorder such as depression.

Despite wanting to have friends and engage with others, the awkward attempts and social deficits of individuals with Aspergers often make them the outsider in their peer groups. “Aspies” are often bullied or made the butt of mean-spirited jokes. Older children, teens and adults may simply be ostracized. Their repeated, but often rebuked attempts at friendships, and their painful awareness of their differences from their peers, often lead individuals with Aspergers to develop anxiety and/or depression, which may lead to alcoholism and/or drug abuse as a way to cope.

Aspergers comes not only with its own characteristics, but also with a wide variety of comorbid conditions such as depression, anxiety, obsessive–compulsive disorder, attention-deficit hyperactivity disorder (ADHD), drug abuse, alcoholism, and relationship...
difficulties (including family/marital problems). It may predispose individuals to commit offences and can affect their mental capacity and level of responsibility as well as their ability to bear witness or to be tried. The syndrome can color psychiatric disorder, affecting both presentation and management, for children and adults across a wide range of functional ability.

It is important to understand that Aspergers does not cause substance abuse. Substance abuse can be caused by a number of circumstances, including social reasons, depression, and even genetics. However, those with Aspergers may be slightly more susceptible to substance abuse, just as those with depression or bipolar may also be. Alcohol/drugs is often seen as a way to self-medicate oneself or deal with problems. Perfectly “healthy” people are just as much at risk for substance abuse as someone with Aspergers may be.

Effects on Families and Relationships—

There is often a tremendous amount of stress on families (parents, grandparents, siblings) of children and teens with Aspergers, as well as spouses who are married to adults with Aspergers. Not everyone reacts similarly, nor do all families experience the full range of potential issues, but some of the issues to be aware of include the following:

- Having a romantic or intimate partner with Aspergers can affect the relationship in a number of ways, most notably in the areas of communication and emotional give-and- take. Incorrect assumptions made by the individual with Aspergers often lead to self-protective strategies of distancing oneself entirely and then not responding at all to one's partner. An emphasis by the non-affected partner on expressing feelings is likely to lead to frustration and dissatisfaction.

- Parents may experience a range of concerns and emotions as they attempt to understand what caused the disorder. They may ask, "Was it my fault?" and inappropriately assign self-blame. They may feel guilt and grief over having an individual in their family they love who will suffer a lifelong disability. They may wonder and worry about what others will think, and feel personally inadequate. They may fret about how they will explain Aspergers to their family and friends, what can they do to help, and what financial resources will be necessary to help. And, they may worry about what will happen to this individual in the future, when the parents are no longer there to support him or her.

- Siblings may often feel embarrassed around peers, frustrated by not having the type of relationship with their sibling that they wanted or expected, and/or angry that the child with Aspergers requires so much of the family’s time and resources at their expense.

Treatments—

Treatments are not cures, but there are a number of different interventions that have been shown to be effective in reducing symptoms associated with Aspergers. There are primarily three different environments for receiving services: schools, the physician’s office, and various specialists’ offices (including rehabilitation therapists, and mental
School districts are required to provide a range of services from support in the mainstream classroom to special education classes, depending upon the needs of the individual.

A physician's treatment usually involves prescribing medication to address symptoms associated with Aspergers: attentional issues, obsessive-compulsive issues, anxiety and/or depression.

Rehabilitation therapy includes speech-language pathologists, occupational therapists, vision therapists, and art or music therapists.

08:40AM (-07:00)

Aspergers Teens: Drug Abuse and Addiction

Whether you are a parent, grandparent or any other person who cares about an Aspergers child's future, it is important that you be knowledge about how to prevent drug abuse. It's hard for us to imagine that an Aspergers child we love could end up using drugs. But chances are, many Aspergers children will be faced with, "Should I, or shouldn't I?" As parents we must teach our kids to know that the answer is, "I shouldn't, and I won't."

If you suspect your Aspergers teen has been using drugs or drinking alcohol, it's important to act quickly: the longer your teen abuses substances, the more likely they are to become addicted. If you do find the problem is beyond your expertise, there are teen drug treatment programs that specialize in the special needs of this population.

Be especially scrutinizing as you determine the drug rehab program that meets your Aspergers child's specific needs.

Chemical dependency in Aspergers teens is a treatable condition. The first goal of treatment is abstinence. The chemically dependent child must stop using alcohol or drugs. This sometimes requires a period of medical detoxification.

Once alcohol and/or drug use is stopped, Aspergers teens may honestly feel that they have the desire and ability to remain sober. This period can last days, weeks or months before cravings (the obsessive pressure to use) return. To reduce the risk of a relapse, the Aspergers teen must address personal problems and life issues related to the chemical dependency.
Some of those issues are addressed in group therapy, individual counseling sessions, educational lectures, and discussion groups in chemical dependency treatment. The therapy process helps chemically dependent teens obtain the insight and skills needed to understand and deal with problems associated with their alcohol and drug use. They learn to deal with their problems from a psychological, emotional, and spiritual perspective as well as from a physical perspective. After treatment, personal problems and other major life issues can be handled at a higher level of functioning.

Treatment for chemical dependency is available in residential settings, in outpatient centers, and now online.

04:07PM (-07:00)

What are the common symptoms to look out for?

Question

For a mom or dad who suspects their youngster may have Aspergers, what are the common symptoms to look out for?

Answer

Aspergers is a developmental disorder that affects a youngster's ability to socialize and communicate effectively with others. Kids with Aspergers typically exhibit social awkwardness and an all-absorbing interest in specific topics.

Signs and symptoms of Aspergers include:

- Appearing not to understand, empathize with, or be sensitive to others' feelings
- Displaying unusual nonverbal communication, such as lack of eye contact, few facial expressions, or awkward body postures and gestures
- Having a hard time "reading" other people or understanding humor
- Having an odd posture or a rigid gait
- Moving clumsily, with poor coordination
  - Showing an intense obsession with one or two specific, narrow subjects, such as baseball statistics, train schedules, weather or snakes
- Speaking in a voice that is monotonous, rigid or unusually fast

Autism and Aspergers are difficult to diagnose especially in young kids where language and cognitive skills are still developing. All kids are different, and many toddlers show a
sign or symptom of Aspergers at some point. It's natural for small kids to be egocentric, and many little ones show a strong interest in a particular topic, such as dinosaurs or a favorite fictional character. These alone aren't reasons to be alarmed!

However, if your youngster has frequent problems in school or seems unable to make friends, it's time to consult your pediatrician. These difficulties have many possible causes, but developmental disorders such as Aspergers shouldn't be ruled out.

04:37PM (-07:00)

Aspergers & Depression

Depression is one comorbid condition of Aspergers and it is one disorder which is seen in almost every person suffering from ASPERGERS. This very disorder makes its appearance when the youngster with Aspergers is as young as three years of age and the parents will find that the youngster is prone to crying several times a day. This number can be more than twenty or thirty times in a single day and that too for the most trivial reasons. The youngster is unable to explain as to why he or she is crying as one with Aspergers has a difficulty in expressing their own feelings.

Soon enough it is likely that the youngster will begin to talk about death wishes and all of this will worsen as the youngster is admitted to school and when he or she faces the situation where he or she has to interact socially with the teachers as well as the other students of the same age. This depression can get really aggressive when the youngster might start talking about killing himself or herself or the person on whom he or she gets mad.

It is not very clear as to why Aspergers causes depression in a person but several reasons can come together to bring about the effects. The people who suffer from Aspergers are usually found to have anxiety disorder as well and this can be a reason as to why he or she gets depressed over trivialities. Being anxious all the time can cause a lot of stress and this often leads to depression even in those that do not have Aspergers.

Another reason, that may cause depression in a person with ASPERGERS, is the realization of being different from the rest of the people that live around them. When a youngster with Aspergers begins to go to school he or she realizes that the other kids can do a lot of things that he or she cannot and they start to feel that they are different. Again they are also unable to express their own feelings which will lead to frustration and gradually to depression for sure. Depression is caused within these kids and adults as they feel that everybody around them speak in a very different language and they also fail to get the social norms which everybody else follows pretty easily.
The best thing which can be done to help these kids and adults with Aspergers to cope with depression is to first know as much as one can about the Syndrome and then allow the youngster or the person to take breaks from school and from work. The youngster might enjoy long walks alone or a visit to the cafeteria and these are to be granted to him by the parents as well as the teachers. The people around the youngster and the adult with ASPERGERS can also talk with him or her about his or her favorite topic and also narrate funny stories every now and then to keep them at ease and in a jovial mood.

04:45PM (-07:00)

Medications for Asperger's Syndrome

No specific treatment for the core symptoms of Aspergers is available, and no cure exists for the disorder. Educational and behavioral supports are the primary treatments used for children with Aspergers. Psychopharmacology and other treatments may also be used to manage some of the problem behaviors associated with Aspergers. Some Aspergers children are on no medication.

In other cases, we treat specific target symptoms. One might use a stimulant for inattention and hyperactivity. An SSRI such as Paxil, Prozac or Zoloft might help with obsessions or perseveration. The SSRIs can also help associated depression and anxiety. In individuals with stereotyped movements, agitation and idiosyncratic thinking, we may use a low dose antipsychotic such as risperidone.

Comments—

We tried Abilify for my Aspergers son when he was about 16. Although it did make him a bit more comfortable and appropriate socially, it made him very groggy. The right balance of meds is very dependent on the individual. I chose to forego the social gains in favor of keeping him aware more of his involved in life. Tough call.

I've heard both from the Autism Center at the University of Washington and from our meds management PhD that Risperdal (Risperidone) is one of the few meds consistently proven effective in treating autism. It works for my son, although he must take it at bedtime to avoid the sleepiness it otherwise causes. He also takes another mood stabilizer, an SSRI antidepressant, and Straterra (a time-release form of methylphenidate) to aid in concentration. This "cocktail" doesn't resolve all his issues, but he's made tremendous progress while taking it. He's 19 now.
My son is 8 now and has always been very unique. He has been and continues to be a very challenging child. As in the prior post my son rarely cries if at all and his emotions are typically expressed in angry outbursts. He is an avid reader and loves his computer and video games. He is extremely bright scoring in the 99th percentile nationwide. He hates homework, however and while accepted into an accelerated program at school does not exhibit the typical traits of a "gifted" child. He likes to be alone and will often complain about noise but sometimes noise seems not to bother him in the least. He speaks to others as if he were a 13 or 14 year old boy. He is often disrespectful and seems not to realize that he is offending others.

He has been prescribed Buspar and after only one day’s worth of doses, was a completely different child. The medication seemed to work wonders but he complained of muscle spasms and the physician took him off and put him on Clonazepam, which seems to have done absolutely nothing at all. In fact, he complains of frequent headaches and begs not to take the medication. He prefers the Buspar despite the muscle spasms.

While I was in the hospital for a week the doctors started me on Anafranil and Welbutran. I am curious as to how often doctors prescribe medication for Aspergers Syndrome. According to my doctor the Anafranil is used to help me think less obsessively, and the welbutran is to help cope with the depression that comes along with the social isolation. I think I can cope with Aspergers just fine, but recent circumstances caused me to get way overwhelmed with a lot of stuff causing very severe anxiety.

06:27AM (-07:00)

Treatment for Asperger's Syndrome

Aspergers is not widely recognized by the public or by health care providers. What does it mean to have Aspergers? Do they have severe AD/HD, mild autism, learning disabilities, or are they just “nerds?”

For years, psychiatrists have debated how to classify and subdivide the category of Pervasive Developmental Disorder (PDD). Pervasive Developmental Disorder is a category that contains several specific diagnoses. People with PDD have problems with
the social interaction and often show delays in several other areas. These other areas may include language, coordination, imaginative activities, and intellectual functioning. The degree of severity can vary tremendously in the various forms of PDD. A person with Autism has marked difficulty relating to other human beings. He or she frequently has delayed or absent speech and may be mentally retarded. Aspergers is on the milder end of PDD. People with Aspergers generally have normal intelligence and normal early language acquisition. However, they show difficulties with social interactions and non-verbal communications. They may also show perseverative or repetitive behaviors.

The Youngster: A preschool aged youngster might show difficulty understanding the basics of social interaction. He or she may have difficulty picking up social cues. He may want friends but be unable to make or keep any friends.

Elementary School Aged Youngster: One often hears the phrase, “poor pragmatic language skills.” This means that the individual cannot use the right tone and volume of speech. He may stand too close or make poor eye contact. He may have trouble understanding age-appropriate humor and slang expressions. Many are clumsy and have visual-perceptual difficulties. Learning difficulties, subtle or severe, are common. The youngster may become fixated on a particular topic and bore others with frequent or repetitive talk even when the other kids have given clear signals that they are no longer interested in the topic. Some have difficulties tolerating changes in their daily routine. Change must be introduced gradually.

The Teenager: This may be the most difficult time for a person with Aspergers. Those with milder forms of the disorder may first come to treatment when they are in middle school. In adolescence, social demands become more complex. Subtle social nuances become important. Some may show an increase in oppositional or aggressive behavior. People with Aspergers have difficulty understanding which of their peers might want to be a friend. A socially marginal boy might try to date the most popular girl in his class. He will probably experience rejection. He is unaware that some other girl might accept his invitation. Because of his social naiveté, he may not realize when someone is trying to take advantage of him. He can be especially vulnerable to manipulation and peer pressure.

Adulthood: There is less information on Aspergers in adulthood. Some people with mild Aspergers are able to learn to compensate. They become indistinguishable from everyone else. They marry, hold a job and have kids. Other people live an isolated existence with continuing severe difficulties in social and occupational functioning. People with Aspergers often do well in jobs that require technical skill but little social finesse. Some do well with predictable repetitive work. Others relish the challenge of intricate technical problem solving. I knew a man, now deceased, who had many of the characteristics of Aspergers. He lived with his mother and had few social contacts. When he visited relatives, he did not seem to understand how to integrate himself into their household routine. When the relatives would explain the situation to him, he was able to accept it. However, he was unable to generalize this to similar situations. Although he was a psychologist, his work involved technical advisory work, not face-to-face clinical sessions.
Associated Difficulties: Aspergers may be associated with learning difficulties and attention deficit disorder. Indeed, many kids and adolescents with Aspergers have previously been diagnosed with AD/HD instead of Aspergers. People with AD/HD may have difficulty with social interaction, but the primary difficulties are inattention, hyperactivity and impulsivity. In people with Aspergers, the social awkwardness is a greater concern. As people with Aspergers enter adolescence, they become acutely aware of their differences. This may lead to depression and anxiety. The depression, if not treated, may persist into adulthood.

Treatment for Aspergers—

Medications: There is no one specific medication for Aspergers syndrome. Some are on no medication. In other cases, we treat specific target symptoms. One might use a stimulant for inattention and hyperactivity. An SSRI such as Paxil, Prozac or Zoloft might help with obsessions or perseveration. The SSRIs can also help associated depression and anxiety. In people with stereotyped movements, agitation and idiosyncratic thinking, we may use a low dose antipsychotic such as risperidone.

Social Skills Training: This is one of the most important facets of treatment for all age groups. I often tell moms & dads and educators that the individual needs to learn body language as an adult learns a foreign language. The individual with Aspergers must learn concrete rules for eye contact, social distance and the use of slang. Global empathy is difficult, but they can learn to look for specific signs that indicate another individual’s emotional state. Social skills are often best practiced in a small group setting. Such groups serve more than one function. They give people a chance to learn and practice concrete rules of interpersonal engagement. They may also be a way for the participant to meet others like himself. People with Aspergers do best in groups with similar people. If the group consists of street-wise, antisocial peers, the Aspergers individual may retreat into himself or be dominated by the other members.

Educational Interventions: Because Aspergers covers a wide range of ability levels the school must individualize programming for each student with Aspergers. Educators need to be aware that the student may mumble or refuse to look him in the eye. Educators should notify the student in advance about changers in the school routine. The student may need to have a safe place where he can retreat if he becomes over stimulated. It may be difficult to program for a very bright student with greater deficits. In one case, a student attended gifted classes but also had an aide to help her with interpersonal issues. That student is now in college. Kids with Aspergers are often socially naive. They may not do well in an Emotionally Disturbed class if most of the other students are aggressive, street-wise and manipulative. I have seen some do well when placed with other students with pervasive developmental disorders. Some do well in a regular classroom with extra support. This extra help might include an instructional assistant, resource room or extra training for the primary educator.

Psychotherapy: People with Aspergers may have trouble with a therapist who insists that they make an early intense emotional contact. The therapist may need to proceed slowly and avoid more emotional intensity than the patient can handle. Concrete, behavioral
techniques often work best. Play can be helpful in a limited way if the therapist uses it to teach way of interaction of the therapist uses play as a break from an emotionally tense if it is used to lower emotional tension. Adults and kids may also do well in group therapy. Support groups can also be helpful.

Moms & dads play an important role in helping their youngster or adolescent. This youngster or adolescent will require time and extra nurturance. It is important to distinguish between willful disobedience and misunderstanding of social cues. It is also important to sense when the youngster is entering emotional overload so that one can reduce tension. They may need to prepare the youngster for changes in the daily routine. One must choose babysitters carefully. Moms & dads may have to take an active role in arranging appropriate play dates for the younger youngster. Some moms & dads seek out families with similar kids. Kids with Aspergers often get along with similar playmates. Moms & dads should help educators understand the world from the youngster’s unique point of view. Parenting an adolescent with Aspergers can be a great challenge. The socially naive adolescent may not be ready for the same degree of freedom as his peers. Often moms & dads can find a slightly older adolescent who can be a mentor. This person can help the adolescent understand how to dress, and how to use the current slang. If the mentor attends the same school, he can often give clues about the cliques in that particular setting.

Grown-ups may benefit from group therapy or individual behavioral therapy. Some speech therapists have experience working with adults on pragmatic language skills. Behavioral coaching, a relatively new type of intervention, can help the adult with Aspergers organize and prioritize his daily activities. Grown-ups may need medication for associated problems such as depression or anxiety. It is important to understand the needs and desires of that particular adult. Some adults do not need treatment. They may find jobs that fit their areas of strength. They may have smaller social circles, and some idiosyncratic behaviors, but they may still be productive and fulfilled.

06:38AM (-07:00)

**Asperger’s Syndrome Therapies**

There is no cure to the Syndrome called Aspergers which is a form of mild autism and referred to as Autism Spectrum Disorder and as Pervasive Developmental Disorder or PDD. There are several medicines that are often prescribed to keep the various symptoms of the syndrome in control but the long term use of these drugs is not advisable as they have their side effects. There are anti-depressants and stimulants of various sorts which are given to patients of Aspergers to try and keep their symptoms and their comorbid conditions in check but most people still prefer natural ways to treat
Aspergers and various therapies which help the victims.

There are several herbal as well as homeopathic drugs that are used to help the various symptoms like irritability, depression, anxiety, attention deficiency, hyperactivity, repetitive behavior and much more. There are herbal therapies that include the ingredients Passiflora, Chamomile, John’s Wort and many others.

The therapies which are used for Aspergers are:

- Speech therapy
- Social skills training
- Sensory integration therapy
- Physical and occupational therapy
- Cognitive behavioral therapy

The cognitive behavioral therapy is the one which is the most famous procedure and in this the focus is kept on teaching the youngster with Aspergers social norms and right behavior as well as right conduct. Usually in this therapy the youngster is made to understand certain situations that may arise in his or her life and then he or she is taught the right reaction in such a situation. A specific learned strategy is something that helps the youngster to understand and cope up with new and problematic situations. The youngster is also taught as to how he or she can control the emotions which is very hard for one with Aspergers.

In the social skills training sessions the youngster is taught social skills like a foreign language and they are also taught as to how they can understand the various communication techniques like gestures, body language, eye contact and undertone of the speaker.

In speech therapy a youngster or an adult with Aspergers is taught and trained to speak in a rhythmical way which is not extremely monotonous. They are also taught to speak in a normal tone and pitch which is usually distorted in a person with Aspergers.

In physical and occupational therapy the motor skills of the person with Aspergers is improved. He or she is trained to acquire skills that require motor functionality and then develop these skills with time. They are also given enough training to make them independent in their future so that they can work individually with little help from others. In occupational therapy the therapist deals with the youngster’s finer motor skills and in the physical therapy the therapist deals with the gross motor skills and a part of occupational therapy is sensory integration therapy which has shown successful results over the years. Kids who go through these therapy sessions show better mannerism and behavior than those that live with Aspergers without any training or therapy.
Aspergers Children & Anger Control

My 7-year-old boy becomes very angry a lot of the time. What can I do to help him deal with his frustrations better?

A great deal of stress is likely due to his Aspergers. Some kids react by becoming depressed, some become anxious, and others become angry and experience rage against the frustrating events that occur in their day. Some kids externalize their feelings and blame others, while some internalize their feelings and have a difficult time controlling their anger. There may be no particular event to his anger – just an aggressive mood or reaction to a frustrating experience.

Encourage self-control and teach your youngster to consider alternative behaviors. Self-control can be strengthened by teaching your youngster to stop and count to ten, taking a deep breath and reminding themselves to keep calm. Or for some kids it is helpful that they have an agreed room or particular space that they take themselves too when they feel that they are getting anxious/angry.

Specific relaxation techniques can be practiced and your youngster can be taught the cues when they must calm down and relax. Explain the alternative to your youngster and in specific terms.

Keep in mind that your son will most likely have difficulty expressing what is making him angry. You will need to assess the situation to determine what may be provoking him.

Another alternative is to keep him engaged in activities that burn off energy and reduce his need to express the anger that he is feeling.

Click ==> Here’s more info that will help in dealing with his anger. 05:20PM (-07:00)

Aspergers Medication

There is no official medication or treatment which can cure Aspergers but as there are many other disorders often seen to reside along with Aspergers medication is used to treat them or at least to bring these secondary disorders in control. Disorders like ADHD, Tourette’s Syndrome, Anxiety Disorder and Depression, Obsessive Compulsive Disorder or OCD and many others are commonly found in a youngster or an adult suffering from Aspergers.

Certain drugs like clonidine, naltrexone, antipsychotics, selective serotonin reuptake inhibitors or SSRIs have been used over the year to try and reduce the various effects of
Aspergers. These drugs help to treat the repetitive behaviors but a lot is to be tested before one starts with these medicines as many children in the past have complained about having to face abnormalities regarding metabolism and cardiac transference time as well as long term neurological problems.

Risperidone is one drug which is supposed to help out the child in dealing with self- injurious behavior as well as with violent outbursts and stereotyped behavior. But this drug can cause a child to gain weight and also causes fatigue and for some these symptoms lead to restlessness and sustained muscle contractions.

Many drugs are used to deal with hyperactivity, irritability and aggression but none of the medicines are regular. The doctor prescribes the medicines based on individual patients as the other conditions of his or her health is a determining factor of the probable treatment. There are medicines given for mood swings, attention problems, bipolar disorder and obsessive compulsive disorder or OCD.

These drugs are only used to control the situations so that they do not get worse than what already is. They can be anti-depressant medicines in order to help the child with severe depression issues and it can also be stimulants. There are medicines given to make the child with Aspergers more relaxed so that he or she is not stressed out all the time which is fairly common.

The medicines can be both over the counter and prescribed but it is always advisable that one gets prescribed drugs only as the medicines can indeed worsen situations as these are all chemicals and chemicals can always react in an adverse way. Using the drugs for a long time also causes side effects and almost all of the medicines have been reported to cause this. SSRIs like Prozac, Zoloft or Paxil are prescribed to treat idiosyncratic thinking and aggression and these are basically anti-depressant drugs.

Mainly there are a few therapies which are in popular use with people having Aspergers and these therapies help them to get trained in the social norms and the appropriate behaviors. There are natural ways in which one can deal with the various comorbid conditions as well as the various severe symptoms and it is better to take natural medication than to go for prescription or over the counter drugs when it is about treating Aspergers.
Aspergers Children & Middle School

Aspergers information for middle school teachers is essential as the youngster suffering with the disorder will face social as well as behavioral problems as he grows up and enters middle school, especially because he will need to adjust with the more mature environments. The unfortunate part is that these kids are often not properly classified as having Aspergers at all because of several reasons, for example, if the youngster is good in studies or is not very prominently different compared to the others, he may not be noticed at all, until and unless the Aspergers youngster suddenly bursts in an extremely inappropriate manner due to the pressure that has built up in him over time. They are thus misunderstood by their peers, educators and even moms & dads and their peculiar habits are blamed on emotional and motivational issues.

The social environment of middle school is tough for a youngster with ASPERGERS, it is a place where rules are strict and being different means either mistreat or isolation from the peers. What will happen due to the teasing and isolation is that the Aspergers youngster will withdraw further into shell due to the contrast between his wish of making friends and the reality of his inability to do so. Non-cooperation, angry and violent behavioral outbursts and depression are the most frequent symptoms seen in Aspergers kids during middle school. The youngster might be hardly recognizable as someone having Aspergers, especially if he has no learning disorders because then his academics would most likely be great. However, tendency to misinterpret data and communicating with idiomatic language might be torturing the youngster.

The most important way to help a youngster with Aspergers is by understanding him or her and the developmental disorder, and that's most important for the moms & dads and secondly for the school staff. These kids cannot be treated as other general kids meaning the youngster will require special treatment from the school staff as they react differently to the different stimuli. Humorous and kind affectionate behavior from teachers would definitely influence the youngster with positive effects like better mood and social skills, because the emotional attitude of the teacher will affect the ASPERGERS youngster unconsciously and involuntarily.

Resource Rooms or tutorials for these kids are often helpful in case they have learning disabilities although such cases are not always observed. Social skills training by the school counselor can be quite an effective move to help the kids with Aspergers and if an issue with pragmatic language is observed, then the school therapist would most probably be able to help in a great way. An important thing to remember is that one should avoid surprise tests and quizzes while teaching the Aspergers kids; they mostly are uncomfortable on being surprised. Aspergers kids tend to follow rules with absolute perfection therefore they should be subjected to more flexible and special rules. Schedules, pictures, lists and other visuals are great ways to connect with these kids, rewarding also works great as far as learning is concerned. Educators can also associate the youngster’s special interest with his teachings therefore making it easier for him or her to learn.
The above are a few bits of important information which can be really useful to the teachers of the middle school while teaching Aspergers kids, moms & dads, however, has the most important duty as the youngster’s personality will mostly shape on how he is being treated at home by his or her moms & dads. Also it is the duty of the moms & dads to understand their youngster’s problem and take the appropriate steps to ensure that he or she has a good and safe life ahead.

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**Aspergers: Behavioral Interventions**

The diagnostic criteria for Aspergers as outlined in DSM IV TR [1] includes in criterion a description of some of the qualitative impairments in social interaction. The list of characteristics includes:

- Failure to develop peer relationships appropriate to developmental level
- Lack of social or emotional reciprocity
- Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

Clinical experience and autobiographies confirm that such individuals have considerable difficulty with the understanding and expression of nonverbal behaviors and social reciprocity. Regarding peer relationships, when we observe and assess the social play and friendship skills of kids with Aspergers, we recognize a delay in the conceptualization of friendship. The youngster may have an overall intellectual ability within the normal range, but their understanding of friendship skills resembles a much younger child. It is not simply a matter of developmental delay, however. There are aspects that are conspicuously unusual for any of the developmental stages [2].

At present, we can only speculate what the consequences may be for a youngster who fails to develop peer relationships that are appropriate for their developmental level, but inevitably there will be lasting effects in several aspects of cognitive, social, and emotional development. When playing in a group, kids learn the value of alternative perspectives and solutions in problem solving. They acquire increasingly sophisticated and successful strategies to resolve conflict and the interpersonal and team skills valued by employers. Many of the characteristics valued in a close friend become the attributes associated with lasting personal relationships.

Clinical experience also suggests that the social isolation of kids with Aspergers in the school playground can increase the youngster's vulnerability to being teased and bullied and a lack of close friends also can be a contributory factor in the development of
childhood depression. A delay in social knowledge also can lead to anxiety in social situations that may develop into social phobia, school refusal, and agoraphobia. Thus, we achieve cognitive and affective growth within our circle of friends. It is inevitable that impaired peer relationship skills can result in significant psychopathology.

The DSM IV description of Aspergers includes reference to an association between Aspergers and several secondary mental disorders, including depressive and anxiety disorders. The presence of a secondary mood disorder unavoidably adds to the already considerable difficulty coping with everyday life for people with Aspergers. We are, however, only just beginning to develop effective remedial programs to improve peer relationships, emotional reciprocity, nonverbal communication, and mood [3]. This article examines two frameworks for behavioral interventions, namely the developmental stages in friendship skills, with remedial strategies for each stage, and modifications to Cognitive Behavior Therapy, to accommodate the unusual profile of cognitive skills of people with Aspergers.

The developmental stages in the concept of friendship—

Before considering programs to improve the general understanding of the concept of friendship and specific friendship skills, it is important to determine the youngster’s stage of friendship development [4], [5]. Unfortunately, there are no standardized tests to measure friendship skills as there are for language skills, motor development, and cognitive abilities. Assessments can be made by analysis of the person’s answers to specific questions, however, and observation of their interactions with peers. The questions can include:

- How do you make friends?
- What do friends do?
- What makes a good friend?
- What makes you a good friend?
- Who are your friends at school?
- Why do we have friends?
- Why is (name) your friend?

Before the age of 3 years, kids interact with members of their family, but their concept of peers is often one of rivalry for possessions rather than friendship. If another youngster comes to their house, they may hide their favorite toys or become agitated if they have to take turns and share. There may be some parallel play, imitation, and intellectual curiosity in observing and copying what other kids are doing, as it may be fun and may impress a parent, but the youngster does not have the interpersonal insights and skills we associate with the reciprocal elements of being a friend. The first indicators of friendship occur at approximately the age of 3 years.

Stage 1: 3–6 years—

From the ages of 3 to 6 years there is a functional and egocentric conceptualization of friendship. When asked why a particular youngster is their friend, a youngster’s reply usually is based on proximity (lives next door, sits at same table) or possessions (they
have toys that the youngster admires or wants to use). Toys and play activities are the focus of friendship and the youngster gradually moves from engaging primarily in parallel play to recognizing that some games and activities cannot happen unless there is an element of sharing and turn taking. Cooperation skills are limited, however; the main characteristic of this age group is one-way and egocentric (he helps me or she likes me). Conflict is typified by demands, ultimatums, and physical force.

If a youngster from 3–4 years is asked what they did today, they tend to describe what they played with, whereas after the age of approximately 4 years they start to include who they played with. Social play gradually becomes more than just the construction and completion of the activity. Friendships are transitory, however, and the youngster has their own agenda of what to do and how to do it.

Remedial programs for stage 1—

If one uses behavioral or learning theory terms, kids with Aspergers need to identify the relevant stimuli or cues and appropriate responses [6]. For example, in stage one, kids learn the cues to join a group of kids without causing disruption or annoyance. An activity can be to brainstorm with the youngster the entry cues, such as someone giving a welcoming gesture or facial expression, a pause in the activity or conversation, or an appropriate act such as returning the ball. These ‘acts’ of the social ‘play’ can be ‘rehearsed’ by identifying a few kids who are keen to help the friendship skills of the youngster with Aspergers. They can be informed that he or she is learning the cues and rules for joining in their play.

The youngster with Aspergers will be trying to join in (under the guidance of an adult) and to recognize the relevant cue. When this occurs they can help the youngster with Aspergers identify the cue and intellectually process the response by momentarily freezing their actions, thereby isolating the cue. This gives the youngster time to identify the cue (which can be pointed out by the adult) and to decide what to say or do in response, perhaps with a prompt and encouragement from the adult. Their response and the entry are then successfully completed. The procedure of identifying the cues in contrived settings and practicing appropriate responses (rehearsal) can be used for many friendship skills. The adult acts as a mentor or stage director, giving guidance and encouragement. It is important that the attitude from adults is one of discovery and guidance so that the youngster with Aspergers does not perceive the activity as being critical of their ability and a public recognition of their social errors.

Young kids with Aspergers may demonstrate more mature interaction skills with adults than with their peers. It is important that adults, especially moms & dads, observe the natural play of the youngster’s peers, noting the games, equipment, rules, and language. They can then practice the same play with the youngster but with an adult ‘acting’ as their peer. This includes using what the author describes as ‘child speak,’ namely the speech of kids rather than adults. It is important that the adult role-plays examples of being a good friend, and also situations that illustrate unfriendly acts, such as disagreements and teasing. Appropriate and inappropriate responses can be enacted to provide the youngster with a range of responses.
Moms & dads can borrow or buy duplicate equipment that is used at school or is popular with their peers. Once the youngster has rehearsed with an adult who can easily modify the pace of play and amount of instruction, they can have a 'dress rehearsal' with another youngster, perhaps an older sibling or mature youngster in their class who can act as a friend to provide further practice before the skills are used openly with their peer group. Another strategy to learn the relevant cues, thoughts, and behavioral script is to write Social Stories that can be used by the youngster to improve their social understanding and abilities [7].

Stage 2: 6–9 years—

At this stage the youngster starts to recognize that they need a friend to play certain games and that that friend must like those games. They become more aware of the thoughts and feelings of their peers and how their actions and comments can hurt, physically and emotionally. The youngster is prepared to sometimes inhibit their intentions and to accept and incorporate the influences, preferences, and goals of their friends in their play. There is less of a dominant/submissive quality, and helping, especially mutual help, is one of the indices of friendship at this stage. A friend may be chosen because of similar interests, and aspects of their friend’s character are recognized (he's fun to be with); yet when asked who is their friend, they may nominate someone who is known to be popular rather than a mutually recognized friendship.

The concept of reciprocity (she comes to my party and I go to hers) and the genuine sharing of resources and being fair become increasingly important. When managing conflict, the youngster's view is that the offender must retract the action and a satisfactory resolution is perhaps described as “an eye for an eye.” The concept of responsibility and justice is based on who started the conflict, not what was subsequently done or how it ended. At approximately 8 years of age, the youngster develops the concept of a best friend as not only their first choice for social play, but also as someone who helps in practical terms (he knows how to fix the computer) and in times of emotional stress (she cheers me up when I'm feeling sad).

Remedial programs for stage 2—

In stage 2, kids develop greater cooperation skills when playing with their peers and develop more constructive means of dealing with conflict. It is important that the youngster with Aspergers experiences more cooperative than competitive games. In competitive games there are winners and losers and strict rules. The youngster with Aspergers can require considerable tuition using Social Stories to understand the concepts of being fair and gracious in defeat. Clearly the youngster's recognition of the relevant cues and responses for cooperative play are acknowledged and encouraged.

Specific aspects of cooperative play that need to be recognized, however, are identifying and contributing to the common goal, accepting suggestions rather than being autocratic or indifferent, and giving guidance and encouragement. The youngster acknowledges that when functioning as a cooperative and cohesive group, some activities and goals are easier and quicker to achieve. Role play games can be used to illustrate appropriate and inappropriate actions with some time taken to explain why, in a logical and empathic
sense, certain actions are considered friendly or not friendly. The unfriendly actions that are particularly relevant for kids with Aspergers are interruptions, failure to recognize personal body space, inappropriate touch, and coping with mistakes.

During stage 2, there is an increase in social cognition that enables the youngster to benefit from published training programs designed to improve Theory of Mind skills [8]. Programs on Theory of Mind skills also can help the youngster distinguish between accidental and intentional acts. The youngster may consider only the act from their perspective and not consider the cues that would indicate it was not deliberate. Educational programs on emotions also can help the youngster identify the cues that indicate the emotional state of their friend and themselves. The intention is to develop their empathy skills so that they can be recognized as a caring friend.

Finally in stage 2, the author has noted that there can be different coping mechanisms used by girls with Aspergers in comparison with boys. Girls with Aspergers are more likely to be interested observers of the social play of other girls and to imitate their play at home using dolls, imaginary friends, and by adopting the persona of a socially able girl. This solitary practice of the social play of their peers can be a valuable opportunity to analyze and rehearse friendship skills. Some girls with Aspergers can develop a special interest in reading fiction that may be age-appropriate or classic literature. This also provides an insight into thoughts, emotions, and social relationships. It is also noticeable that other girls can be more maternal than boys and can facilitate the inclusion of a girl with Aspergers within an established group of friends. Their social difficulties can be accommodated and guided by peers who value the role of mother or educator. The girl with Aspergers also may be popular because she is honest and consistent and less likely to be spiteful.

Stage 3: 9–13 years—

In the third stage, a friend is not simply someone who helps; they are chosen because of special attributes in their abilities and personalities. A friend is someone who genuinely cares and has complimentary attitudes, ideas, and values. There is a strong need to be liked by their peers and a mutual sharing of experiences and thoughts. With such self-disclosure, there is the recognition of being trustworthy and seeking advice not only for practical problems but also for interpersonal issues. There is a need for companionship and greater selectivity and durability in the friendship alliances. At this stage, there is a distinct gender split and peer pressure becomes increasingly important. Peer group acceptance and values become more important than the opinion of moms & dads. Friends also support each other in terms of managing emotions. If the youngster is sad, close friends will cheer them up, or if angry, calm them down to prevent the person from getting into trouble.

When conflicts occur, friends will use more effective repair mechanisms. They can be less "heated," with reduced confrontation and more disengagement, admitting making a mistake and recognizing it is not simply a matter of winner and loser. A satisfactory resolution can actually strengthen the relationship. The friend is forgiven and the conflict is put in perspective. These qualities of interpersonal skills that are played out in friendships are the foundation of interpersonal skills for adult relationships.
Remedial programs for stage 3—

In stage 3, there is usually a clear gender preference in the choice of friends. The activities and interests of boys, who may be playing team games or sports, may be considered of little value to the boy with Aspergers. They also are likely to be less able than their peers in team games and ball skills that may lead to teasing and bullying by boys who can be notoriously intolerant of someone who is different. When the boy with Aspergers approaches girls, they can be more readily included in their activities, and girls can be more patient, maternal, and supportive. One of the consequences of being more welcomed by girls than by boys and spending more time playing with girls than boys is that the boy with Aspergers can imitate the prosody and body language of their female friends. This can result in further isolation and torment from male peers. The youngster needs a balance of same and opposite gender friends, and some social engineering could be necessary to ensure acceptance by both groups.

During stage 3 there is a strong desire for companionship rather than functional play, and the youngster with Aspergers can feel lonely and sad if their attempts at friendship are unsuccessful [9], [10]. They need tuition and guidance, but this may be achieved by discussion with supportive peers and adults. Individual kids who have a natural rapport with a youngster with Aspergers can be guided and encouraged to be a mentor in the classroom, playground, and in social situations. Their advice may be accepted as having greater value than that of moms & dads or a teacher. It is also important to encourage their friends or peers to help them regulate their mood, stepping in and helping the person calm down if they are becoming agitated or tormented. Friends may need to provide reassurance if the person is anxious and to cheer them up when sad. The youngster with Aspergers also needs advice and encouragement to be reciprocal with regard to emotional support, and must be taught how to recognize the signs of distress or agitation in their friend and how to respond.

At this stage, the existing remedial programs use strategies to develop teamwork rather than friendship skills. To be attending a program on teamwork skills for sports or employment may be considered more acceptable to the young teenager with Aspergers, who may be sensitive to any suggestion that they need remedial programs to have friends. Another strategy to help the teenager who is sensitive to being publicly identified as having few friends is to adapt speech and drama classes.

Liane Holliday-Wiley, in her book Pretending To Be Normal, describes how she improved her social skills by observation, imitation, and acting [11]. This is an appropriate and effective strategy, especially in stage 3. The person with Aspergers can learn and practice conversational scripts, self-disclosure, body language, facial expression, and tone of voice for particular situations, and role-play people they know who are socially successful. The teenager or adult with Aspergers sometimes uses this strategy naturally; however, it is important to ensure that they choose good role models to portray.

Stage 4: 13 years to adult—

In the previous stage there can be a small core of close friends, but in stage 4 the
breadth and depth of friendship increases. There can be different friends for different needs, such as comfort, humor, or practical advice. A friend is defined as someone who “accepts me for who I am” or “we think the same way about things.” A friend provides a sense of personal identity and is compatible with one’s own personality. An important aspect of the quality of friendship is the ability to accept the self before being able to relate to others at an adult level; otherwise friendships can be manipulated as a means of resolving personal issues. There are less concrete and more abstract definitions of friendship with what may be described as autonomous interdependence. The friendships are less possessive and exclusive and conflict resolved with self-reflection, compromise, and negotiation.

Remedial programs for stage 4—

Because of the developmental delay in the conceptualization of friendship, when the person with Aspergers reaches stage 4, they have usually left high school and seek friends through work and recreational pursuits. Attempts to change a relationship from colleague or work mate to friend can present some challenges to the young adult with Aspergers. A mentor at work who understands their unusual profile of friendship skills can provide guidance and act as a confidante and advocate. The mentor also can help determine the degree of genuine interest in friendships from the colleague. Sometimes people with Aspergers assume that a friendly act, smile, or gesture has greater implications than was intended. There can be a tendency to develop an intense interest or infatuation with a particular person. This topic may dominate their time and conversation and can lead to behavior such as stalking.

Conversely, the person with Aspergers can be desperate to have a friend and may become the recipient of financial, physical, or sexual abuse, through failing to recognize that the other person's intentions are not honorable. The two-way misinterpretation of signals and intentions can lead to mutual confusion. Relationship counseling can be suggested, but at present counselors often have limited knowledge and experience regarding Aspergers [12]. An interesting development in recent years is older and more mature adults with Aspergers providing guidance and counseling through group counseling sessions organized by adult support groups. These groups are often formed by concerned moms & dads and individuals with Aspergers who want to meet like-minded individuals. They meet on a regular basis to discuss topics that range from employment issues to personal relationships.

The Internet has become the modern equivalent of the dance hall in terms of an opportunity for young people to meet. The great advantage of this form of communication to the person with Aspergers is that they often have a greater eloquence to disclose and express their inner self and feelings through typing rather than conversation. In social gatherings, the person is expected to be able to listen to and process the other person's speech (often against a background of other conversations), to immediately reply, and simultaneously analyze nonverbal cues, such as gestures, facial expression, and tone of voice.

When using the computer, the person can concentrate on social exchange using a visual rather than auditory medium. As in any other situation, the person with Aspergers may be
vulnerable to others taking advantage of their social naivety and desire to have a friend. The person with Aspergers needs to be taught caution and to not provide personal information until they have discussed the Internet friendship with someone they trust. Genuine and long-lasting friendships can develop over the Internet based on shared experiences, interests, and mutual support. It is an opportunity to meet like-minded individuals who accept the person because of their knowledge rather than their social persona. The person with Aspergers is somewhat egocentric and eccentric but can prove an honest, loyal, and knowledgeable friend.

Mood disorders—

When one considers the diagnostic criteria for Aspergers and the effects of the disorder on the person’s adaptive functioning in a social context, one would expect such individuals to be vulnerable to the development of secondary mood disorders. The current research indicates that approximately 65% of teenager patients with Aspergers have an affective disorder that includes anxiety disorders [13], [14], [15], [16], [17], [18] and depression [16]. There is also evidence to suggest an association with delusional disorders [19], paranoia [20], and conduct disorders [21]. We know that comorbid affective disorders in teenagers with Aspergers are the rule rather than the exception, but why should this population be more prone to affective disorders?

Research has been conducted on the family histories of kids with autism and Aspergers and has identified a higher than expected incidence of mood disorders [22], [23], [24], [25]. Individuals with Aspergers could be vulnerable to a genetic predisposition to mood disorders. When one also considers their difficulties with regard to social reasoning, empathy, verbal communication, profile of cognitive skills, and sensory perception, however, they are clearly prone to considerable stress as a result of their attempts at social inclusion. Chronic levels of stress can precipitate a mood disorder. Thus, there may be constitutional and circumstantial factors that explain the higher incidence of affective disorders.

The theoretic models of autism developed within cognitive psychology and research in neuropsychology also provide some explanation as to why such individuals are prone to secondary mood disorders. The extensive research on Theory of Mind skills confirms that individuals with Aspergers have considerable difficulty identifying and conceptualizing the thoughts and feelings of other people and themselves [26], [27], [28], [29], [30]. The interpersonal and inner world of emotions seems to be uncharted territory for people with Aspergers.

Research on executive function in subjects with Aspergers suggests characteristics of being disinhibited and impulsive, with a relative lack of insight that affects general functioning [31], [32], [33], [34]. Impaired executive function also can affect the cognitive control of emotions. Clinical experience indicates there is a tendency to react to emotional cues without cognitive reflection. Research with subjects with autism using new neuroimaging technology also has identified structural and functional abnormalities of the amygdala [35], [36], [37], [38], which is known to regulate a range of emotions, including anger, fear, and sadness. Thus, we also have neuroanatomic evidence that suggests there will be problems with the perception and regulation of the emotions.
Managing anxiety, depression, and anger –

When clinicians diagnose a secondary mood disorder, they need to know how to modify standard psychologic treatments to accommodate the unusual cognitive profile of people with Aspergers. As the primary psychologic treatment for mood disorders is cognitive behavior therapy (CBT), this article now examines such modifications based on our knowledge of the disorder and preliminary clinical experience.

CBT has been designed and refined over several decades and has proven to be effective in changing the way a person thinks about and responds to feelings such as anxiety, sadness, and anger [39], [40]. CBT focuses on aspects of cognitive deficiency in terms of the maturity, complexity, and efficacy of thinking, and cognitive distortion in terms of dysfunctional thinking and incorrect assumptions. Thus, it has direct applicability to patients with Aspergers who are known to have deficits and distortions in thinking.

The therapy has several components, the first being an assessment of the nature and degree of mood disorder using self-report scales and a clinical interview. The subsequent stage is affective education with discussion and exercises on the connection between cognition, affect, and behavior, and the way in which individuals conceptualize emotions and construe various situations. Subsequent stages are cognitive restructuring, stress management, self-reflection, and a schedule of activities to practice new cognitive skills. Cognitive restructuring corrects distorted conceptualizations and dysfunctional beliefs. The person is encouraged to establish and examine the evidence for or against their thoughts and build a new perception of specific events. Stress management and cue controlled relaxation programs are used to promote responses incompatible with anxiety or anger. Self-reflection activities help the person recognize their internal state, monitor and reflect on their thoughts, and construct a new self-image. A graded schedule of activities is also developed to allow the person to practice new abilities that are monitored by the therapist.

Assessment—

There are several self-rating scales that have been designed for kids and adults with specific mood disorders that can be administered to patients with Aspergers. There are specific modifications that can be used with this clinical group, however, as they may be more able to accurately quantify their response using a numeric or pictorial representation of the gradation in experience and expression of mood. Examples include an emotion “thermometer,” bar graphs, or a “volume” scale. These analogue measures are used to establish a baseline assessment and are incorporated in the affective education component. To minimize word retrieval problems, multiple-choice questions can be used in preference to open-ended, sentence-completion tasks. A pictorial dictionary of feelings also can be used as additional cues for a diary or logbook completed during the therapy by the patient.

The assessment includes the construction of a list of behavioral indicators of mood changes. The indicators can include changes in the characteristics associated with Aspergers, such as an increase in time spent engaged in solitude or their special interest,
rigidity, or incoherence in their thought processes, or behavior intended to impose control in their daily lives and over others. This is in addition to conventional indicators such as a panic attack, comments indicating low self worth, and episodes of anger. It is essential to collect information from a wide variety of sources, as kids and adults with Aspergers can display quite different characteristics according to their circumstances. For example, there may be little evidence of a mood disorder at school but clear evidence at home. Moms & dads and teachers also can complete a daily mood diary to determine whether there is any cyclical nature to, or specific triggers for, mood changes.

The clinician also needs to assess the coping mechanisms and vocabulary of emotional expression of the person with Aspergers. Although there are no standardized tests to measure such abilities, some characteristics have been identified by clinical experience. For example, discussion with moms & dads can indicate that the youngster displays affection, but the depth and range of expression is usually limited and immature for their chronologic age. Their reaction to pleasure and pain can be atypical, with idiosyncratic mannerisms that express feeling excited, such as hand flapping, or a stoic response to pain and punishments. Examples of characteristics that moms & dads may be concerned about are a lack of apparent gratitude or remorse and paradoxic and atypical responses to particular situations. For example, the youngster may giggle when expected to show remorse [41] and be remarkably quick in resolving grief. They also may misinterpret gestures of affection, such as a hug, with the comment that the squeeze was perceived as uncomfortable and not comforting. Their emotional reactions also can be delayed, perhaps with an expression of anger some days or weeks after the event.

Their coping or emotional recovery mechanisms need to be assessed and can include characteristics such as retreating into solitude, increasing time spent engaged in a special interest, reading fantasy literature, and playing computer games. Some individuals internalize their reaction with self-blame and low self-esteem, whereas others externalize their reaction, becoming critical of others and developing an arrogant and intolerant personality. The former may show signs of depression and anxiety, whereas the latter are often referred for problems with anger management. Different emotions can prevail at particular times of the day, however, for example, being anxious before school and angry when returning home. It is also valuable to assess not only how the youngster repairs their own feelings but also how they repair the feelings of others. Research suggests that people with Aspergers use fewer of the available cues in facial expression and body language to infer emotional states [42].

The clinician needs to assess the client's ability to identify the cues of emotional states in others and to know when specific words and actions are anticipated, for example, providing gestures and words of affection when a family member or friend is sad or reassurance when they are anxious. Questions can be asked, such as “How would you know when your mother is feeling sad?” and “What would you do if she were crying?” Another area of assessment is their awareness of the impact of their own mood state and associated behavior on the thoughts and feelings of others, namely an assessment of empathy. Unfortunately we do not have any standardized tests to measure empathy; accordingly, most information is obtained from discussion with the person with Aspergers and their family for examples of a relative lack of empathic response.
Affective education—

Affective education is the next stage in a course of CBT and an essential component for those with Aspergers. The main goal is to learn why we have emotions, their use and misuse, and the identification of different levels of expression. A basic principle is to explore one emotion at a time as a theme for a project. The choice of which emotion to start with is decided by the therapist, but a useful starting point is happiness or pleasure. A scrapbook can be created that illustrates the emotion. For young kids, this can include pictures of people expressing the different degrees of happiness or pleasure, but can be extended to pictures of objects and situations that have a personal association with the feeling, for example, a photograph of a rare lizard for a person with a special interest in reptiles.

For adults, the book can illustrate the pleasures in their life, with a list based on the song My Favorite Things. The content also can include the sensations that may elicit the feeling, such as aromas, tastes, and textures. The scrapbook can be used as a diary to include compliments, and records of achievement, such as certificates and memorabilia. At a later stage in therapy, the scrapbook can be used to change a particular mood but it also can be used to illustrate different perceptions of a situation. If the therapy is conducted in a group, the books can be compared and contrasted. Talking about trains may be an enjoyable experience for one participant but perceived as remarkably boring or dominating for another. Part of the education is to explain that although this topic may create a feeling of well being in the one participant, their attempt to cheer up another person by talking about trains may not be a successful strategy, perhaps producing a response that they did not expect. One of the interesting aspects that the author has noticed is that clients with Aspergers tend to achieve enjoyment primarily from knowledge, interests, and solitary pursuits, and less from social experiences, in comparison with other client groups. They are often at their happiest when alone.

The affective education stage includes the therapist describing and the client discovering the salient cues that indicate a particular level of emotional expression in facial expression, tone of voice, body language, and context. The face is described as an information center for emotions. The typical errors include not identifying which cues are relevant or redundant, and misinterpreting cues. The therapist uses a range of games and resources to “spot the message” and explain the multiple meanings; for example, a furrowed brow can mean anger or bewilderment, or may be a sign of aging skin. A loud voice does not automatically mean that a person is angry.

Once the key elements that indicate a particular emotion have been identified, it is important to use an “instrument” to measure the degree of intensity. The therapist can construct a model “thermometer,” “gauge,” or volume control, and can use a range of activities to define the level of expression. For example, they can use a selection of pictures of happy faces and place each picture at the appropriate point on the instrument. During the therapy it is important to ensure the client shares the same definition or interpretation of words and gestures and to clarify any semantic confusion. Clinical experience has indicated that some clients with Aspergers can use extreme statements such as “I am going to kill myself” to express a level of emotion that would be more moderately expressed by another client. During a program of affective education, the
The therapist often has to increase the client's vocabulary of emotional expression to ensure precision and accuracy.

The education program includes activities to detect specific degrees of emotion in others but also in oneself, using internal physiologic cues, cognitive cues, and behavior. Technology can be used to identify internal cues in the form of biofeedback instruments such as auditory EMG and GSR machines. The client and those who know them well can create a list of their physiologic, cognitive, and behavioral cues that indicate their increase in emotional arousal. The degree of expression can be measured using one of the special instruments used in the program, such as the emotion thermometer. One of the aspects of the therapy is to help the client perceive their “early warning signals” that indicate emotional arousal that may need cognitive control; perhaps, using a metaphor, they can be the warning lights and instruments on a car dashboard.

When a particular emotion and the levels of expression are understood, the next component of affective education is to use the same procedures for a contrasting emotion. After exploring happiness, the next topic explored would be sadness; feeling relaxed would be explored before a project on feeling anxious. The client is encouraged to understand that certain thoughts or emotions are “antidotes” to other feelings, for example, some strategies or activities associated with feeling happy may be used to counteract feeling sad.

Some individuals with Aspergers can have considerable difficulty translating their feelings into conversational words. There can be a greater eloquence, insight, and accuracy using other forms of expression. The therapist can use prose in the form of a “conversation” by typing questions and answers on a computer screen or techniques such as comic strip conversations that use figures with speech and thought bubbles [7]. When designing activities to consolidate the new knowledge on emotions, one can use a diary, e-mail, art, or music as a means of emotional expression that provides a greater degree of insight for client and therapist.

Other activities to be considered in affective education are the creation of a photograph album that includes pictures of the client and family members expressing particular emotions, or video recordings of the client expressing their feelings in real-life situations. This can be particularly valuable to demonstrate their behavior when expressing anger. Another activity entitled “Guess the message” can include the presentation of specific cues, such as a cough as a warning sign or a raised eyebrow to indicate doubt. It is also important to incorporate the person's special interest in the program. For example, the author has worked with individuals whose special interest has been the weather and has suggested that their emotions are expressed as a weather report. There are several kids's reading books that have a particular emotion as a theme and self-help books for teenagers with specific mood disorders that can be used as a form of bibliotherapy. We also now have books and computer programs that provide a social and emotional curriculum that includes activities for affective education for kids with Aspergers [43], [44].

Cognitive restructuring—

Cognitive restructuring enables the client to correct distorted conceptualizations and
dysfunctional beliefs. The process involves challenging their current thinking with logical evidence and ensuring the rationalization and cognitive control of their emotions. The first stage is to establish the evidence for a particular belief. People with Aspergers can make false assumptions of their circumstances and the intentions of others. They have a tendency to make a literal interpretation, and a casual comment may be taken out of context or may be taken to the extreme. For example, a young teenage boy with Aspergers was once told his voice was breaking. He became extremely anxious that his voice was becoming faulty and decided to consciously alter the pitch of his voice to repair it. The result was an artificial falsetto voice that was incongruous in a young man.

A teenage girl with Aspergers overheard a conversation at school that implied that a girl must be slim to be popular. She then achieved a dramatic weight loss in an attempt to be accepted by her peers. We are all vulnerable to distorted conceptualizations, but people with Aspergers are less able to put things in perspective, seek clarification, and consider alternative explanations or responses. The therapist encourages the client to be more flexible in their thinking and to seek clarification, using questions or comments such as “Are you joking?” or “I'm confused about what you just said.” Such comments also can be used when misinterpreting someone’s intentions such as, “Did you do that deliberately?” and to rescue the situation after the patient has made an inappropriate response with a comment such as, “I'm sorry I offended you,” or “Oh dear, what should I have done?”

To explain a new perspective or to correct errors or assumptions, comic strip conversations can help the client determine the thoughts, beliefs, knowledge, and intentions of the participants in a given situation [7]. This technique involves drawing an event or sequence of events in storyboard form with stick figures to represent each participant, and speech and thought bubbles to represent their words and thoughts. The client and therapist use an assortment of fibro-tipped colored pens, with each color representing an emotion. As they write in the speech or thought bubbles, the person's choice of color indicates their perception of the emotion conveyed or intended. This can clarify the client's interpretation of events and the rationale for their thoughts and response. This technique can help the client identify and correct any misperception and determine how alternative responses might affect the participants' thoughts and feelings.

One common effect of misinterpretation is the development of paranoia. Our knowledge of impaired Theory of Mind skills in the cognitive profile of kids with Aspergers suggests a simple explanation. The youngster can have difficulty distinguishing between accidental or deliberate intent. Other kids will know from the context, body language, and character of the person involved that the intent was not to cause distress or injury. Individuals with Aspergers, however, can focus primarily on the act and the consequences: "He hit me and it hurt, so it was deliberate," whereas other kids would consider the circumstances: "He was running, tripped, and accidentally knocked my arm." There may need to be training in checking the evidence before responding and developing more accurate “mind reading” skills.

Cognitive restructuring also includes a process known as “attribution retraining." The person may blame others exclusively and not consider their own contribution, or they can excessively blame themselves for events [2]. One aspect of Aspergers is a tendency for some clients to adopt an attitude of arrogance or omnipotence where the perceived focus
of control is external. Specific individuals are held responsible and become the target for retribution or punishment. These people have considerable difficulty accepting that they themselves have contributed to the event. The opposite can occur, however, when the client has extremely low self-esteem and feels personally responsible, which results in feelings of anxiety and guilt. There also can be a strong sense of what is right and wrong and conspicuous reaction if others violate the social “laws” [2]. The youngster may be notorious as the class “policeman,” dispensing justice but not realizing what is within their authority. Attribution retraining involves establishing the reality of the situation, the various participants' contributions to an incident, and determining how the person can change their perception and response.

Cognitive restructuring also includes activities that are designed to improve the person's range of emotional repair mechanisms. The author has extended the use of metaphor to design programs that include the concept of an emotional toolbox to “fix the feeling.” Patients know that a toolbox usually includes a variety of tools to repair a machine, and discussion and activities are used to identify different types of “tools” for specific problems associated with emotions.

One type of emotional repair tool can be represented by a hammer, which signifies physical “tools” such as going for a walk or run, bouncing on a trampoline, or crushing empty cans for recycling. The intention is to repair emotions constructively by a safe physical act that increases the heart rate. One client explained how a game of tennis “takes the fight out of me.” A paintbrush can be used to represent relaxation tools that lower the heart rate, such as drawing, reading, or listening to calming music. A two-handle saw can be used to represent social activities or individuals who can help repair feelings. This can include communication with someone who is known to be empathic and able to dispel negative feelings. This can be by spoken conversation or typed communication, enabling the client to gain a new perspective on the problem and providing some practical advice.

A picture of a manual can be used to represent thinking tools that are designed to improve cognitive processes. This includes phrases that encourage reflection before reaction. Evan, a young man with Aspergers, developed his “antidote to poisonous thoughts.” The procedure is to provide a comment that counteracts negative thoughts, for example, “I can’t cope” (negative or poisonous thought) “but I can do this with help” (positive thought or antidote). The person also is taught that becoming emotional can inhibit their intellectual abilities in a particular situation that requires good problem-solving skills. When frustrated, one needs to become “cool” and less rigid in one's thinking to solve the problem, especially if the solution requires social cognition.

There is a discussion of inappropriate tools (with the comment that one would not use a hammer to fix a computer) to explain how some actions, such as violence and thoughts such as suicide, are not appropriate emotional repair mechanisms. For example, one client would slap himself to stop negative thoughts and feelings. Another tool that could become inappropriate is to retreat into a fantasy world (perhaps imagining they are a superhero), or to plan retaliation. The use of escape into fantasy literature and games can be a typical tool for ordinary teenagers but is of concern when this becomes the exclusive coping mechanism; the border between fantasy and reality may be unclear and
the thinking becomes delusional.

Cognitive restructuring can be used to return to concrete thinking. Also of concern is when daydreams of retaliation to teasing and bullying are expressed in drawings, writing, and threats. Although this is a conventional means of emotional expression, there is a concern that the expression is misinterpreted as an intention to carry out the fantasy or indeed may be a precursor to retaliation using weapons. Unusual tools also are discussed. For example, during a group CBT session on sadness, a teenage girl explained that, “Crying doesn't work for me, so I get angry.” Clinical experience suggests that tears may be rare as a response to feeling sad, with a more common response to sadness being anger. The program includes the development of a range of conventional means of emotional expression and repair mechanisms and an explanation as to why some of their reactions are misinterpreted by others.

Clinical experience also has indicated that humor and imagination can be used as thinking tools. Those with Aspergers are not immune to the benefits of laughter, can enjoy jokes typical of their developmental level, and can be remarkably creative with puns and jokes [45]. One tool or mechanism that seems to be unusual is that of being quick at resolving grief and serious tragedies. This characteristic can be of concern to the person's family, who expect the classic signs of prolonged and intense grieving; they consider the person as uncaring, yet the rapid recovery is simply a feature of Aspergers.

Other interesting characteristics are the inclusion of talking to pets as a social tool, sometimes in preference to talking to friends, and the positive effects on mood from helping someone. This strategy can be effective for clients with Aspergers who also need to be needed and can improve their mood by being of practical assistance. Finally, the concept of a toolbox can be extremely helpful in enabling the person with Aspergers not only to repair their own feelings but also to repair the feelings of others. They often benefit from tuition in learning what tools to use to help friends and family and which tools others use, so that they may borrow tools to add to their own emotional repair kit.

Stress management—

Individuals with Aspergers are prone to greater stress in their daily lives than their peers. Social interaction, especially with more than one person, in which they have to identify, translate, and respond to social and emotional cues and cope with unexpected noise levels, inevitably increases stress to a point where the person's coping mechanisms may collapse. A stress assessment based on our knowledge of Aspergers will help the clinician determine what are the natural and idiosyncratic stressors for the client [46]. Subsequently, an effective stress management program can be designed as an essential component of CBT.

Traditional relaxation procedures using activities to encourage muscle relaxation and breathing exercises can be taught to clients with Aspergers as a counter conditioning procedure, but one must also consider the circumstances in which they are particularly prone to stress. Environmental modification can significantly reduce stress. This can include reducing noise levels, minimizing distractions, and having a safe area for periods of solitude to relax or concentrate on schoolwork. If the clinician recognizes that a
particular event is a major cause of stress, then it would be wise to consider whether the source of stress could be avoided, for example, recommending the temporary suspension of homework. At school, one option for the youngster who becomes stressed in the playground is to be able to withdraw to the school library, or for the worker who is anxious about socializing during the lunch break, to complete a crossword puzzle or go for a walk. Another source of stress for kids and adults is unexpected changes in work demands or circumstances. They may need advance preparation and time to adjust their work schedule.

Cue-controlled relaxation is also a useful component of a stress management plan. One strategy is for the client to have an object in their pocket that symbolizes or has been classically conditioned to elicit feelings of relaxation. For example, a teenage girl with Aspergers was an avid reader of fiction, her favorite book being The Secret Garden. She kept a key in her pocket to metaphorically open the door to the secret garden, an imaginary place where she felt relaxed and happy. A few moments touching or looking at the key helped her to contemplate a scene described in the book and to relax and achieve a more positive state of mind. Adults can have a special picture in their wallet such as a photograph of a woodland scene, which reminds the person of the solitude and tranquility of such a place.

Self-reflection—

In conventional CBT programs, the client is encouraged to self-reflect to improve insight into their thoughts and feelings, promoting a realistic and positive self-image and enhancing the ability to self-talk for greater self-control. The concept of self-consciousness may be different for individuals with Aspergers, however. There may be a qualitative impairment in the ability to engage in introspection. Research evidence, autobiographies, and clinical experience have confirmed that some clients with Aspergers and high functioning autism can lack an "inner voice" and think in pictures rather than words [47], [48]. They also have difficulty translating their visual thoughts into words. As a teenager with Aspergers explained in relation to how visualization improves his learning (a picture is worth a thousand words), "I have the picture in my mind but not the thousand words to describe it." Some have an "inner voice" but have difficulty disengaging mind and mouth, and vocalize their thoughts to the confusion or annoyance of those near them. Obviously, the therapy needs to accommodate such unusual characteristics.

The modifications include a greater use of visual material and resources using drawings, role-play, and metaphor, and less reliance on spoken responses. It is interesting that many clients have a greater ability to develop and explain their thoughts and emotions using other expressive media, such as typed communication in the form of e-mail or a diary, music, art, or a pictorial dictionary of feelings [3].

When talking about themselves, young adults with autism and Aspergers do not anchor their self-attributes in social activities and relationships or use as wide a range of emotions in their descriptions as their peers [49]. They are less likely to describe themselves in the context of their relationships and interactions with other people. The self-reflection component of CBT may have to be modified to accommodate a concept of self primarily in terms of physical, intellectual, and psychologic attributes.
The therapy includes programs to adjust the client’s self image to be an accurate reflection of their abilities and the neurologic origins of their disorder. Some time needs to be allocated to explaining the nature of Aspergers and how the characteristics account for their differences. The author recommends that as soon as the youngster or adult has the diagnosis of Aspergers, the clinician needs to carefully and authoritatively explain the nature of the disorder to their family, but the youngster also must receive a personal explanation. This is to reduce the likelihood of inappropriate compensatory mechanisms to their recognition of being different and concern as to why they have to see psychologists and psychiatrists.

They also may be concerned as to why they have to take medication and receive tuition at school that is not given to their peers. Over the last few years, there have been several publications and programs developed specifically to introduce the youngster or teenager to their diagnosis. The choice of which book or program to use is determined by the clinician, but it is important that the explanations are accurate and positive. The client will perceive the diagnosis as it is presented. If the approach is pessimistic, the reaction can be to trigger a depression or to reject the diagnosis and treatment. The clinician also can recommend the client read some of the autobiographies written by kids [50], [51] and adults [52], [53]. The subsequent discussion is whether and how to tell other people of the diagnosis, especially extended family, neighbors, friends, and colleagues.

When an accurate perception of self has been achieved, it is possible to explore cognitive mechanisms to accommodate their unusual profile of abilities, which the author describes as their talents and vulnerabilities, and to consider the directions for change in self-image. One approach is using the metaphor of a road map with alternative directions and destinations [54], and a Personal Construct Assessment [55].

Practice—

Once the client has improved their cognitive strategies to understand and manage their moods at an intellectual level, it is necessary to start practicing the strategies in a graduated sequence of assignments. The first stage is for the therapist to model the appropriate thinking and actions in role-play with the client, who then practices with the therapist or other group members, vocalizing thinking to monitor their cognitive processes. A form of graduated practice is used, starting with situations associated with a mild level of distress or agitation. A list of situations or triggers is created from the assessment conducted at the start of the therapy, with each situation written on a yellow Post-It note. The client uses the thermometer or measuring instrument originally used in the affective education activities to determine the hierarchy or rank order of situations.

The most distressing are placed at the upper level of the instrument. As the therapy progresses, the client and therapist work through the hierarchy using fading or systematic desensitization using a schedule of graduated exposure to encourage the client to be less emotionally reactive [56]. After practice during the therapy session, the client has a project to apply their new knowledge and abilities in real-life situations. The therapist obviously needs to communicate and coordinate with those who are supporting the client in real-life circumstances. After each practical experience, therapist and client consider
the degree of success, using activities such as comic strip conversations to debrief, reinforcement for achievements, and a “boasting book” or certificate of achievement. It also helps to have a training manual for the client that includes suggestions and explanations. The manual becomes a resource for the client during the therapy but is easily accessible information when the therapy program is complete. One of the issues during the practice will be generalization.

People with Aspergers tend to be rigid in terms of recognizing when the new strategies are applicable in a situation that does not obviously resemble the practice sessions with the psychologist. It is necessary to ensure that strategies are used in a wide range of circumstances and no assumption made that once an appropriate emotion management strategy has proved successful, it will continue to be used in all settings.

The duration of the practice stage depends on the degree of success and list of situations. Gradually the therapist provides less direct guidance and support to encourage confidence in independently using the new strategies. The goal is to provide a template for current and future problem, but it will probably be necessary to maintain contact with the client for some time to prevent relapse.

Aspects of CBT can be incorporated into conventional family therapy [57] and social skills groups [58], and can be conducted as the primary psychologic treatment. Other specialists may be consulted during the program, especially if the client has signs of attention deficit disorder, Tourette syndrome, and specific learning problems. Predictors of a successful outcome may include the complexity and degree of expression of the mood disorder and diagnostic characteristics, the intellectual capacity of the client, and their circumstances and support. Two positive predictors that have been recognized by the author from clinical experience are a sense of humor and imagination.

Finally our scientific knowledge in the area of psychologic therapies and Aspergers is remarkably limited. We have case studies [59], but at present, no systematic and rigorous independent research studies that examine whether CBT is an effective treatment with this clinical population. This is despite the known high incidence of mood disorders, especially among teenagers with Aspergers. As a matter of expediency, a clinician may decide to conduct a course of CBT based on the known effectiveness of this form of psychologic treatment in the general population. We have yet to establish whether it is universally appropriate, however, and to confirm the modifications to accommodate the unusual characteristics and profile of abilities associated with Aspergers.

References—

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Asperger Syndrome: Comprehensive Overview

Asperger syndrome (AS) is characterized by impairments in social interaction and restricted interests and behaviors as seen in autism, but its early developmental course is marked by a lack of any clinically significant delay in spoken or receptive language, cognitive development, self-help skills, and curiosity about the environment. All-absorbing and intense circumscribed interests and one-sided verbosity as well as motor clumsiness are typical of the condition, but are not required for diagnosis.

1. History and nosology—

In 1944, Hans Asperger, an Austrian pediatrician with interest in special education, described four kids who had difficulty integrating socially into groups.19 Unaware of Kanner's description of early infantile autism published just the year before, Asperger called the condition he described "autistic psychopathy", indicating a stable personality disorder marked by social isolation. Despite preserved intellectual skills, the kids showed marked paucity of nonverbal communication involving both gestures and affective tone of voice, poor empathy and a tendency to intellectualize emotions, an inclination to engage in long winded, one-sided, and sometimes incoherent speech, rather formalistic speech (he called them "little professors"), all-absorbing interests involving unusual topics which dominated their conversation, and motoric clumsiness. Unlike Kanner's patients, these kids were not as withdrawn or aloof; they also developed, sometimes precociously, highly grammatical speech, and could not in fact be diagnosed in the first years of life. Discarding the possibility of a psychogenic origin, Asperger highlighted the familial nature of the condition, and even hypothesized that the personality traits were primarily male transmitted. Aspergers work, originally published in German, became widely known to the English speaking world only in 1981, when Lorna Wing published a series of cases showing similar symptoms.20 Her codification of the syndrome, however, blurred somewhat the differences between Kanner's and Aspergers descriptions, as she included a small number of girls and mildly mentally retarded kids, as well as some kids who had presented with some language delays in their first years of life. Since then, several studies have attempted to validate ASPERGERS as distinct from autism without mental retardation, although comparability of findings has been difficult due to the lack of consensual diagnostic criteria for the condition.3

ASPERGERS was not accorded official recognition before the publication of ICD-10 and DSM-IV, although it was first reported in the German literature in 1944. Aspergers work was known primarily in German speaking countries, and it was only in the 1970's that the first comparisons with Kanner's work were made, primarily by Dutch researchers such as Van Krevelen, who were familiar with both English and German literatures. The initial attempts at comparing the two conditions were difficult because of major differences in the patients described - Kanner's patients were both younger and more cognitively impaired. Also, Aspergers conceptualization was influenced by accounts of schizophrenia and personality disorders, whereas Kanner had been influenced by the work of Arnold Gesell and his developmental approach. Attempts at codifying Aspergers prose into a categorical definition for the condition were made by several influential researchers in
Europe and North America, but no consensual definition emerged until the advent of ICD-10. And given the reduced empirical validation of the ICD-10 and DSM-IV criteria, the definition of the condition is likely to change as new and more rigorous studies emerge in the near future.21

2. Epidemiology—

Given the lack of consensual definitions of diagnosis until recently, it is not surprising that the prevalence of the condition is unknown, although a rate of 2 to 4 in 10,000 has been reported.22 There is little doubt that the condition is more prevalent in males than females, with a reported ratio of 9 to 1. In the past few years, there have been a proliferation of parent support organizations organized around the concept of ASPERGERS, and there are indications that this diagnosis is being given by clinicians much more frequently than even just a few years ago; there are also indications that ASPERGERS is currently functioning as a residual diagnosis given to normal-intelligence kids with a degree of social disabilities who do not fulfill criteria for autism, overlapping in this way, with the DSM-IV term PDD-NOS. Possibly the most common usage of the term ASPERGERS is as synonymous or a replacement to autism in children with normative or superior IQs. This pattern has diluted the concept and reduced its clinical utility. Empirical validation of specific diagnostic criteria is badly needed, although this will have to await reports of rigorous studies employing standard diagnostic procedures, and validators truly independent of the diagnostic definition such as neuropsychological, neurobiological and genetic data.3

3. Diagnosis and clinical features—

The diagnosis of ASPERGERS requires the demonstration of qualitative impairments in social interaction and restricted patterns of interest, criteria which are identical to autism. In contrast to autism, there are no criteria in the cluster of language and communication symptoms, and onset criteria differ in that there should be no clinically significant delay in language acquisition, cognitive and self-help skills. Those symptoms result in significant impairment in social and occupational functioning.9

In some contrast to the social presentation in autism, children with ASPERGERS find themselves socially isolated but are not usually withdrawn in the presence of others. Typically, they approach others but in an inappropriate or eccentric fashion. For example, they may engage the interlocutor, usually an adult, in one-sided conversation characterized by long-winded, pedantic speech, about a favorite and often unusual and narrow topic. They may express interest in friendships and in meeting people, but their wishes are invariably thwarted by their awkward approaches and insensitivity to the other person's feelings, intentions, and non-literal and implied communications (e.g., signs of boredom, haste to leave, and need for privacy). Chronically frustrated by their repeated failures to engage others and form friendships, some children with ASPERGERS develop symptoms of an anxiety or mood disorder that may require treatment, including medication. They also may react inappropriately to, or fail to interpret the valence of the context of the affective interaction, often conveying a sense of insensitivity, formality, or disregard to the other person's emotional expressions. They may be able to describe correctly, in a cognitive and often formalistic fashion, other people's emotions, expected
intentions and social conventions; yet, they are unable to act upon this knowledge in an intuitive and spontaneous fashion, thus losing the tempo of the interaction. Their poor intuition and lack of spontaneous adaptation are accompanied by marked reliance on formalistic rules of behavior and rigid social conventions. This presentation is largely responsible for the impression of social naiveté and behavioral rigidity that is so forcefully conveyed by these children.

Although significant abnormalities of speech are not typical of children with ASPERGERS, there are at least three aspects of these children’s communication patterns that are of clinical interest. First, speech may be marked by poor prosody, although inflection and intonation may not be as rigid and monotonic as in autism. They often exhibit a constricted range of intonation patterns that is used with little regard to the communicative functioning of the utterance (e.g., assertions of fact, humorous remarks). Rate of speech may be unusual (e.g., too fast) or may lack in fluency (e.g., jerky speech), and there is often poor modulation of volume (e.g., voice is too loud despite physical proximity to the conversational partner). The latter feature may be particularly noticeable in the context of a lack of adjustment to the given social setting (e.g., in a library, in a noisy crowd). Second, speech may often be tangential and circumstantial, conveying a sense of looseness of associations and incoherence. Even though in a very small number of cases this symptom may be an indicator of a possible thought disorder, the lack of contingency in speech is a result of the one-sided, egocentric conversational style (e.g., unrelenting monologues about the names, codes, and attributes of innumerable TV stations in the country), failure to provide the background for comments and to clearly demarcate changes in topic, and failure to suppress the vocal output accompanying internal thoughts. Third, the communication style of children with ASPERGERS is often characterized by marked verbosity. The youngster or adult may talk incessantly, usually about a favorite subject, often in complete disregard to whether the listener might be interested, engaged, or attempting to interject a comment, or change the subject of conversation. Despite such long-winded monologues, the individual may never come to a point or conclusion. Attempts by the interlocutor to elaborate on issues of content or logic, or to shift the interchange to related topics, are often unsuccessful.

Children with ASPERGERS typically amass a large amount of factual information about a topic in a very intense fashion. The actual topic may change from time to time, but often dominates the content of social interchange. Frequently the entire family may be immersed in the subject for long periods of time. This behavior is peculiar in the sense that oftentimes extraordinary amounts of factual information are learned about very circumscribed topics (e.g., snakes, names of stars, TV guides, deep fat fryers, weather information, personal information on members of congress) without a genuine understanding of the broader phenomena involved. This symptom may not always be easily recognized in childhood since strong interests in certain topics, such as dinosaurs or fashionable fictional characters, are so ubiquitous. However, in both younger and older kids typically the special interests become more unusual and narrowly focused.

Children with ASPERGERS may have a history of delayed acquisition of motor skills such as pedaling a bike, catching a ball, opening jars, and climbing outdoor play equipment. They are often visibly awkward and poorly coordinated and may exhibited stilted or bouncy gait patterns and odd posture. Neuropsychologically, there is often a pattern of
relative strengths in auditory and verbal skills and rote learning, and significant deficits in visual-motor and visual-perceptual skills and conceptual learning. Many kids exhibit high levels of activity in early childhood, and, as noted, may develop anxiety and depression in adolescence and young adulthood.

4. Course and prognosis—

There are no systematic long-term follow-up studies of kids with ASPERGERS as yet, partially because of nosologic issues. Many kids are able to attend regular education classes with additional support services, although these kids are especially vulnerable to being seen as eccentric and of being teased or victimized; others require special education services, usually not because of academic deficits but because of their social and behavioral difficulties. Asperger’s initial description predicted a positive outcome for many of his patients, who were often able to utilize their special talents for the purpose of obtaining employment and leading self-supporting lives. His observation of similar traits in family members, i.e., fathers, may also have made him more optimistic about ultimate outcome. Although his account was tempered somewhat by the time he had seen 200 patients with the syndrome (25 years after his original paper), Asperger continued to believe that a more positive outcome was a central criterion differentiating children with his syndrome from those with Kanner’s autism. Although some clinicians have informally concurred with this statement, particularly in regards to gainful employment, independence, and establishment of a family, no studies specially addressing the long-term outcome of children with ASPERGERS is currently available. The social impairment (particularly the eccentricities and social insensitivity), is thought to be lifelong.

Summary—

Autism and Asperger syndrome are syndromes resulting from early-emerging and fundamental disruptions in the socialization process leading to a cascade of developmental impacts on social engagement and adaptation, communication and imagination, among other disabilities. Many areas of cognitive functioning are often preserved, and sometimes children with these conditions exhibit surprising if not prodigious skills. The early onset, symptom profile, and chronicity of these conditions implicate core biological mechanisms. Advancements in genetics, neurobiology and neuroimaging (described elsewhere in this supplement), are concurrently furthering our understanding of the nature of these conditions and of the formation of the social brain in typical children. Together with the new wave of prospective studies of autism, where siblings at risk for developing the condition are followed up from birth, a new social neuroscience perspective on the pathogenesis and pathobiology of factors is emerging. This effort is likely to elucidate the mysteries of the etiology and the pathogenesis of these conditions. Translational research into more efficacious treatment, if not prevention, will then hopefully follow.
The connection between Semantic Pragmatic Disorder and Aspergers Syndrome

Has anyone found any direct combination of Aspergers Syndrome and Specific Learning Disability? Have a small girl of 5 yrs who displays these traits.

Aspergers may be associated with learning difficulties and attention deficit disorder. Indeed, many kids and teens with Aspergers have previously been diagnosed with AD/HD instead of Aspergers. Children with AD/HD may have difficulty with social interaction, but the primary difficulties are inattention, hyperactivity and impulsivity. In children with Aspergers, the social awkwardness is a greater concern. As kids with Aspergers enter adolescence, they become acutely aware of their differences. This may lead to depression and anxiety. The depression, if not treated, may persist into adulthood.

Also, what is the connection between Semantic Pragmatic Disorder and Aspergers Syndrome??

==> First, we'll look at SPG... Semantic Pragmatic Disorder— HISTORY—

Semantic-Pragmatic Disorder was originally defined in the literature on Language Disorder in 1983, by Rapin and Allen, although at that time it was classified as a syndrome. They referred to a group of kids who presented with mild Autistic features and specific semantic pragmatic language problems.

In babyhood, moms & dads often described them as model babies or by contrast babies who seemed to cry too much. Many of these kids babbled little or very late and went on using 'jargon' speech much longer than other kids of the same age. Their first words were late and learning language was a hard slog. Some had other speech disorders too. Problems were usually first identified between 18 months and 2 years when the youngster had few if any real words.

Many moms & dads wondered if their kids were deaf at first because they did not appear to respond to speech. Assessment found that most kids had good hearing, although some did have otitis media and had grommets fitted to ensure maximum hearing.

The problem usually proved to be one of listening and processing the meaning of language instead. Many of the kids ignored their names early on but would hear the telephone or the door bell and even respond to the rustle of a sweet paper. Early on in their lives, Semantic-Pragmatic Disordered kids were found to have comprehension...
problems finding it difficult to follow instructions which were not part of the normal routine. Comprehension problems usually improved or responded well to speech therapy so that by the age of four years, many of the kids appeared to be functioning superficially, very well.

By the time these kids reached school, staff and moms & dads were aware that there was something "different" about them, but they couldn't quite put their finger on it. Sometimes the kids would appear to follow very little conversation, while at other times they could give a detailed explanation of an event. Later on in school they were often good at math, science, and computers but had great difficulty in writing a coherent sentence or playing with other kids. They were also unable to share and take turns. They could appear aggressive, selfish, bossy, over confident, shy or withdrawn. Many, therefore, were singled out as behavior problems and subjected to behavioral regimes which did not always work and left the youngster confused about what he was supposed to be doing. As one 6 year old Semantic-Pragmatic Disordered youngster said to his mother, "I don't want to be naughty".

Current Thinking—

Today we have a better understanding of the Disorder. We know that Semantic- Pragmatic Disordered kids have many more problems than just speaking and understanding words, so we call it a communication disorder rather than a language disorder. We think that the difficulty for kids with SEMANTIC PRAGMATIC DISORDER may be in the way they process information. Kids with SEMANTIC PRAGMATIC DISORDER find it more difficult to extract the central meaning or the saliency of an event. They tend to focus on detail instead; for example the sort of youngster who finds the duck hidden in the picture but fails to grasp the situation or story in the picture or the youngster who points out the spot on your face before saying 'hello'.

Extracting information from around us is something we do all the time. We are always looking for similarities and differences so that we can understand and anticipate. Kids who find it difficult to extract any kind of meaning will find it even more difficult to generalize and grasp the meaning of new situations. They will therefore cling on to keeping events the same and predictable. Maintaining sameness, by following routines slavishly, insisting on eating certain foods or wearing particular articles of clothing or developing obsessional interests are all characteristics of kids with SEMANTIC PRAGMATIC DISORDER Because these kids have difficulty extracting meaning both aurally and visually, the more stimulating the environment becomes the more difficult they find extracting information. Because people have minds which allow them to behave independently they are much less predictable and more difficult to understand than objects or machines. Kids with SEMANTIC PRAGMATIC DISORDER are often more sociable with friends at home or in a formal 1:1 assessment situation than in a busy classroom. Carers may be puzzled by the apparent discrepancy.

Listening and Understanding Language—

Because kids with SEMANTIC PRAGMATIC DISORDER find it difficult to focus their listening, they are easily distracted by noises outside the classroom or someone talking
on the other side of the room. They may butt in on conversations which have nothing to do with them. They are often described by staff as inattentive or impulsive. They may find loud noise in the classroom distressing and may comment on this. Sometimes when kids with SEMANTIC PRAGMATIC DISORDER are trying very hard to concentrate they may not hear speech at all and ignore general instructions in the classroom while they are trying to work. Many class teachers say they sometimes have to stand in front of their kids with SEMANTIC PRAGMATIC DISORDER or touch them before they respond.

Although many kids with SEMANTIC PRAGMATIC DISORDER do very well; sometimes way above their age level on formal language assessments, this does not mean that they do not have comprehension difficulties. What it does mean is that our methods of testing are not tapping the right areas, or the ones we are using are not standardized yet.

Their difficulties in understanding language are usually fairly subtle by the time they are 5. Kids with SEMANTIC PRAGMATIC DISORDER can often respond to long instructions like, "put the blue pen under the big book", because the objects are there, because it is here and now in time, and because bright kids with SEMANTIC PRAGMATIC DISORDER usually have very little difficulty in understanding visible concepts like size, shape and color and can be well ahead of their peers. The other very important point is this kind of language does not require knowledge about the person giving the instruction.

Kids with SEMANTIC PRAGMATIC DISORDER would find comments and questions like "Where did you come from then?.. What are you doing later?" "That was very clever of you!", much more difficult. This language requires more than listening and understanding words. You need to understand what the speaker was thinking and intending. You need to understand non literal expressions and time concepts too.

SEMANTIC PRAGMATIC DISORDER kid's understanding usually breaks down in a busy classroom when the teacher starts to chat, tell jokes, or makes a few sarcastic remarks. Kids with SEMANTIC PRAGMATIC DISORDER often feel very uncomfortable at this point because they take everything literally. If other kids become aware of this, they can learn to tease and take advantage.

Because kids with SEMANTIC PRAGMATIC DISORDER have difficulty in understanding what other people are thinking when they are talking, they cannot understand when people are lying or deceiving them. Many moms & dads of kids with SEMANTIC PRAGMATIC DISORDER have reported to us that their kids have had their lunches taken off them or parted with pocket money and returned home unable to give a clear account of what happened.

Talking—

As well as subtle comprehension problems kids with SEMANTIC PRAGMATIC DISORDER have difficulties with talking too. These are not always picked up by moms & dads or staff because so often they chat fluently. It is the particular way in which they use language which identifies them as a group. That is, they have specific Pragmatic Difficulties.
Kids with SEMANTIC PRAGMATIC DISORDER have a different style of learning language; they seem to learn more by memorizing than knowing what the individual words really mean; so they cannot use language with the same range and flexibility as other kids. Kids with SEMANTIC PRAGMATIC DISORDER remember whole chunks of adult phrases and because they are not sure which bits are more important than others they learn everything accurately including the intonation and the accent of the speaker! Sometimes you can hear yourself talking. All in all they seem to say a lot more than they really understand. Some kids with SEMANTIC PRAGMATIC DISORDER use a flat or 'sing-songy' voice when they are echoing other people's language.

Kids with SEMANTIC PRAGMATIC DISORDER often remember to use this echoed language appropriately so they can sound very grown up which contrasts dramatically with their social immaturity. However, when you ask them to give you an account of an event or discuss a picture story which they have not rehearsed, you find them groping for original words and the whole account is very disjointed. One mum described how her son of 5 would tell everyone off in his class including the teacher using her words but could never explain what he had done at school or ask the teacher for help.

When you analyze the content of a SEMANTIC PRAGMATIC DISORDER youngster's speech, you find a disproportionate amount of echoed social phrases and very little about how people feel or think. SEMANTIC PRAGMATIC DISORDER kid’s delayed social development means that they do not make distinctions between people. Adults, kids, teachers and moms & dads are treated the same so when Adam said “don't talk to me like that” to a visitor, he was understandably thought to be very rude, when in fact he was simply repeating what had been said to him. SEMANTIC PRAGMATIC DISORDER kid’s inappropriate or immature use of language can be very embarrassing. They say things like, "why has that lady got such a big nose", or they give the family secret away to the very person you had intended it to be kept from. It is easy to see why adults find kids with SEMANTIC PRAGMATIC DISORDER so exasperating at times.

Problems with talking really show up at a conversational level for kids with SEMANTIC PRAGMATIC DISORDER. First of all their delayed social development means that like younger kids, they are much more interested in themselves than other people so they tend to choose topics about themselves, their family or their special interests. Because they have insufficient understanding of their conversational partner, they tend not to understand that she might not be interested in their latest obsession and because the SEMANTIC PRAGMATIC DISORDER youngster has no idea what is pertinent in his story and what is not, when he is able to describe past events, he tends to give an over detailed account and fails to read the signals of boredom in his listener. He may, on the other hand believe that his listening partner shares his thoughts exactly. He thus assumes common knowledge and fails to put his partner sufficiently in the picture and requests for information may bring one word answers only.

On top of these problems so far described, the SEMANTIC PRAGMATIC DISORDER youngster may misunderstand what his conversation partner intended so he may give rather bizarre answers or he may, if he is skilful enough, change the topic and gear it back to what he understands and keep talking just to shut his partner out. Conversation can take on very strange meanings, if you are not aware of the SEMANTIC PRAGMATIC
DISORDER youngster's difficulty.

Understanding how others think—

Some S.P.D kids become skilled at talking about pictures or sequences of pictures but you find them only able to give you the bare facts. Their inability to describe people's thoughts and intentions within the picture mean they cannot be creative or abstract in their account or they cannot infer or make sensible predictions. They cling to the observable features of the picture without dealing with the implied underlying meaning.

The SEMANTIC PRAGMATIC DISORDER youngster's difficulty in seeing the world through other people's eyes or understanding that other people think differently from himself, is often described as a youngster who does not have a 'theory of mind'.

There has been a lot of research recently into when kids develop a 'theory of mind'. Researchers have used false belief stories and deception tasks (which tests the youngster's ability to understand that people who do not share the same knowledge will behave differently) to determine when kids develop this skill. Researchers think that four year olds have quite good understanding of minds but that kids on the Autistic Continuum * find this more difficult.

Most 'core' Autistic kids never acquire a complex theory of mind where as SEMANTIC PRAGMATIC DISORDER do seem to but later than other skills at the same developmental stage. This lack of social 'nous' above all else makes life difficult for the SEMANTIC PRAGMATIC DISORDER youngster. They find it difficult to make friends with kids of their own age and tend to gravitate towards younger or much older kids unless of course there are other kids with SEMANTIC PRAGMATIC DISORDER in the class - when they seem to be attracted to each other like magnets. We think that kids with SEMANTIC PRAGMATIC DISORDER need to spend time together so they can feel on a par with each other and not constantly at the mercy of more sophisticated peers.

We think teachers should explain to other kids, in simple terms, why it is the SEMANTIC PRAGMATIC DISORDER youngster cannot conform and to keep an eye on his vulnerability both inside and outside of the classroom.

Creative Play—

Researchers have also suggested that the difficulty kids with SEMANTIC PRAGMATIC DISORDER have in playing creatively and in mentalizing has a common cognitive origin. The ability to separate one's own thinking from that of another person may start at birth and develop through simple turn taking and shared attention games. Even breast feeding, humpty dumpty or peek-a-boo requires turn taking and mentalizing.

At about 18 months, kids take a leap forward in their mentalizing, they are able to think even more abstractly and they can switch from abstract to concrete thinking very easily. For example, they can pretend a toy cup is a telephone, but they also understand that the toy cup is a cup.
Toddlers’ teddies take on extra meanings when they become people who are taken to bed, fed and even used to fight kid’s battles for them. Three year olds know how to switch from pretend to reality and develop story lines with their friends when they say, "Let's pretend you are .....".

Kids with SEMANTIC PRAGMATIC DISORDER, on the other hand, find this kind of abstract thinking much more difficult. This makes their play less creative so that a tower of bricks is always a tower of bricks until someone else tells him otherwise. Kids with SEMANTIC PRAGMATIC DISORDER tend to flit from toy to toy or play repetitively. They show more interest in real activities like water, motor play, operating machines, tidying up and stacking toys. Many kids with SEMANTIC PRAGMATIC DISORDER understand representation i.e. that a toy cup stands for a real cup and they will often perform the appropriate action on the toy. They are not however pretending. The youngster who is really pretending is taking on the role of someone else and using their persona to develop a story line.

Many bright kids with SEMANTIC PRAGMATIC DISORDER try to solve the mystery of pretence by copying other peoples' pretence or copying moms & dads actions in the same detailed way they copy their speech. Some kids with SEMANTIC PRAGMATIC DISORDER copy exerts from TV programs exactly, and some people actually think kids with SEMANTIC PRAGMATIC DISORDER are being creative when in fact they are simply copying in detail. We call this kind of play functional play. This inability to separate pretence from reality can pose problems for some kids watching t.v. Although most kids with SEMANTIC PRAGMATIC DISORDER prefer cartoon programs, many, as they mature, enjoy films too. We would suggest that as far as possible you limit access to programs which contain violence and that you explain what is real and what is not.

This inability to be creative is usually extended to drawing skills too. Many kids with SEMANTIC PRAGMATIC DISORDER are late acquiring representational drawing skills. Many have to be taught how to draw a face and they can only repeat it in a particular way. Some kids with SEMANTIC PRAGMATIC DISORDER will only copy draw and some will only draw objects related to their obsessional interests. One youngster we knew would only draw pyramids, another drew horses. Very few, except the most able, can draw a picture story which is not the same each time.

Motor Difficulties—

Some kids with SEMANTIC PRAGMATIC DISORDER have fine motor difficulties. They find handwriting very difficult. They often need specialized help in making the correct letter shapes.

Some kids with SEMANTIC PRAGMATIC DISORDER have mild gross motor difficulties too, not always noticed early on except they are sometimes described as walking with an 'odd gait'. They are late riding bikes, find gym work difficult and take little interest in rule based games like football. Perceptual difficulties too can interfere with performance on practical skills, e.g. the sort of youngster who tells you how to prepare a 3 course meal but cannot put the beans on the toast.
Memory Skills—

Many bright kids with SEMANTIC PRAGMATIC DISORDER have exceptional memory skills which compensate for their communication problems. Many have a detailed memory for past events which other members of the family have long forgotten. Most have a detailed memory for social phrases as mentioned. Many have a memory for routes and can direct moms & dads long distances by car! Some have an excellent memory for reading, others remember tunes.

Academic Performance—

In the classroom, academic performance tends to be patchy. First of all, the SEMANTIC PRAGMATIC DISORDER youngster's egocentricity means that he can only understand topic work from his own perspective. Refusing to do work may signal the work has no meaning for him and may suggest to the teacher and moms & dads that they need to supplement class work with more concrete shared experience. Kids with SEMANTIC PRAGMATIC DISORDER often have excellent number concepts and teachers and moms & dads are puzzled by the youngster's slowness in grasping how to do 'sums'. It seems they find the abstract symbols of adding + and subtracting - rather meaningless unless they are allowed to make their own. Later on, they often fail to understand the value of money or tell analogue time - unless of course either one happens to be an obsessional interest.

We think these difficulties can be remediated if addressed early on. Kids with SEMANTIC PRAGMATIC DISORDER usually manage fairly well during infant classes and it is often not until junior level, when help has not been available that obstacles seem to be met. At junior level, the major problems are handwriting and creative writing.

We would suggest that if handwriting is still unintelligible at nine years, there is little point in persisting with further handwriting practice and that it may be more sensible to encourage development of written skills through the use of word processors.

Creative writing, rather like pretend play, is something which may remain inflexible. Many kids with SEMANTIC PRAGMATIC DISORDER find it easier to regurgitate their own experiences or retell stories. One youngster we know is so accomplished at memorizing stories and interweaving them into new ones that he has actually won prizes for creative writing!

Some kids with SEMANTIC PRAGMATIC DISORDER learn to read very early but not necessarily with understanding. We call this hyperlexia. Other kids find reading and writing a hard slog and we call this dyslexia. As yet we cannot predict which kids will fall into which group.

SEMANTIC PRAGMATIC DISORDER is therefore a complex disorder not yet fully understood. Except we now know that most of the problems experienced by these kids have something to do with abstract thinking and mentalizing; but just like any group of kids, they are all different. They have their individual personality and their individual abilities, which mean they have individual needs.
School Placements—

Some kids have moderate learning difficulties on top of their SEMANTIC PRAGMATIC DISORDER problems and do best in special schools, but many kids are brighter than average and can do very well in mainstream education; particularly if they have the support of a helper or spend time in a language unit or a language school. We think that as our understanding of the disorder improves then we shall be able to provide an educational environment which best meets their needs.

For bright kids with SEMANTIC PRAGMATIC DISORDER, we think that the most important question is, "What is it that makes the SEMANTIC PRAGMATIC DISORDER youngster unique?" He has a different style of learning which is equally valid but it does necessitate a special understanding and a different approach. If we are to maintain his self esteem and reduce his anxiety to levels that allow him to learn, then we should perhaps start from the premise of what can this youngster do, rather than what can't he do.

With a clear understanding of his skills and his needs, our expectations should become more realistic and our interventions less punitive. The SEMANTIC PRAGMATIC DISORDER youngster may not show embarrassment when he has violated a class social rule but he will feel a failure if he is saturated with labels of 'naughty', 'silly' and 'no common sense'. He simply needs to know what is acceptable and what is unacceptable.

Bright kids with SEMANTIC PRAGMATIC DISORDER are usually very quick at picking up rules if they are spelt out and will stick to them much more slavishly than the rest of the class. The secret of good teaching is perhaps to anticipate when these rules may need revision. Kids with SEMANTIC PRAGMATIC DISORDER often perform best in small, orderly 'old fashioned' styled classrooms.

Growing Up—

We haven't followed any of language unit kids with SEMANTIC PRAGMATIC DISORDER into adulthood yet, but we do know that the kids whose problems have been identified early and whose behavior and communication problems have been recognized as part of the learning disorder tend to integrate best at least up to senior level. Some kids have managed the transition to senior school well and one we expect to go to university. Other kids however bright would simply be too vulnerable to cope socially at comprehensive school even though much of the academic work would be within their scope. We hope that in time some specialist facility may be offered locally at senior school for those who need it.

What we are sure of at this stage, is that kids with SEMANTIC PRAGMATIC DISORDER do have problems recognizing what is sociably acceptable and unacceptable and that they should not be educated with kids whose primary diagnosis is E.D.B (Emotional Disturbed Behavior). We believe that SEMANTIC PRAGMATIC DISORDER kid's behavior problems escalate in the presence of conduct disorders.
We have also found that some kids with SEMANTIC PRAGMATIC DISORDER who find it difficult to cope in a busy mainstream class are out performed by similar kids in special school, particularly if there is high Speech Therapy input and if the school has a genuine interest in developing a service for kids with Semantic Pragmatic Difficulties.

Echoed speech, comprehension problems and refusal to co-operate are all behaviors minimized in the appropriate setting.

Kids with SEMANTIC PRAGMATIC DISORDER will probably benefit most from an adapted curriculum where teachers and speech therapists work alongside each other to provide an integrated academic and communication program.

Kids with SEMANTIC PRAGMATIC DISORDER often do well if they spend time with kids who are equally or less socially sophisticated than themselves. They need social peers as well as intellectual ones. Kids who will encourage or insist on interaction rather than kids who ignore.

Kids with SEMANTIC PRAGMATIC DISORDER need extra talking practice, not less. With help, kids with SEMANTIC PRAGMATIC DISORDER will overcome most of their language comprehension problems but if their conversation is to be timely and appropriate they need to 'know' who their conversational partner is.

Autistic Continuum—

This phrase refers to all kids who share the same specific cognitive deficit resulting in problems with sociability, language and pretence. At the severe end of the continuum, we have kids labeled as Autistic, Core Autistic or Classically Autistic.

At the other end of the continuum, we have kids with milder problems who may have diagnostic labels of Semantic-Pragmatic Disorder or Autistic Spectrum Disorders.

Autistic Spectrum Disorders—

This recently adopted phrase refers to kids who fall some way between normality and Autism but outside Core Autism. Labels like Atypical Autism, Aspergers Syndrome, or Semantic-Pragmatic disorder are often used and they all describe similar communication difficulties to a greater or lesser degree. All kids on the Autistic Continuum including those with Core Autism have Semantic-Pragmatic difficulties with language and they should all be viewed in the context of Autism. That is they share the same triad of difficulties, with sociability, pretence and language.

Kids with SEMANTIC PRAGMATIC DISORDER are the group who are sociably the most able but who have much more difficulty early on at least learning basic language skills. But whose difficulties we suspect in adulthood will blur into the realms of mild eccentricity.

Kids with Aspergers Syndrome tend to have more problems with socializing than kids with Semantic Pragmatic Disorder but are generally earlier fluent speakers. There seems to be a pay off between early comprehension skills and sociability. As kids mature, it is
often difficult to specify what label best fits. Many kids improve dramatically and diagnostic labels can change.

Labeling or not—

There is an argument, at least in the early years, particularly for more able kids, to use less specific diagnostic labels like Autism and simply to describe kids who may well improve dramatically in the pre-school years as falling within the 'Autistic Continuum' or as having an Autistic Spectrum Disorder.

Specific labels, however, can be useful, at the school stage of development both for research and for planning resources. There is clearly an enormous difference between a youngster with severe learning difficulties and Autism and a youngster of superior intelligence with a Semantic-Pragmatic Disorder. When we are describing kids on the Autistic Continuum, we must also be clear in our own minds about whether we are simply describing levels of sociability or whether we are also describing more generalized learning difficulty. The two do not necessarily go hand in hand.

As a rule of thumb, however, kids with Semantic Pragmatic Disorders as a group have less generalized learning difficulties than Autistic Kids.

Origins of Semantic-Pragmatic Difficulty—

We now think there is a family link between these Autistic Spectrum Disorders. We have sometimes found that having identified one youngster on the Autistic Continuum, another youngster in the family has been found to have milder communication problems too, particularly if they are male.

Moms & dads ask why? Well as you have probably deduced, the evidence is now pointing to a disorder which is genetic in origin. Autistic Spectrum Disorders are sometimes associated with other genetic disorders like Fragile X Syndrome, Retts Syndrome and Tuberousclerosis.

We think the problem is much more complex than one parent passing on a problem. Just like two hearing moms & dads can produce a profoundly deaf youngster, we think that two healthy moms & dads can produce a youngster with a communication disorder.

Some moms & dads of kids with SEMANTIC PRAGMATIC DISORDER describe eccentric relatives or others with psychiatric illness, but this is by no means always the case. We still have much to learn about genes and inheritance. What we can say is, boys are much more likely to have communication problems than girls: something in the ratio of 6:1.

Some moms & dads describe difficult birth histories and wonder if brain damage at birth could have been responsible. Well it is possible, but unlikely that a brain injury could be so specific. We think that in the majority of cases, the genetic makeup of the youngster makes him more vulnerable at birth.
If the same partners are contemplating extending their families after discovering they have a youngster with Autism and Semantic-Pragmatic Difficulties, we would recommend they sought Genetic counseling first.

**Prognosis—**

Semantic-Pragmatic Disorder is not an illness like Diabetes. It is a developmental disorder which improves with age. Rates of progress are probably dependent on overall intelligence and the support of carers. At centers like Heathlands, carers hope to maximize on such improvement by providing support and guidance throughout childhood.

Until about 10 years ago, we were only able to recognize the most handicapped kids with Autism. Kids were either Autistic or they were not Autistic. This meant that many able kids on the continuum with very mild and specific learning difficulties were excluded from a diagnosis and subsequent help. Many were dismissed as eccentric or language disordered or as having behavior problems, leaving moms & dads with much unresolved guilt.

Today we have extended the boundaries to include those kids with only mild social difficulties, some of whom may be able to extend their special interest and abilities to outperform their peers in mainstream.

The gloomy picture of Autism and Mental Handicap once painted is not something that necessarily follows. If you are a parent and you have been given this article to read, you should feel reasonably optimistic.

**TELL TALE SIGNS—**

(These are the features we have observed in many of our kids but not all in one youngster!)

**Early Developmental 0-2 years:**

1. "Golden" baby
2. A loner.
3. Didn't always look at you properly or enough when talking to you.
4. Didn't babble much.
5. Didn't take teddy to bed.
6. Difficult toddler with no sense of danger.
7. Fussy eater
8. Inappropriate response to sensory stimuli (e.g. touching, pain, noise)
9. Late pointing to share knowledge.
10. Late recognizing himself in a mirror or in a photograph.
11. Late talking
12. No boundaries.
14. Over clingy or wandered off too easily.
15. Thought he was deaf.
Nursery age development 2-4 years:

1. Appears to have a receptive language disorder.
2. Better conversation at home than at school.
3. Cannot play or negotiate with other kids
4. Cannot share.
5. Can't initiate pretend games with other kids.
6. Difficulty cutting out.
7. Doesn't build much with lego or tends to build the same.
8.Echoes people's conversations, stories and t.v. programs.
9. Good at jigsaws, colors, numbers, shapes.
10. Has to be prompted to use social greetings like 'hello' and 'goodbye'.
11. Late drawing representationally. Prefers scribble if left.
12. Loves music and has a good memory for tunes
14. Obsessional interests like cars, dinosaurs and Michael Jackson!
15. Only interacts at a rough and tumble or chase level.
16. Only watches cartoon t.v. or animal programs
17. Prefers 'helping' with real activities like operating machinery or washing up.
18. Prefers to 'read' his own story (usually Thomas the Tank Engine).
19. Pretend is only action on object and doesn't have a storyline.
20. Rarely dresses up.
21. Tantrums persisting.
22. Very active - doesn't settle to play for long.
23. Wouldn't settle at playgroup and had to be removed.

School Age development:

1. Appears rude or can say things that embarrass you.
2. Approaches people inappropriately by kissing them or wrapping his arm around them or standing too close.
3. Cannot cope in crowds like assembly or parties.
4. Can't follow topic work in the classroom.
5. Can't get his ideas on paper.
6. Can't tell you what he did at school without shared knowledge.
7. Difficulty coping with school dinners (e.g. food fads, slow eater, surrounding noise, conversational expectations).
8. Distractible in the classroom.
9. Does not see himself as a member of a group.
10. Doesn't ask the teacher for help.
11. Doesn't exchange eye contact or facial expression appropriately.
12. Doesn't like football or complex rule based games.
14. Doesn't take turns in conversation.
15. Doesn't understand abstract concepts like: tomorrow, next week, guess, wish.
16. Doesn't use much gesture like shrugging shoulders.
17. Excellent number concepts but difficulty with + or - or telling the time or value of
money.
18. Fluent speaker but only wants to talk about things important to him.
19. Follows his own interests rather than the class.
20. Follows rules slavishly, and expects everyone else too.
21. Good memory for places and events.
22. Has no special friend but dominates some kids or plays on his own.
23. Has to be told how to behave.
24. Late reader or 'super' reader.
25. Literal understanding doesn't know when you are being sarcastic or joking.
26. Naive and unable to see deception in others.
27. Obsessional questioning. Answers don't satisfy him.
28. Poor handwriting
29. Seems much more childish for his age than his intelligence would suggest.
30. Sounds like a grown up sometimes.
31. Under performing at school.

Summarizing Difficulties— Social/Emotional Delay and Disorder:

- Approaches kids and adults inappropriately.
- Childish.
- Demands a lot of adult attention.
- Difficulty making friends of his own age.
- Does not understand status.
- Doesn't recognize the difference between good and bad behavior unless told.
- Doesn't understand other people’s intentions.
- Egocentric.
- Feels bad about himself if he makes a mistake but doesn't feel embarrassment.
- Little empathy
- Naive

Language Disorder:

- Confuses he/she
- Conversation can sound too grown up or rude.
- Difficulty establishing shared attention and joint reference.
- Disproportional early vocabulary of nouns to verbs.
- Doesn't initiate conversation appropriately.
- Doesn't use language sociably and tends not to bother about social greetings.
- Early listening and comprehension problems.
- Easily distracted.
- Late talking and late pointing reverentially.
- Later on few words to describe thoughts, feelings and intentions of others.
- May have other language problems like fluency or speech disorder.
- Not interested in or able to follow topics outside his own experience.
- Over uses social phrases or non-specific pronouns e.g. 'over there'.
- Poor Auditory discrimination so he may misuse words e.g. 'cartoon' for 'carton'.

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• Quiet baby.
• Single track attention in a busy room.
• Sometimes appears deaf.
• Talks nonstop about his own interests.
• Uses a flatter or exaggerated intonation pattern.
• Uses time labels incorrectly. Words like 'yesterday' can mean any period back in time.

Play skills:

• Can't share easily.
• Can't share pretence or develop story lines.
• Difficulty in following rules of games like tag, hide and seek or football.
  • Finds it difficult to develop to and fro games with adults e.g. throwing and catching a ball. Hide and Seek.
• Good at lego and jigsaws.
• Likes playing on his own repetitively.
• Only plays chase or rough and tumble with other kids.
• Prefers real activities to pretend.
• Prefers self chosen activity and resists adult direction.
  • Some anxiety about playing in the playground, particularly if there is no apparatus or objects to play with.

Academic Skills:

• Difficulties in playground. May result in anxious behavior just before break times with reappearance in classroom at playtimes.
  • Difficulties with: handwriting, creative stories, reading comprehension, spelling and mathematical representation.
• Follows his own interests.
• Good at number, science and computers.
• Interprets topics from his own perspective.
• Only works when he wants to and appears to have no motivation for some work.
• Refuses to conform.

Motor Skills:

• Fine Motor Difficulties make practical skills like scissors, drawing, handicraft difficult.
  • Gross Motor Difficulties makes riding bikes, swimming, dressing and rule based games like football difficult.

Sensory Difficulties:

• Many have a heightened awareness of smell or taste and may refuse certain foods. Others have a diminished awareness of hunger and may only eat if told.
  • Some are late acquiring an interest in sensory exploration and continue to need this kind of play activity more than other kids of the same age and ability.
• Some avoid touching certain materials particularly sticky or wet substances.
• Some kids have a heightened awareness of loud noise. Others ignore loud noise and
focus on peripheral sound.

- Some kids seem to have a diminished awareness of pain 'bravely' picking themselves up after serious accidents and only displaying signs of distress after observing the visible signs of hurt e.g. blood

Sameness:

This is not usually a major problem for kids with SEMANTIC PRAGMATIC DISORDER Overplaying with toys or over drawing are usually a sign of anxiety and that something in the environment needs changing - like a Speech and Language Therapist talking too much!

Over activity:

This is a feature shared by other kids with learning difficulties and may serve to confuse the diagnosis.

Initially, however, kids with Semantic-Pragmatic difficulties have very good concentration (sometimes too much) for self chosen activities like watching cartoon videos or playing with sand and water but become 'hyperactive' with more adult directed activity. Activity levels usually increase with complexity of tasks, complexity of environment, and expectations of failure. Over activity levels usually decrease with age and confidence but are hardly ever reduced by increased physical activity. Some moms & dads have found an association between food additives and levels of activity and while restricted diets do help, the problem is rarely solved this way.

Helping Kids with SEMANTIC PRAGMATIC DISORDER— Social Development:

a. Provide a certain amount of predictability to reduce anxiety

b. Give a simple explanation to the other kids in the class (in mainstream).

c. Allow him to work in small groups or in a small class.

d. Facilitate his interactions with other kids. Do not allow him to opt out by holding your hand in the playground or dominating one youngster.

e. Give clear rules of how to behave without negative judgments. It is not healthy to be constantly told you are 'silly' or 'naughty'. When you do not know what it is you are doing wrong.

f. If he can't cope outside, give him special tidying or sorting jobs e.g. library.

g. If he hits out when thwarted, you may need to monitor him for a few days, if you want to stop this. While he may not be intentionally aggressive, he will not have sufficient empathy to know how hard to hit. His behavior could be a danger to other kids.
h. Encourage sharing, first by identifying his needs, secondly, by reflecting the other youngster's needs and thirdly by insisting he shares.

i. Make dinner time a pleasant experience. He may need an adult to sit with him.

Language:

a. Provide him with suitable conversation partners.

b. Give the youngster time to reply.

c. Acknowledge the youngsters communication even if it is inappropriately done and even if he cannot have his way.

d. Aim to teach him more appropriate strategies

e. Keep the class as orderly as possible with 'noise' to a minimum.

f. Make sure he knows what to do and what to do next.

g. If you want him to follow a general classroom instruction make sure you say his name.

h. Invite moms & dads into school on a weekly basis.

i. Talk slowly in simple sentences and do not bombard him with questions. When he asks a question make sure you are responding to his intentions rather than just the words otherwise you may be on the road to developing repetitive questioning in him.

j. If you want him to take a message home (however simple) write it down for him.

k. Use gesture or visual props when introducing new topics. Always work from shared practical experience first. This is a crucial element of teaching if knowledge is to be generalized and cannot be over emphasized.

l. Inform moms & dads which topics are being covered so they can supplement with extra hands on experience too.

m. Home school diary to help conversation and writing skills.

n. If his language doesn't make sense don't respond to what he says. Think of what he means to tell you. (his intentions)

o. Reflect what you think the youngster means when he echoes adult language, e.g. "I think it is getting awfully late", might mean "Adam is worried, Adam doesn't understand". Hopefully this kind of comment if it matches the youngster's thinking will help him use the right words next time and reduce questioning.
If the youngster is involved in confrontation with another youngster, it is often helpful to reflect what the other youngster is thinking too, e.g. "Adam wants the pen". "David says it's mine".

Because kids with SEMANTIC PRAGMATIC DISORDER are so inflexible in thought, we suggest you tune into their thinking first. If you say what they are thinking first then the SEMANTIC PRAGMATIC DISORDER youngster is much more likely to listen. Then you can switch to what you want to say. Avoid dealing with situations by opening with a question: - e.g. "What's happening Peter?" is expressing your feelings and doesn't match what it is the youngster is thinking. Matching your words to the youngster's thoughts is called mapping. We think that mapping allows the youngster to build up a vocabulary of useful words which should have maximum meaning. If words have meaning then they should be used much more flexibly.

Over use specific vocabulary which youngster finds difficult. Pay particular attention to teaching opposites - e.g. he/she put/take upstairs/downstairs

Choose 2 or 3 words each week and ask moms & dads to do the same. Choose vocabulary from programs like living language particularly words of space, quantity, personal feelings and time.

Avoid sarcasm. Explain if you do.

Take care when you say "X is not good for you" (he may never eat it again!)

If you are doing 'news' work, encourage him to bring in visual props like pictures to help him talk about the 'there and then'.

Play skills:

Encourage sensory exploration and 'Wendy House' play

Help him vary his play, beyond set routines

Help youngster interact in playground.

Facilitate role play based on real life experience with props. e.g. reenact his birthday party or a trip to McDonalds using the empty cartons etc..

Help creative drawing and building - again based on real life visits and photos and video recordings.

Start group activities like story time or action rhymes with an activity he can do to hold his interest immediately.

Facilitate turn taking and anticipatory games through youngster centered play.
h. Encourage simple rule based games like hide and seek.

Academic Help:

a. Do not be deceived by his memory skills, make sure he 'understands'.

b. Use his visual skills and sense of order to develop understanding.

c. Extra help with correct letter formation.

d. Help him write sentences based on what the youngster has just done - with props e.g. written sequence of a practical activity.

e. If he has any obsessive or special interests, rather than ignoring them, it may be possible for him to develop them so he incorporates some useful knowledge.

f. Spelling rules - taught systematically.

g. Reading - help comprehension by reading the story to youngster first, and then discussing the text and asking him questions which require him to infer or predict but be prepared to give him the answers. Finally, ask the youngster to read the story to you.

h. Allow him to read some books above his comprehension level if he is hyperlexic so he feels as good as the other kids in the class.

i. If he is finding reading difficult, make him his own reading book with photographs based on himself and his family.

j. Exemption from topic work which may be too complex e.g. Religious or Historical projects. It may not be sensible for example to work on topics like the Romans if he does not understand what 'last week' means.

Math:

a. Help him translate mathematical problems like "If I have two sweets and you give me two more" into higher levels of representation e.g. 2+2 (make sure he understands the link).

b. Explain symbols + If these are difficult for him let him make his own and change them gradually.

c. Systematic help with 'time' based on school routine. Make sure you have a clock with numbers (one hand at a time).

d. Value of money (real money). Allow him pocket money as soon as he is old enough.
e. Make sure he understands the difference between words like:
   • a few / a lot
   • more / more than
   • each / all / both
   • how many / count
   • 15 / 50

f. If he is having problems with 'base 10' concepts. He may need to have special help with understanding concepts like eleven (one T. one) or twenty-three (two T. three) etc.

g. He may need extra help with estimating and measuring.

Self Esteem:

Find something he can do better than the rest of the group. If he can become the class artist or computer expert then he will gain the respect of his peers.

==> Next, we will look at Aspergers... Aspergers Syndrome—

For years, psychiatrists have debated how to classify and subdivide the category of Pervasive Developmental Disorder (PDD). Pervasive Developmental Disorder is a category that contains several specific diagnoses. People with PDD have problems with the social interaction and often show delays in several other areas. These other areas may include language, coordination, imaginative activities, and intellectual functioning. The degree of severity can vary tremendously in the various forms of PDD. Autism is one of the more severe forms of PDD. An child with Autism has marked difficulty relating to other human beings. He or she frequently has delayed or absent speech and may be mentally retarded. Aspergers is on the milder end of PDD. People with Aspergers generally have normal intelligence and normal early language acquisition. However, they show difficulties with social interactions and non-verbal communications. They may also show perseverative or repetitive behaviors.

The Young Child: A preschool aged youngster might show difficulty understanding the basics of social interaction. He or she may have difficulty picking up social cues. He may want friends but be unable to make or keep any friends.

Elementary School Aged Child: One often hears the phrase, “poor pragmatic language skills.” This means that the child cannot use the right tone and volume of speech. He may stand too close or make poor eye contact. He may have trouble understanding age-appropriate humor and slang expressions. Many are clumsy and have visual-perceptual difficulties. Learning difficulties, subtle or severe, are common. The youngster may become fixated on a particular topic and bore others with frequent or repetitive talk even when the other Kids have given clear signals that they are no longer interested in the
topic. Some have difficulties tolerating changes in their daily routine. Change must be introduced gradually.

The Adolescent: This may be the most difficult time for a child with Aspergers. Those with milder forms of the disorder may first come to treatment when they are in middle school. In adolescence, social demands become more complex. Subtle social nuances become important. Some may show an increase in oppositional or aggressive behavior. People with Aspergers have difficulty understanding which of their peers might want to be a friend. A socially marginal boy might try to date the most popular girl in his class. He will probably experience rejection. He is unaware that some other girl might accept his invitation. Because of his social naiveté, he may not realize when someone is trying to take advantage of him. He can be especially vulnerable to manipulation and peer pressure.

Adulthood: There is less information on Aspergers in adulthood. Some people with mild Aspergers are able to learn to compensate. They become indistinguishable from everyone else. They marry, hold a job and have Kids. Other people live an isolated existence with continuing severe difficulties in social and occupational functioning. People with Aspergers often do well in jobs that require technical skill but little social finesse. Some do well with predictable repetitive work. Others relish the challenge of intricate technical problem solving. I knew a man, now deceased, who had many of the characteristics of Aspergers. He lived with his mother and had few social contacts. When he visited relatives, he did not seem to understand how to integrate himself into their household routine. When the relatives would explain the situation to him, he was able to accept it. However, he was unable to generalize this to similar situations. Although he was a psychologist, his work involved technical advisory work, not face-to-face clinical sessions.

Associated Difficulties: Aspergers may be associated with learning difficulties and attention deficit disorder. Indeed, many Kids and teenagers with Aspergers have previously been diagnosed with AD/HD instead of Aspergers. People with AD/HD may have difficulty with social interaction, but the primary difficulties are inattention, hyperactivity and impulsivity. In people with Aspergers, the social awkwardness is a greater concern. As people with Aspergers enter adolescence, they become acutely aware of their differences. This may lead to depression and anxiety. The depression, if not treated, may persist into adulthood.

Treatment for Aspergers—

Medications: There is no one specific medication for Aspergers. Some are on no medication. In other cases, we treat specific target symptoms. One might use a stimulant for inattention and hyperactivity. An SSRI such as Paxil, Prozac or Zoloft might help with obsessions or perseveration. The SSRIs can also help associated depression and anxiety. In people with stereotyped movements, agitation and idiosyncratic thinking, we may use a low dose antipsychotic such as risperidone.

Social Skills Training: This is one of the most important facets of treatment for all age groups. I often tell moms & dads and teachers that the person needs to learn body
language as an adult learns a foreign language. The person with Aspergers must learn concrete rules for eye contact, social distance and the use of slang. Global empathy is difficult, but they can learn to look for specific signs that indicate another person’s emotional state. Social skills are often best practiced in a small group setting. Such groups serve more than one function. They give people a chance to learn and practice concrete rules of interpersonal engagement. They may also be a way for the participant to meet others like himself. People with Aspergers do best in groups with similar people. If the group consists of street-wise, antisocial peers, the Aspergers child may retreat into himself or be dominated by the other members.

Educational Interventions: Because Aspergers covers a wide range of ability levels the school must individualize programming for each student with Aspergers. Teachers need to be aware that the student may mumble or refuse to look him in the eye. Teachers should notify the student in advance about changes in the school routine. The student may need to have a safe place where he can retreat if he becomes over stimulated. It may be difficult to program for a very bright student with greater deficits. In one case, a student attended gifted classes but also had an aide to help her with interpersonal issues. That student is now in college. Kids with Aspergers are often socially naive. They may not do well in an Emotionally Disturbed class if most of the other students are aggressive, street-wise and manipulative. I have seen some do well when placed with other students with pervasive developmental disorders. Some do well in a regular classroom with extra support. This extra help might include an instructional assistant, resource room or extra training for the primary teacher.

Psychotherapy: People with Aspergers may have trouble with a therapist who insists that they make an early intense emotional contact. The therapist may need to proceed slowly and avoid more emotional intensity than the patient can handle. Concrete, behavioral techniques often work best. Play can be helpful in a limited way if the therapist uses it to teach way of interaction of the therapist uses play as a break from an emotionally tense if it is used to lower emotional tension. Adults and Kids may also do well in group therapy. Support groups can also be helpful.

Moms & dads play an important role in helping their youngster or teenager. This youngster or teenager will require time and extra nurturance. It is important to distinguish between willful disobedience and misunderstanding of social cues. It is also important to sense when the youngster is entering emotional overload so that one can reduce tension. They may need to prepare the youngster for changes in the daily routine. One must choose babysitters carefully. Moms & dads may have to take an active role in arranging appropriate play dates for the younger youngster. Some moms & dads seek out families with similar Kids. Kids with Aspergers often get along with similar playmates. Moms & dads should help teachers understand the world from the youngster’s unique point of view. Parenting an teenager with Aspergers can be a great challenge. The socially naive teenager may not be ready for the same degree of freedom as his peers. Often moms & dads can find a slightly older teenager who can be a mentor. This person can help the teenager understand how to dress, and how to use the current slang. If the mentor attends the same school, he can often give clues about the cliques in that particular setting.
Adults may benefit from group therapy or individual behavioral therapy. Some speech therapists have experience working with adults on pragmatic language skills. Behavioral coaching, a relatively new type of intervention, can help the adult with Aspergers organize and prioritize his daily activities. Adults may need medication for associated problems such as depression or anxiety. It is important to understand the needs and desires of that particular adult. Some adults do not need treatment. They may find jobs that fit their areas of strength. They may have smaller social circles, and some idiosyncratic behaviors, but they may still be productive and fulfilled.

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09:45AM (-07:00)
Question

Can you offer tips for completing assignments? Answer

Children with Asperger’s Syndrome have the same motivational needs as other kids. Sometimes less and other times, a lot more motivation is needed to accomplish the same assignment. However, Children with Asperger’s will always have the need for a little extra help due to the weaknesses created by the syndrome.

Because Asperger’s affects functional skills in socialization and communication, teachers and parents will need to get creative in order to find ways to help these kids succeed. Here are a few tips to help with school assignments.

* Children with Asperger’s crave order, structure and routine. These desires can be utilized to help with assignment completion. Classroom time for the child with Asperger’s must be an organized and structured environment. Consistent structure will provide comfort, allowing the child to make progress on his assignments.

* Use visual schedules for children with Asperger’s Syndrome. They need a balanced schedule that will alternate core subjects with chances to de-stress, usually with structured down time. For example, the student may be scheduled for an hour of math, thirty minutes for lunch, and then an hour of music. Assuming that music is a class he thoroughly enjoys, that hour would be his time to de-stress.

* Allowing further breakdown of assignments into mini-assignments will also help ensure successful completion. This breakdown will appeal to the child’s sense of order as he sees each step is
simply written and manageable.

* The breakdown of assignments into steps leads to another suggestion. Additional time is useful when assigning work to a student with Asperger’s. Children with Asperger’s may find additional time helpful to complete their assignments. Meeting a deadline on an assignment can create stress that causes the child to become completely overwhelmed, wiping out any chance of completing the assignment.

* Teachers of children with Asperger’s should also keep in mind the need to use straightforward instructions stated simply and clearly. Language is difficult for kids with Asperger’s Syndrome. Sarcasm and slang go right over their heads. Remember that they need to know what, when, and how. Basic instruction goes a long way.

Finally, praise the student for the work that is completed. Praise from his teacher will motivate the child with Asperger’s and the typical child alike. Teachers should always praise their students if possible. Children with Asperger’s may have weaknesses to battle, but praise is a weapon that can be used successfully in the classroom.

08:56AM (07:00)

Aspergers: Aggression, Anxiety, Depression, Hyperactivity, Inflexib...

Aggression—

Aggression is seldom an isolated problem and is particularly complex in kids with ASPERGERS [23]. It is important to understand that aggressive behavior is not always associated with just one condition and can have highly varied sources. An array of theoretic models has been proposed to understand aggressive behavior in children with ASPERGERS [24]. There are promising biologic models that suggest the behavior arises
from alterations in dopaminergic reward mechanisms [25], and cognitive models, suggesting that such acts are an outcome of conditioned learning [26], [27]. Tantrums and physical aggression are often responses to a variety of circumstances and occur in the context of diverse emotions [23]. It has become fashionable to consider aggression as prima facie evidence of bipolar disorder, particularly when ASPERGERS kids are distractible, restless, and have chronically decreased need for sleep. It is increasingly important to consider, however, whether features of bipolar illness appear together and depart from chronic baseline functioning. It is also relevant if they are associated with pharmacologic (eg, serotonin reuptake inhibitor) side effects. It is useful to know the circumstances preceding and following aggressive outbursts before selecting a pharmacologic agent. For example, when aggression is a response to anxiety or frustration, the most helpful interventions target those symptoms and the circumstances that produce them rather than exclusively focusing on aggressive behavior.

Unfortunately, the request for treatment typically follows a crisis and the press for a rapid, effective end to the behaviors may not permit the gathering of much data or discussion. Nevertheless, it is not appropriate to “always” begin with one agent or another. Moving to a more “surefire” agent too quickly may mean that the patient takes on cardiovascular, endocrinologic, and cognitive risks that might be otherwise avoided. There are reports in support of using serotonin reuptake inhibitors (SRIs) [28], [29], [30], [31], [32], [33], [34], alpha-adrenergic agonists [35], beta-blocking agents [36], [37] (3), “mood stabilizers,” (or anticonvulsants) [38] (3), and neuroleptics [39], [40], [41], [42], [43], [44], [45] (4) for aggressive behavior. When a clinician has the luxury of time, the support of family, and collaboration with staff where the individual is working or attending school (or living), then an agent that is safer, but perhaps takes a longer time to work or is a little less likely to help, can be tried. It does seem that those agents with a greater likelihood of success pose greater risks [22], [46]. The most evidence supports use of dopamine blocking agents (neuroleptics) for aggression [22] (4), but the side effects and long-term risks from these agents are greater than others listed earlier.

Anxiety—

Kids with ASPERGERS are particularly vulnerable to anxiety [47], [48]. This vulnerability may be an intrinsic feature of ASPERGERS [49] through specific neurotransmitter system defects [50], a breakdown in circuitry related to extinguishing fear responses [51], or a secondary consequence of their inability to make social judgments [15], [16], [17] throughout development. The social limitations of ASPERGERS make it difficult for kids with the disorder to develop coping strategies for soothing themselves and containing difficult emotions. Limitations in their ability to grasp social cues and their highly rigid style act in concert to create repeated social errors. They are frequently victimized and teased by their peers and cannot mount effective socially adaptive responses. Limitations in generalizing from one situation to another also may contribute to repeating the same social gaffs. Furthermore, the lack of empathy severely limits skills for autonomous social problem solving. For higher functioning kids, there is sufficient grasp of situations to recognize that others “get it” when they do not. For others there is only the discomfort that comes from somatic responses that are disconnected from events and experience.

Several agents have been tried for treatment of anxiety. There is no reason to suspect
that kids with ASPERGERS are less likely to respond to the medications used for anxiety in children without ASPERGERS. Thus, SRIs [28], [29], [30], [31], [32], [33], [34], [52] (1), buspirone [53] (3), and alpha-adrenergic agonist medications such as clonidine or guanfacine all have been tried [35] (2). The best evidence to date supports use of selective serotonin reuptake inhibitors (1). It is also true that kids with ASPERGERS may be more vulnerable to side effects and to exhibit unusual side effects. Disinhibition is particularly prominent and can be seen with any of the serotonin reuptake inhibitors; in some circles this is regarded as evidence of bipolar “switching,” although there are no studies to suggest that among children with ASPERGERS this reaction is a portent of later nonmedication-related mania. Similarly, excessive doses may produce an amotivational syndrome [54].

Depression—

Depression seems to be common among ASPERGERS kids in adolescence and adulthood [55]. Many of the same deficits that produce anxiety may conspire to generate depression. The relationship between serotonin functioning and depression has been explored in detail [56], [57], [58], [59]. There is also good evidence that serotonin functions may be impaired in children with ASPERGERS [60] and which suggest that depression and ASPERGERS would be more likely. Another possibility is that the basic circuitry related to frontal lobe functions in depression may be affected in children with ASPERGERS [61]. In addition, deficits in social relationships and responses that permit one to compensate for disappointment and frustration may fuel a vulnerability to depression [15], [16], [17], [55]. There is some genetic evidence suggesting that depression and social anxiety are more common among first-degree relatives of autistic kids [62], even when accounting for the subsequent effects of stress.

The medications that are useful for depression in typical kids and adolescents should be considered for kids with ASPERGERS who display symptoms of depression. It exceeds the scope of this discussion to detail the diverse forms depression may take in children with ASPERGERS or the complexities of how one might make the diagnosis of depression in children with comorbid ASPERGERS. It should be pointed out, however, that because some features of depression and ASPERGERS overlap, it is important to track that the changes in mood are a departure from baseline functioning. Thus, the presence of social withdrawal in a person with ASPERGERS should not be considered a symptom of depression unless there is an acute decline from that person's baseline level of functioning.

A second important point is that the core symptoms of depression should arise together. Thus, the simultaneous appearance of symptoms such as sleep and appetite changes, irritability, sadness, loss of pleasure in activities, decreased energy, further withdrawal from interactions, and self-deprecating statements would point to depression. An additional important point is that patients who display affective and vocal monotony are at higher risk for having their remarks minimized. Higher functioning kids can make suicidal statements in a manner that suggests an off-hand remark, without emotional impact. When comments are made this way, clinicians and others may underestimate them. In children with ASPERGERS, the content of such comments may be more crucial than the emotional emphasis with which they are delivered.
Agents that are useful for treatment of depression in children with ASPERGERS are serotonin reuptake inhibitors (1). There also may be indications for considering tricyclic agents with appropriate monitoring of ECG, pulse, and blood pressure (5). There are no agents that have been shown to be particularly more beneficial for depressive symptoms in children with ASPERGERS. Thus, the decision as to which agents to use is determined by side effect profiles, previous experience, and, perhaps, responses to these medications in other family members.

Hyperactivity and inattention—

Hyperactivity and inattention are common in ASPERGERS kids, particularly in early childhood [5], [63], [64]. Differential diagnostic considerations are paramount, particularly in the context of ASPERGERS [63]. Hyperactivity and inattention is seen in a variety of other disorders, such as developmental receptive language disorders, anxiety, and depression. Thus, the appearance of inattention or hyperactivity does not point exclusively to attention deficit hyperactivity disorder (ADHD). The compatibility of the patient and his or her school curriculum is particularly important when evaluating symptoms of hyperactivity and inattention. There is a risk that a school program that is poorly matched to the individual's needs, by overestimating or underestimating a youngster's abilities, may be frustrating, boring, or unrewarding. If the verbal or social demands exceed what he or she can manage, they may produce anxiety or other problems that mimic inattention or induce hyperactivity.

Virtually every variety of medication has been tried to reduce hyperactive behavior and increase attention. The best evidence at this point supports dopamine blocking agents [39], [40], [41], [42], [43], [44], [45], [46] (4), stimulants [65] (6), alpha-adrenergic agonists [35] (2), and naltrexone [66], [67], [68] (3).

Inflexibility and behavioral rigidity—

Symptoms of inflexibility or behavioral rigidity are often difficult to quantify and yet often introduce some of the most disruptive chronic behaviors exhibited by patients with ASPERGERS. These can be manifest by difficulties tolerating changes in routine, minor differences in the environment (such as changes in location for certain activities), or changes to plans that have been previously laid out. For some kids this inflexibility can lead to aggression, or to extremes of frustration and anxiety that thwart activities. Families and school staff may find themselves “walking on eggshells” in an effort to circumvent any extreme reaction from brittle patients. In addition, the patients themselves may articulate their anxiety over fears that things will not go according to plan or that they will be forced to make changes that they cannot handle.

Sometimes these behaviors are identified as “obsessive-compulsive” because of the patient's need for ritualized order or nonfunctional routine. This is a phenomenologic error, as OCD has features that can be differentiated from PDD spectrum disorders [69]. Nevertheless, the idea that OCD and these “needs for sameness” might share some biologic features is attractive. It is not known now whether these symptoms are produced by disturbances in the same cortico-striatal-thalamo-cortical circuitry that is believed to
produce OCD [70]. The model of obsessive-compulsive disorder, however, has suggested that use of SRI agents might be useful in ameliorating this problem [28], [33]. Whether the effect of SRI agents on this symptom cluster is mediated by a general reduction in anxiety [48] or is specific for “needs for sameness” is not known. An alternative hypothesis suggests that the impairment might be located in circuitry subserving reward systems that rely on norepinephrine and dopamine [24], [71]. If so, this would point to study of other agents and systems in future investigations.

To add further support to this hypothesis, reports from studies of alpha-adrenergic agents like clonidine [35] and guanfacine also suggest a decrease in these rigid behaviors. These short-term trials do not establish whether the benefits were sustained over a longer time, however. Agents that have been most useful are SRIs (1), but there may be a role for dopamine blocking agents for refractory symptoms [43], [44], [45] (4).

Stereotyped movements and repetitive behaviors are a common feature of ASPERGERS [64]. As with behavioral rigidity and inflexibility, similar models for stereotypy and obsessive-compulsive disorder have been proposed [72]. Stereotypy also may be closely related to tic disorders and Parkinson disease, however, in which repetitive behaviors emerge from impairment in dopaminergic [73] and glutamaturgic systems [74]. There are also interesting analogs to L-dopa toxicity in Parkinson disease [75].

The treatments for stereotyped movements and perseveration closely parallel those for behavioral inflexibility and the two clusters are often grouped together in studies of treatment efficacy. Thus, serotonin reuptake inhibitors (1) and alpha-adrenergic agonists may be helpful (2). In addition, the hypothesis that dopamine might play a role suggests that dopaminergic blocking agents should be added to the possibilities (4). Reports from studies of olanzapine [41], risperidone [42], [43], [44], and ziprasidone [45] suggest this is warranted.

Complementary and alternative medicine—

The pharmacologic treatment of ASPERGERS kids is in a very early stage. As a result of more organized and systematic investigation, the field is making advances in the discovery of more effective treatments [76]. A large gap remains, however, between the need for effective treatments and the effectiveness of the known agents. When there is such a disparity, opportunities for scientifically unfounded, anecdotal experience or highly biased efforts to capture the attention of parents, physicians, and educators are great. In the case of ASPERGERS, one can cite many examples; the recent experience with secretin [77], [78], [79], [80] is one. This does not mean that everything about secretin in autism is now understood, only that is unreasonable to recommend secretin for ASPERGERS [81]. A similar point might be made for the variety of dietary and nutritional therapies—in the absence of carefully designed, scientifically valid, controlled studies, it is hard to justify recommending specific treatments.

Nevertheless, clinicians still have to answer families who ask about trying novel treatments. Among investigators and concerned practitioners, broad guidelines have
been suggested (Klin, personal communication). The first is that treatments should be safe. A variety of diets and mineral supplements are apparently safe, but some can be toxic; the frequency of toxic reactions should be spelled out and signs of toxicity should be thoroughly comprehended. More extraordinary interventions such as neurosurgery obviously are not reversible. The second guideline is that treatments should be affordable. At the height of the secretin rush, some practitioners were charging many hundreds of dollars for medication and supplies that totaled less than fifty dollars. For most families, these treatments are not covered by insurance and money that goes to novel treatment is not available for other services. The third guideline is that novel treatments should not interfere with a youngster's participation in daily programs or treatments that are known to be helpful. Focusing on communication and social enhancement through education should be the first priority of every multimodal treatment plan. Attending school, having a detailed evaluation, and receiving behavioral supports that promote socialization and communication should not be curtailed by the pursuit of novel somatic, dietary, and complementary medical treatments.

Summary—

The treatment of complex, polymorphous disorders like ASPERGERS always brings a particular challenge to pharmacotherapy. Additionally, the specific characteristics presented by ASPERGERS introduce unique complications to patient care and place unusual demands on a clinician's skill and experience. To provide safe and effective treatment, the clinician must understand the core features of the disorder and the manifestations of the condition in his or her patient. Furthermore, a thorough understanding of the family, school, and community resources and limitations is necessary.

Once an assessment has been made, focusing on target symptoms provides a crucial framework for care. Knowing manifestations of symptoms and characterizing their distribution and behavior in that patient is most important. For patients with ASPERGERS it is particularly essential to coordinate behavioral and pharmacologic objectives. The target symptoms should be tracked carefully and placed into a priority system that is based on the risks and disability they create for the patient. The skill of pharmacotherapy also means setting out realistic expectations, keeping track of the larger systems of care at school and home, and collaboration with parents and care providers.

There is an expanding range and pace of biologic and intervention research into ASPERGERS. The genetic work has produced exciting leads that are likely to be helpful to future generations [82], [83], [84], but the task of clinicians is to tend to today's patients. As we discover more about the complex neural circuitry subserving repetitive behaviors, reward systems, and social cognition, there are good reasons to believe our treatments will become more sophisticated and specific. Psychopharmacology is also moving to design medications that target more specific populations of receptor and brain functions. This is likely to produce medicines that have fewer side effects, are more effective, and are more symptom-specific.

Pharmacotherapy is not the ultimate treatment for ASPERGERS but it has a definite place. Medication can be a critical element in a comprehensive treatment plan. There is a
a wider range of medications with more specific biologic effects than ever before. For patients with ASPERGERS these newer agents are safer and less disruptive. When paired with clinicians who are becoming more skilled at recognizing and managing symptoms, patients have a greater opportunity to reach their potential and lead pleasurable lives.

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My Aspergers Child
01:27PM (-07:00)

Aspergers: A Clinical Account

The many patterns of abnormal behavior that cause diagnostic confusion include one originally described by the Austrian psychiatrist, Hans Asperger (1944, 1968, 1979). The name he chose for this pattern was 'autistic psychopathy' using the latter word in the technical sense of an abnormality of personality. This has led to misunderstanding because of the popular tendency to equate psychopathy with sociopathic behavior. For this reason, the neutral term Aspergers is to be preferred and will be used here.

Not long before Asperger's original paper on this subject appeared in 1944, Kanner (1943) published his first account of the syndrome he called early infantile autism. The two conditions are, in many ways, similar, and the argument still continues as to whether they are varieties of the same underlying abnormality or are separate entities.

Whereas Kanner's work is widely known internationally, Asperger's contribution is considerably less familiar outside the German literature. The only published discussions of the subject in English known to the present author are by Van Krevelen (1971), Isaev & Kagan (1974), Mnukbin & Isaev (1975) (translation from Russian), Wing (1976), Chick et al (1979), Wolff & Barlow (1979) and Wolff & Chick (1980). In addition, a book by Bosch in which autism and Aspergers are compared, originally appearing in German in 1962, has been translated into English (Bosch, 1962). A paper given by Asperger in Switzerland in 1977 has appeared in an English version (Asperger, 1979). Robinson & Vitale (1954) and Adams (1973) gave clinical descriptions of kids with behavior resembling Aspergers, but without referring to this diagnosis.

In the present paper the syndrome will be described, illustrated with case histories, and the differential diagnosis and classification discussed. The account is based on Asperger's descriptions and on 34 cases, ranging in age from 5 to 35 years, personally examined and diagnosed by the author. Of these, 19 had the history and clinical picture...
of the syndrome in more or less typical form and 15 showed many of the features at the time they were seen, though they did not all have the characteristic early history (see below). Six of those in the series were identified as a result of an epidemiological study of early childhood psychoses in the Camberwell area of south-east London (Wing & Gould, 1979). The rest were referred to the author for diagnosis - 11 by their moms and dads, through the family doctor, two by head teachers and 15 by other psychiatrists.

The following general description includes all the most typical features. But, as with any psychiatric syndrome identifiable only from a pattern of observable behavior, there are difficulties in determining which are essential for diagnosis. Variations occur from person to person and it is rare to find, in any one case, all the details listed below.

The Clinical Picture—

Illustrative case histories based on those of kids and grown-ups seen by the present author are to be found in the Appendix. Throughout the paper, the numbers in parentheses refer to these histories.

Asperger's description of the syndrome:

Asperger noted that the syndrome was very much more common in boys than in girls. He believed that it was never recognized in infancy and usually not before the third year of life or later. The following description is based on Asperger's accounts.

Speech-

The youngster usually begins to speak at the age expected in normal kids, whereas walking may be delayed. A full command of grammar is sooner or later acquired, but there may be difficulty in using pronouns correctly, with the substitution of the second or third for the first person forms (No. 1). The content of speech is abnormal, tending to be pedantic and often consisting of lengthy disquisitions on favorite subjects (No. 2). Sometimes a word or phrase is repeated over and over again in a stereotyped fashion. The youngster or grown-up may invent some words. Subtle verbal jokes are not understood, though simple verbal humor may be appreciated.

Non-verbal communication-

Non-verbal aspects of communication are also affected. There may be little facial expression except with strong emotions such as anger or misery. Vocal intonation tends to be monotonous and droning, or exaggerated. Gestures are limited, or else large and clumsy and inappropriate for the accompanying speech (No. 2). Comprehension of other people's expressions and gestures is poor and the person with Asperger's may misinterpret or ignore such non-verbal signs. At times he may earnestly gaze into another person's face, searching for the meaning that eludes him.

Social interaction-

Perhaps the most obvious characteristic is impairment of two-way social interaction. This
is not due primarily to a desire to withdraw from social contact. The problem arises from a lack of ability to understand and use the rules governing social behavior. These rules are unwritten and unstated, complex, constantly changing, and affect speech, gesture, posture, movement, eye contact, choice of clothing, proximity to others, and many other aspects of behavior. The degree of skill in this area varies among normal people, but those with Aspergers are outside the normal range. Their social behavior is naive and peculiar. They may be aware of their difficulties and even strive to overcome them, but in inappropriate ways and with signal lack of success. They do not have the intuitive knowledge of how to adapt their approaches and responses to fit in with the needs and personalities of others. Some are oversensitive to criticism and suspicious of other people. A small minority have a history of rather bizarre antisocial acts, perhaps because of their lack of empathy. This was true of four of the present series, one of whom injured another boy in the course of his experiments on the properties of chemicals.

Relations with the opposite sex provide a good example of the more general social ineptitude. A young man with Aspergers observes that most of his contemporaries have girl friends and eventually marry and have kids. He wishes to be normal in this respect, but has no idea how to indicate his interest and attract a partner in a socially acceptable fashion. He may ask other people for a list of rules for talking to girls, or try to find the secret in books (No. 1). If he has a strong sex drive he may approach and touch or kiss a stranger, or someone much older or younger than himself, and, as a consequence, find himself in trouble with the police; or he may solve the problem by becoming solitary and withdrawn.

Repetitive activities and resistance to change-

Kids with this syndrome often enjoy spinning objects and watching them until the movement ceases, to a far greater extent than normal. They tend to become intensely attached to particular possessions and are very unhappy when away from familiar places.

Motor co-ordination-

Gross motor movements are clumsy and ill-co-ordinated. Posture and gait appear odd (No.1). Most people with this syndrome (90% of the 34 cases mentioned above) are poor at games involving motor skills, and sometimes the executive problems affect the ability to write or to draw. Stereotyped movements of the body and limbs are also mentioned by Asperger.

Skills and interest-

Those with the syndrome in most typical form have certain skills as well as impairments. They have excellent rote memories and become intensely interested in one or two subjects, such as astronomy, geology, the history of the steam train, the genealogy of royalty, bus time-tables, prehistoric monsters, or the characters in a television serial, to the exclusion of all else. They absorb every available fact concerning their chosen field and talk about it at length, whether or not the listener is interested, but have little grasp of the meaning of the facts they learn. They may also excel at board games needing a good rote memory, such as chess (No.2), and some have musical ability. Seventy-six per cent
of the present author's series had special interests of this kind. However, some have specific learning problems, affecting arithmetical skills, reading, or, as mentioned above, writing.

Experiences at school-

This combination of school and communication impairments, and certain special skills gives an impression of marked eccentricity. The kids may be mercilessly bullied at school, becoming, in consequence, anxious and afraid (Nos. 1 and 2). Those who are more fortunate in the schools they attend may be accepted as eccentric 'professors', and respected for their unusual abilities (No.4). Asperger describes them as unsatisfactory students because they follow their own interests regardless of the teacher's instructions and the activities of the rest of the class (Nos. 3 and 4). Many eventually become aware that they are different from other people, especially as they approach adolescence, and, in consequence, become over-sensitive to criticism. They give the impression of fragile vulnerability and a pathetic childishness, which some find infinitely touching and others merely exasperating.

Modifications of Aspergers account-

The present author has noted a number of additional items in the developmental history, not recorded by Asperger, which can sometimes be elicited by appropriate questioning of the moms and dads. During the first year of life there may have been a lack of the normal interest and pleasure in human company that should be present from birth. Babbling may have been limited in quantity and quality. The youngster may not have drawn attention to things going on around him in order to share the interest with other people. He may not have brought his toys to show to his moms and dads or visitors when he began to walk. In general, there is a lack of the intense urge to communicate in babble, gesture, movement, smiles, laughter and eventually speech that characterizes the normal baby and toddler (No.3).

Imaginative pretend play does not occur at all in some of those with the syndrome, and in those who do have pretend play it is confined to one or two themes, enacted without variation, over and over again. These may be quite elaborate, but are pursued repetitively and do not involve other kids unless the latter are willing to follow exactly the same pattern. It sometimes happens that the themes seen in this pseudo-pretend play continue as preoccupations in adult life, and form the main focus of an imaginary world (see the case history of Richard L. in Bosch, 1962).

There are also two points on which the present author would disagree with Aspergers observations. First, he states that speech develops before walking, and refers to 'an especially intimate relationship with language' and 'highly sophisticated linguistic skills'. Van Krevelen (1971) emphasized this as a point of differentiation from Kanner's early childhood autism, in which, usually, walking develops normally, or even earlier than average, whereas the onset of speech is markedly delayed or never occurs. However, slightly less than half of the present author's more typical cases of Aspergers were walking at the usual age, but were slow to talk. Half talked normally but were slow to walk, and one both walked and talked at the expected times. Despite the eventual good
use of grammar and a large vocabulary, careful observation over a long enough period of time discloses that the content of speech is impoverished and much of it is copied inappropriately from other people or books (No.3). The language used gives the impression of being learned by rote. The meanings of long and obscure words may be known, but not those of words used every day (No.5). The peculiarities of non-verbal aspects of speech have already been mentioned.

Secondly, Asperger described people with his syndrome as capable of originality and creativity in their chosen field. It would be more true to say that their thought processes are confined to a narrow, pedantic, literal, but logical, chain of reasoning. The unusual quality of their approach arises from the tendency to select, as the starting point for the logical chain, some aspect of a subject that would be unlikely to occur to a normal person who has absorbed the attitudes current in his culture. Usually the result is inappropriate, but once in a while it gives new insight into a problem. Asperger also believed that people with his syndrome were of high intelligence, but he did not quote the results of standardized intellectual tests to support this. As will be seen from the case histories in the Appendix, the special abilities are based mainly on rote memory, while comprehension of the underlying meaning is poor. Those with the syndrome are conspicuously lacking in common sense.

It must be pointed out that the people described by the present author all had problems of adjustment or superimposed psychiatric illnesses severe enough to necessitate referral to a psychiatric clinic. Nine had left school or further education. Of these, three were employed, three had lost their jobs, and three had not obtained work. The author is also acquainted, through their moms and dads who are members of The National Society for Autistic Kids, with a few young adults reported to have some or all of the features of Aspergers, and who are using their special skills successfully in open employment. It would be inappropriate to give precise numbers or to include these in the series, because the author does not have access to case histories or assessment. For this reason, the series described here is probably biased towards those with more severe handicaps.

Course and Prognosis—

The published clinical descriptions are of kids and young adults. No studies of the course and prognosis in later life are available.

Asperger emphasized the stability of the clinical picture throughout childhood, adolescence and at least into early adult life, apart from the increase in skills brought about by maturation. The major characteristics appear to be impervious to the effects of environment and education. He considered the social prognosis to be generally good, meaning that most developed far enough to be able to use their special skills to obtain employment. He also observed that some who had especially high levels of ability in the area of their special interests were able to follow careers in, for example, science and mathematics.

As Bosch (1962) pointed out, it is possible to find people with all the features characteristic of Aspergers other than normal or high intelligence. This applied to 20% of the series described here. If these are accepted as belonging to the same diagnostic
category, then Aspergers rather hopeful view of the prognosis has to be modified to take such cases into account (see the case history of J.G., Appendix No.5).

The prognosis is also affected by the occurrence of superimposed psychiatric illnesses. Clinically diagnosable anxiety and varying degrees of depression may be found, especially in late adolescence or early adult life, which seem to be related to a painful awareness of handicap and difference from other people (Nos. 2 and 3). Wolff & Chick (1980), in a follow-up study of 22 people with Aspergers, reported one who appeared to have a typical schizophrenic illness and another in whom this diagnosis was made, but less convincingly. Five of the 22 had attempted suicide by the time of early adult life.

The present author's series included 18 who were aged 16 and over at the time they were seen. Of these, four had an affective illness; four had become increasingly odd and withdrawn, probably with underlying depression; 1 had a psychosis with delusion and hallucinations that could not be classified; I had had an episode of catatonic stupor; one had bizarre behavior and an unconfirmed diagnosis of schizophrenia; and two had bizarre behavior, but no diagnosable psychiatric illness. Two of the foregoing had attempted suicide and one had talked of doing so. These two were referred because of their problems in coping with the demands of adult life.

Though it appears that the risk of psychiatric illness in Aspergers is high, it is difficult to draw firm conclusions because of the nature of the samples that were studied. The 13 people mentioned above, before they were seen by the present author, had been referred to adult services because of superimposed psychiatric conditions, so the series was highly biased. Wolff's cases were somewhat less selective since they were referred as kids and followed up into adult life, but, even so, they were clinic and not population based. Asperger (1944) noted that only one of his 200 cases developed schizophrenia. The true prevalence of psychiatric illnesses can be calculated only from an epidemiological study, including people with the syndrome not referred to psychiatric services.

Even in the absence of recognizable psychiatric disorder, adolescence may be a difficult time. The development of partial insight and increasing sexual awareness can cause much unhappiness (No. I) and may lead to socially unacceptable behavior. Peculiarities which may be ignored in a small child become very obvious in a young adult.

The degree of adjustment eventually achieved appears to be related to the level and variety of skills available and also to the temperament of the individual concerned. Good self-care, a special ability that can be used in paid employment, and a placid nature are needed if a person with Aspergers is to become socially independent.

Aetiology and Pathology—

Asperger (1944) considered his syndrome to be genetically transmitted. He reported that the characteristics tended to occur in the families, especially the fathers of those with the syndrome. Van Krevelen (1971) stated that, in many cases, the antecedents for generations back had been highly intellectual. In the present author's series, 55% had fathers who were in professional or managerial occupations, but the personalities of the
moms and dads were not studied systematically. In many cases, the mother alone was seen. The purpose of the interview was to discuss the problems of the youngster, not to investigate the moms and dads. Including only those concerning whom some tentative conclusions could be drawn (from clinical impressions or evidence from other sources), it appeared that 5 out of 16 fathers and 2 out of 24 mothers had, to a marked degree, behavior resembling that found in Aspergers. No features of the clinical picture appeared to be associated with higher or lower social class, level of education of the moms and dads, or their personalities.

It is difficult to interpret the findings on social class, since the cases referred to clinics having a special interest in such problems are a selected group, with a strong bias towards higher social class and intellectual occupations in the moms and dads. Schopler et al (1979) and Wing (1980) noted a similar bias in the fathers of classically autistic kids referred to clinics, which was not reflected in less selected groups with the same diagnosis. The findings concerning the moms and dads’ personalities have to be treated with caution because of the way they were obtained and the lack of any comparison group.

The syndrome can be found in kids and adults with history of pre-, pen- or post-natal conditions, such as anoxia at birth, that might have caused cerebral damage. This was true of nearly half of those seen by the present author (Nos. 3 and 4). Mnukhin & Isaev (1975) considered that the behavior pattern was due to organic deficiency of brain function.

Emotional causes or abnormal child-rearing methods have been suggested, especially where the moms and dads or siblings show similar peculiarities to the patient, but there is no evidence to support such theories.

Detailed epidemiological studies, based on total populations, are needed in order to establish which, if any, of these aetiological factors are relevant.

No specific organic pathology has been identified. No particular abnormalities of face or body have been reported. In childhood the physical appearance is usually, but by no means always, normal. In adolescence and adult life, the inappropriate gait, posture and facial expression produce an impression of oddness.

In general, on psychological assessment, tests requiring good rote memory are performed well, but deficits are shown with those depending on abstract concepts, or sequencing in time. Visuo-spatial abilities vary and the scores on testing may be markedly lower than those for expressive speech (No.4). The results of psychological testing will be described in more detail elsewhere.

Epidemiology—

As already mentioned, no detailed, large-scale epidemiological studies have been carried out, so that the exact prevalence of Aspergers is unknown. A major difficulty in designing such a study would be the establishment of criteria for distinguishing the syndrome from other similar conditions, as will be discussed later.
Wing & Gould (1979) carried out a study in which all the mentally and physically handicapped kids aged under 15 in one area of London were screened in order to identify cases of early childhood psychosis and severe mental retardation. In this study, two kids (0.6 per 10,000 aged under 15) showed most of the characteristics of Aspergers, though they were in the mildly retarded range on intelligence tests, and 4 (1.1 per 10,000) could have been diagnosed as autistic in early life, but came to resemble Aspergers later. There were a total of 35,000 kids aged under 15 in the area.

Wing & Gould did not use methods designed to identify mild cases of Aspergers, so that any kids who were attending normal school and had not come to the attention of the educational, social or medical services would not have been discovered. The prevalence rate for the typical syndrome given above is almost certainly an underestimate.

The syndrome appears to be considerably more common in boys than in girls. Asperger originally believed it to be confined to males, though he modified this view later (personal communication). Wolff & Barlow (1979) mentioned that the clinical picture could be seen in girls. In their series the male:female ratio was 9:1. In the present author's series there were 15 boys and 4 girls with the syndrome in fairly typical form, and 13 boys and 2 girls who had many of the features. The girls tended to appear superficially more sociable than the boys, but closer observation showed that they had the same problems of two-way social interaction.

Differential Diagnosis—

As with any condition identifiable only from a pattern of abnormal behavior, each element of which can occur in varying degrees of severity, it is possible to find people on the borderlines of Aspergers in whom diagnosis is particularly difficult. Whereas the typical case can be recognized with ease by those with experience in the field, in practice it is found that the syndrome shades into eccentric normality, and into certain other clinical pictures. Until more is known of the underlying pathology, it must be accepted that no precise cut-off points can be defined. The diagnosis has to be based on the full developmental history and presenting clinical picture, and not on the presence or absence of any individual item.

Normal variant of personality-

All the features that characterize Aspergers can be found in varying degrees in the normal population. People differ in their levels of skill in social interaction and in their ability to read nonverbal social cues. There is an equally wide distribution in motor skills. Many who are capable and independent as adults have special interests that they pursue with marked enthusiasm. Collecting objects such as stamps, old glass bottles, or railway engine numbers are socially accepted hobbies. Asperger (1979) pointed out that the capacity to withdraw into an inner world of one's own special interests is available in a greater or lesser measure to all human beings. He emphasized that this ability has to be present to marked extent in those who are creative artists or scientists. The difference between someone with Aspergers and the normal person who has a complex inner world is that the latter does take part appropriately in two-way social interaction at times, while
the former does not. Also, the normal person, however elaborate his inner world, is influenced by his social experiences, whereas the person with Aspergers seems cut off from the effects of outside contacts.

A number of normal adults have outstandingly good rote memories and even retain eidetic imagery into adult life. Pedantic speech and a tendency to take things literally can also be found in normal people.

It is possible that some people could be classified as suffering from Aspergers because they are at the extreme end of the normal continuum on all these features. In others, one particular aspect may be so marked that it affects the whole of their functioning. The man described by Luria (1965), whose visual memories of objects and events were so vivid and so permanent that they interfered with his comprehension of their significance, seemed to have behaved not unlike someone with Aspergers. Unfortunately, Luria did not give enough details to allow a diagnosis to be made.

Even though Aspergers does appear to merge into the normal continuum, there are many cases in whom the problems are so marked that the suggestion of a distinct pathology seems a more plausible explanation than a variant of normality.

Schizoid personality-

The lack of empathy, single-mindedness, odd communication, social isolation and over-sensitivity of people with Aspergers are features that are also included in the definitions of schizoid personality (see review by Wolff & Chick, 1980). Kretschmer (1925) outlined some case histories of so-called schizoid adults, one or two of which were strongly reminiscent of this condition, although he did not provide sufficient detail to ensure the diagnosis. For example, one young man had no friends at school, was odd and awkward in social interaction, always had difficulty with speech, never took part in rough games, was oversensitive, and very unhappy when away from home. He thought out fantastic technical inventions and, together with his sister, invented a detailed imaginary world.

There is no question that Aspergers can be regarded as a form of schizoid personality. The question is whether this grouping is of any value. This will be discussed below in the section on classification.

Schizophrenia-

Adults with Aspergers may be diagnosed as suffering from schizophrenia. The differential diagnosis of schizophrenia has been discussed elsewhere (J.K.Wing, 1978). The main difficulty arises from the fact that schizophrenia has been defined loosely by some and strictly by other workers.

If a loose definition of schizophrenia is accepted, based only on characteristics such as social withdrawal and speech disorder, then a case could perhaps be made for including Aspergers in this group. As with schizoid personality, the question is whether doing so has any advantages. Poverty of social interaction and abnormalities of speech can have many different causes, so the diagnosis of chronic or simple schizophrenia tends to cover
a variety of conditions having little in common with each other.

Careful observation of speech in Aspergers discloses differences from thought blocking and the 'knight's move' in thought described by Bleuler (1911). In Aspergers, speech may be slow, and there may be irrelevant or tangential replies to questions, but these problems are due partly to a tendency to become stuck in well-worn conversational grooves rather than to produce new ideas. Utterances are always logical, even if they are unrelated to the question, or originated from an unusual point of view. Thus one young man, when asked a general knowledge question about organized charities, said 'They do things for unfortunate people. They provide wheelchairs, stilts and round shoes for people with no feet'. There is a marked contrast between the vague woolliness of schizophrenic thought and the concrete, pedantic approach found in Aspergers.

The term schizophrenia can be used more strictly. It can be confined to those who have, currently or in the past, shown the florid first-rank symptoms described by Schneider (1971). In this case, the differentiation of Aspergers rests on accurate definition of the clinical phenomena. Unless they have a superimposed schizophrenic illness, people with Aspergers do not experience thought echo, thought substitution or insertion, thought broadcast, voices commenting on their actions, voices talking to each other, or feelings that external forces are exerting control over their will, emotions or behavior. The young man, L.P. (Appendix No. 2), when asked if he had such experiences, gave the matter long and careful thought and then said, 'I believe such things to be impossible'.

During clinical examination it is necessary to be aware that comprehension of abstract or unfamiliar concepts is impaired in Aspergers. Those with the more severe form of the handicap may have a habit of answering 'yes' to any question they do not understand, this being the quickest way to cut short the conversation. Some may also pick up and repeat phrases used by other people, including other patients in a hospital ward, making diagnosis even more difficult.

Other psychotic syndromes-

The tendency found in people with Aspergers to sensitivity and over-generalization of the fact that they are criticized and made fun of may, if present in marked form, be mistaken for a paranoid psychosis. Those who are pre-occupied with abstract theories or their own imaginary world may be said to have delusions or hallucinations. One boy, for example, was convinced that Batman would arrive one day and take him away as his assistant. No rational argument could persuade him otherwise. This type of belief could be called a delusion, but is probably better termed an 'over-valued idea'. It does not have any specific diagnostic significance, since such intensely held ideas can be found in different psychiatric states.

Severe social withdrawal, echopraxia and odd postures may be noted. These may become more marked at times, and then they could be regarded as catatonic phenomena. Such catatonic symptoms can be associated with various conditions (including encephalitis) and, on their own, should not be considered as indicative of schizophrenia.
Obsessional neurosis-

Repetitive interests and activities are part of Aspergers, but the awareness of their illogicality and the resistance to their performance characteristic of the classic case of obsessional neurosis are not found in the former. It would be of interest to investigate the relationship between Aspergers, obsessional personality, obsessional illness, and post-encephalitic obsessional conditions.

Affective conditions-

The quietness, social withdrawal, and lack of facial expression in Aspergers might suggest a depressive illness. Shyness and distress when away from familiar surroundings could make an anxiety state a possible diagnosis, or excited talking about a rather fantastic grandiose, imaginary world might bring to mind hypomania. However, the full clinical picture and the early developmental history should clarify the diagnosis.

More difficult problems occur when affective illnesses are superimposed on Aspergers. Then a double diagnosis has to be made on the history and present state.

Early childhood autism-

Asperger acknowledged that there were many similarities between his syndrome and Kanner's early infantile autism. Nevertheless, he considered they were different because he regarded autism as a psychotic process, and his own syndrome as a stable personality trait. Since neither psychotic process nor personality trait has been defined empirically, little more can be said about whether they can be distinguished from each other.

Van Krevelen (1971) and Wolff & Barlow (1979) agreed with Asperger that his syndrome should be differentiated from autism. They differ in their accounts of the distinguishing features and the impression gained from their papers is that, although there are some differences, the syndromes are more alike than unalike. The variations could be explained on the basis of the severity of the impairments, though the authors quoted above would not agree with this hypothesis. Thus the autistic youngster, at least when young, is aloof and indifferent to others, whereas the youngster with Aspergers is passive or makes inappropriate one-sided approaches. The former is mute or has delayed and abnormal speech, whereas the latter learns to speak with good grammar and vocabulary (though he may, when young, reverse pronouns), but the content of his speech is inappropriate for the social context and he has problems with understanding complex meanings. Non-verbal communication is severely impaired in both conditions. In autism, in the early years, there may be no use of gesture to communicate. In Aspergers there tends to be inappropriate use of gesture to accompany speech. In both conditions, monotonous or peculiar vocal intonation is characteristic. The autistic youngster develops stereotyped, repetitive routines involving objects or people (for example, arranging toys and household objects in specific abstract patterns, or insisting that everyone in a room should cross the right leg over the left), whereas the person with Aspergers becomes immersed in mathematical abstractions, or amassing facts on his special interests. Abnormal responses to sensory input - including indifference, distress and fascination -
are characteristic of early childhood autism and form the basis of the theories of perceptual inconstancy put forward by Ornitz & Ritvo (1968) and of over-selectivity of attention suggested by Lovaas et al (1971). These features are associated with greater severity of handicap, and lower mental age. They are not described as typical of Aspergers, and they are rarely seen in older autistic people with intelligence quotients in the normal range.

The one area in which this type of comparison does not seem to apply is in motor development. Typically, autistic kids tend to be good at climbing and balancing when young. Those with Aspergers, on the other hand, are notably un-co-ordinated in posture, gait and gestures. Even this may not be a particularly useful point of differentiation, since kids who have typical autism when young tend to become clumsy in movement and much less attractive and graceful in appearance by the time of adolescence (see DeMyer, 1976, 1979 for a discussion of motor skills in autism and autistic-like conditions).

Bosch (1962) considered that Aspergers and autism were variants of the same condition. This author pointed out that, although Asperger and Van Krevelen (1971) listed features in the early history which they thought distinguished the two conditions, in practice these did not cluster into two groups often enough to justify the differentiation. The youngster in Appendix No. 6 illustrates this problem (see also Everard 1980).

Classification—

Asperger regarded the syndrome he described as a disorder of personality that could be distinguished from other types of personality abnormalities although he recognized the similarities to early childhood autism. Wolff & Barlow (1979) argued that it should be classified under the heading of schizoid personality. In support of this view, Wolff & Chick (1980) reviewed the literature in which schizoid characteristics are described. As discussed above, the syndrome can be placed in this group, and further work in this field would be of interest, but, at the moment, classification under this heading has no useful practical implications. Although Wolff & Chick have listed five features, operationally defined, that they regard as core characteristics of schizoid personality, this term, as generally used, is so vague and ill-defined a concept that it covers a wide range of clinical pictures in addition to Aspergers. The aim should be not to enlarge, but to separate sub- groups from the broad category and thus to increase diagnostic precision. Furthermore, the word schizoid was originally chosen to underline the relationship of the abnormal personality to schizophrenia. The latter can occur in a person with Aspergers, but, as already discussed, there is no firm evidence of a special link between this syndrome and schizophrenia, strictly defined. To incorporate such an untested assumption into the name of the condition must give rise to confusion.

The reasons for personality variations are so obscure that classifying Aspergers under this heading does not lead to any testable hypotheses concerning cause, clinical phenomena, pathology or management. A more limited, but more productive, view of the problem is to consider it as a consequence of impairment of certain aspects of cognitive and social development.

As mentioned above, Wing & Gould (1979) carried out an epidemiological study of all
mentally or physically handicapped kids in one area of London, in an attempt to identify all those with autism or autistic-like conditions, whatever their level of intelligence. The results confirmed the following hypothesis. Certain problems affecting early child development tend to cluster together: namely, absence or impairment of two-way social interaction; absence or impairment of comprehension and use of language, non-verbal as well as verbal; and absence or impairment of true, flexible imaginative activities, with the substitution of a narrow range of repetitive, stereotyped pursuits. Each aspect of this triad can occur in varying degrees of severity, and in association with any level of intelligence as measured on standardized tests.

When all kids with this cluster of impairments were examined, it was found that a very few resembled the description given by Asperger and some had typical Kanner's autism. A number could, tentatively, be classified as having syndromes described by authors such as De Sanctis (1906, 1908), Earl (1934), Heller (see Hulse, 1954) and Mahler (1952), although the definitions given by these writers were not precise enough for easy identification. The remainder had features of more than one of these so-called syndromes and under the general, but unsatisfactory, heading of early childhood psychosis. The justification for regarding them as related is that all the conditions in which the triad of language and social impairments occurs, whatever the level of severity, are accompanied by similar problems affecting social and intellectual skills. Furthermore, individuals with the triad of symptoms all require the same kind of structured, organized educational approach, although the aims and achievements of education will vary from minimal self-care up to a university degree, depending on the skills available to the person concerned.

This hypothesis does not suggest that there is a common gross aetiology. This is certainly not the case, since many different genetic or pre-, peri- or post-natal causes can lead to the same overt clinical picture (Wing & Gould, 1979). It is more likely that all the conditions in which the triad occurs have in common impairment of certain aspects of brain function that are presumably necessary for adequate social interaction, verbal and non-verbal communication and imaginative development. It is possible that these are all facets of one underlying in-built capacity - that is, the ability actively to seek out and make sense of experience (Ricks & Wing, 1975). Included in this would be the innate ability to recognize other human beings as distinct from the rest of the environment and of special importance. If this basic skill were diminished or absent, the effects on development would be profound, as is the case in all early childhood psychoses.

The full range of clinical material can be sub-divided in many different ways, depending on the purpose of the exercise, but no aetiological classification is possible as yet. Sub-grouping on factors such as level of intelligence (Bartak & Rutter, 1976) or on degree of impairment of social interaction (DeMyer, 1976; Wing & Gould, 1979) has more useful practical implications for education and management than any based on the eponymous syndromes mentioned above.

In the light of this finding, is there any justification for identifying Aspergers as a separate entity? Until the aetiologies of such conditions are known, the term is helpful when explaining the problems of kids and adults who have autistic features, but who talk grammatically and who are not socially aloof. Such people are perplexing to moms and dads, teachers and work supervisors, who often cannot believe in a diagnosis of autism,
which they equate with muteness and total social withdrawal. The use of a diagnostic term and reference to Aspergers clinical descriptions help to convince the people concerned that there is a real problem involving subtle, but important, intellectual impairments, and needing careful management and education.

Finally, the relationship to schizophrenia of Aspergers, autism and similar impairments can be reconsidered. Although they are dissimilar in family history, childhood development and clinical pictures, both groups of conditions affect language, social interaction and imaginative activities. The time of onset and the nature of the disturbances are different, but there are similarities in the eventual chronic defect states that either may produce. It is not surprising that autism and schizophrenia have, in the past, been confused. Progress has been made in separating them and it is important to continue to improve precision in diagnosis, despite the many difficulties met in clinical practice.

Management and Education—

There is no known treatment that has any effect on the basic impairments underlying Aspergers, but handicaps can be diminished by appropriate management and education.

Both kids and adults with this syndrome, like all those with the triad of language and social impairments, respond best when there is a regular, organized routine. It is important for moms and dads and teachers to recognize the subtle difficulties in comprehension of abstract language, so that they can communicate with the youngster in ways he can understand. The repetitive speech and motor habits cannot be extinguished, but, with time and patience, they can be modified to make them more useful and socially acceptable. Techniques of behavior modification as used with autistic kids can possibly be helpful if applied with sensitivity. However, Asperger (1979) expressed considerable reservations about using these methods with kids with his syndrome who are bright enough to be aware of and, as Asperger put it, 'to value their freedom'.

Education is of particular importance because it may help to develop special interests and general competence sufficiently to allow independence in adult life. The teacher has to find a compromise between, on the one hand, letting the youngster follow his own bent completely, and, on the other, insisting that he conform. She also has to ensure that he is not teased and bullied by the rest of the class. There is no type of school that is particularly suitable for those with Aspergers. Some have performed well in schools for normal kids, while others have managed better in schools for various kinds of handicaps. Educational progress depends on the severity of the youngster's impairments, but also on the understanding and skill of the teacher.

Most people with Aspergers who settle in open employment have jobs with a regular routine. They also have sympathetic employers and workmates who are willing to tolerate eccentricities. In many instances, work has been found by moms and dads who persevere in approaching employers, despite all the difficulties.

Finding appropriate living accommodation also presents problems. Living with moms and dads is the easiest solution, but cannot last forever. Hostels or lodgings with a helpful
landlady are the most usual answer. Tactful supervision may be needed to ensure that rooms are kept clean and tidy and clothes are changed regularly.

Superimposed psychiatric illnesses, if they occur, should be treated appropriately. Emotional distress in adolescents and young adults due to partial insight may be reduced to some extent by counseling from someone who has a full understanding of the syndrome. Such counseling consists mainly of explanation, reassurance and discussion of fears and worries. The counselor has to adopt a simple and concrete approach in order to stay within the limits of the client's understanding. Psychoanalysis, which depends upon the interpretation of complex symbolic associations, is not useful in this condition.

Moms and dads, in their youngster's early years, are usually confused and distressed by his strange behavior. They need a detailed explanation of the nature of his problems if they are to understand and accept that he is handicapped.

Appendix—Case histories:

As mentioned above, the following case histories are those of people who have been referred to psychiatric services. The high achievers mentioned by Asperger (1944) are not represented.

Case I-

This is a typical example of the syndrome.

Mr K.N. first presented as a psychiatric out-patient when he was aged 28, complaining of nervousness and shyness.

As a baby he was always placid and smiling and rarely cried. He used to lie in his pram for hours, laughing at the leaves on the trees. His mother remembered he did not point things out for her to look at, in contrast to his sister. He continued to be quiet and contented as a toddler. If other kids took his toys he did not protest. Walking was somewhat delayed and he was slow in acquiring self-care skills, though not enough for his moms and dads to worry.

He began to talk around one year of age. He had several words at this time, but, after seeing and hearing a car crash which startled him, he stopped talking and did not begin again until he was three years old. His moms and dads thought his understanding of speech was normal. K. developed good grammar, though he referred to himself in the third person till 4-5 years old. He has never been communicative. Even as an adult he gives information only if questioned and then replies as briefly as possible. His facial expression and gestures are limited, and his voice is monotonous.

As a youngster he was attached to his mother, he never made any friends, and he was
much teased at school. He remains a shy and socially isolated person though he would like to be able to make social contacts.

K. had no stereotyped movements, but has always been ill-co-ordinated and very poor at games. He does not swing his arms when he walks. He attended a private school and did well in subjects needing a good rote memory, such as history and Latin, but fell behind at the stage when comprehension of abstract ideas became necessary. He was in the army for a short time, but was not allowed to take part in marches and parades because of his clumsiness and inability to do the right thing at the right time. He was discharged because of these peculiarities.

K. did not object to changes imposed by others, but he was, and still is, orderly in his own daily routines and in arranging his own possessions.

From early in his life he liked toy buses, cars and trains. He amassed a large collection and would notice at once if a single item were missing. He would also make models with constructional kits. He played with such toys, on his own, for as long as he was allowed to continue. He had no other pretend play and never joined in with other kids. The interest in means of transport has remained with him. In his spare time he reads factual books on the subject, watches cars and trains and goes on trips to see trains with fellow train-enthusiasts. He has no interest in fiction or any other type of non-fiction.

K. has been employed for many years in routine clerical work. He enjoys his job and his hobby, but is very sad and anxious because he is aware of his own social ineptness and would like to have friends and to marry. He writes many letters to advice columns in magazines, hoping for help with these problems. His concern over what he terms his 'shyness' finally made him ask for help from a psychiatrist.

The WAIS gave K. an IQ in the dull normal range, with similar verbal and non-verbal scores. He was particularly poor at sub-tests needing comprehension of a sequence of events.

Case 2-

The second case history is also typical, but complicated by severe depression with onset in early adult life.

Mr L.P. was admitted to a psychiatric hospital at age 24 because of a suicide attempt. He was born four weeks premature and had feeding problems in the first week or two. He was an easy, placid, rather unresponsive baby who rarely cried. He acquired motor and self-care skills, but his moms and dads later realized that he passed these milestones more slowly than his sister, though they did not worry at the time. His father had a vague premonition that there was something odd about L. but not enough to seek advice.

He did not begin to speak until he was three years old, but this was attributed to the fact that the family was bilingual. However, by the time he went to school he was speaking in long, involved, pedantic sentences that sounded as if they had come from books. He tended to interpret words in odd ways. For example, when hearing someone described
as 'independent' he thought this meant they always jumped in at the deep end of the swimming pool. He still takes jokes very seriously. He used to ask the same questions over and over again, regardless of the answers he was given. He did not initiate or join in conversations except by repetitive questioning.

L. remained placid and obedient throughout his childhood. He rarely initiated any activity, but waited to be told what to do. As a small child he used to rock himself when unoccupied. He had no imaginative play. He went to normal school, but did not join in with the other kids and had no friends until he was about 14 years old. Then he did begin to mention one or two companions and referred to them as friends, but has lost touch since.

He was bullied at school and remembers it as an unhappy time.

L. has always been concerned that his possessions should be orderly and that the daily routine should be followed exactly.

He is poor at games needing gross motor skills and at tasks requiring hand-eye co-ordination. His posture and gait are markedly odd. His face has a faintly bewildered expression that rarely changes. He uses large, jerky, inappropriate gestures to accompany speech. The odd impression he conveys is exacerbated by his old-fashioned choice of clothing.

L.’s memory is excellent and this enabled him to pass exams in subjects that can be learnt by rote. He is a very good chess player and enjoys taking part in matches. He can read well and enjoys books on physics and chemistry, concerning which he has memorized a large number of facts. He is particularly interested in time. He wears two watches, one set at Greenwich Mean Time and one at local time, even when these are the same.

His major problem is his social ineptitude. He will, for example, go on talking about his special subjects despite the most obvious signs of boredom in his audience. He makes inappropriate, often quite irrelevant, remarks in company and appears gauche and childish. He is painfully aware of his deficiencies, but is unable to acquire the skills necessary for social interaction. Nevertheless, he is kind and gentle and, if he realizes someone is ill or unhappy, he will be most sympathetic and do his best to help.

Since leaving school he has been employed as a filing clerk, and lives in a hostel.

L.’s moms and dads did not seek psychiatric help when he was a youngster, but he has been in contact with psychiatric services since reaching adolescence. On the first occasion he had become agitated because of worries about sex. On the second, he was anxious and losing sleep because of a minor change in his routine at work. On the third he was admitted as an in-patient following attempted suicide, once again precipitated by the possibility of re-organization in the office where he works. He tried to drown himself, but failed because he is a good swimmer. He then tried to strangle himself, without success. Commenting on this he said 'The trouble is I am not a very practical person'. At admission he was disheveled in appearance, deeply distressed and sad. His speech was
painfully slow with long pauses between phrases. Its content was coherent, although, in his replies to questions, L. tended to add information that was correct, and related to the subject in hand, but not relevant in the context. For example, when asked about relations with his father L. said 'My father and I get on well. He is a man who likes gardening'.

L. blamed himself for all his problems, describing himself as an unpleasant person, whom no one could like and who could not manage his own life. He said he had heard people saying things about him such as 'L. is stupid', 'L. is a bad person', 'L. is a chemistry fanatic'. Careful questioning and subsequent observation showed that these were misinterpretations of overheard conversations and never occurred when L. was alone. For the first two admissions, the referring agency diagnosed an anxiety state, and for the third, schizophrenia. The final diagnosis was Aspergers complicated by anxiety and depression (not schizophrenia).

L. scored in the average range on the WAIS, his verbal being rather higher than his performance score, mainly because of his large vocabulary.

Case 3-

The third case history is that of a boy where abnormality was recognized from infancy.

B.H. is aged 10. He was delivered by forceps and had difficulty with breathing and cyanosis after birth, remaining in special care for two weeks. He was a large, placid baby, who would lie without moving for long periods. He was not eager to use gestures, to clap or to wave goodbye. His mother was worried about him from the beginning, partly because of the difficult birth and partly because of his behavior.

His moms and dads were certain that he replied 'Yes' appropriately to questions at 11 months. At around 14 months he began to speak in a fluent, but incomprehensible 'language' of his own.

He made no effort to crawl, but one day, aged 17 months, he stood up and walked. He learnt to crawl after this.

He retained his own language until aged three years, when he started to copy clearly words he heard, and then went on to develop understandable speech. His comprehension of language has always lagged behind his expression. By the age of four he could read. His moms and dads said they did not teach him - he presumably learnt from the television. At the age of five he had a reading age of nine years, but his comprehension was poor.

In his early years, B. remained quiet and passive, showing little emotion of any kind. He seemed to prefer a regular routine, but did not react at all to changes. He was not demanding and gave no trouble.

B. did not develop imaginative pretend play at the usual age. At the age of about six years he became fascinated with means of transport, read all about them and learn all the technical terms. He enacts actions involving cars, aero planes and so on, but never
with other kids.

He appears clumsy and ill-co-ordinated, has problems with buttons and laces, and is afraid of climbing.

B. attends a special school. When first admitted he ignored the other kids and carried on with his usual preoccupations. Gradually he began to fit in and to make active social approaches, though in a naive and inappropriate fashion. He has difficulty in following the rules of any game.

He speaks in a pedantic style, in an accent quite unlike that of his local environment. For example, he referred to a hole in his sock as 'a temporary loss of knitting'. Many of his phrases are, like this one, inappropriately adapted quotations from television or books.

B. is now aware of and sensitive to other people's criticism, but appears unable to learn the rules of social interaction. When tested at age seven, he had a word recognition age of 12 years, scored at his age level on performance tasks, but was well below this on tests needing recall and comprehension of language.

Case 4-

In the following example of the syndrome, the diagnosis is complicated by a history of illness and psychological stress in early life, and by visual impairment.

Miss F.G. is aged 26. Pregnancy and delivery were normal, but F. had a series of illnesses and operations, including a subdural hemorrhage of unknown aetiology and correction of strabismus before the age of three years. She has poor eyesight and has to peer very closely to see, but can read, write and type.

F. talked fluently at an early age, and had a large vocabulary. Her moms and dads thought she was developing normally until the operation on her eyes at 2 1/2 years. Following this she was socially withdrawn for several months. No detailed description could be obtained, but her mother was quite certain that there was a marked change in behavior. Despite the problems of social interaction, F.'s speech remained clear, with good vocabulary and grammar. She always had a remarkable memory for anything she had heard or read, including any statistical information. F. gradually became more friendly and, by about three years of age, she was making social approaches to her moms and dads and others in the family. However, she did not interact much with other kids. She copied her mother's activities a little, but did not develop normal pretend play or social play.

Her main interests as a young child were drawing and, later on, reading. She also collected costume dolls, which she arranged in rows that must not be disturbed.

F. went to a normal comprehensive school. She loved history and geography, and would memorize facts in these subjects with ease, but her teacher reported that she would do
no work in any subject that did not interest her, such as mathematics.

She was accepted at school but recognized as odd. Her conversation contained many long quotations from books and she also often made irrelevant remarks.

F. was never good at practical tasks. Her moms and dads tended to do things for her. They found that, if they asked her to do some task, she would begin, but soon stop and turn to her own preferred activity - usually reading a book.

After leaving school she obtained work as a typist. She proved an excellent copy typist and was outstandingly accurate at spelling. She made no friends with the other members of staff. After four years the pressure of work increased. F. became distressed and unable to cope. She left work and has been unemployed for three years. During this time she has been anxious and agitated and unable to do anything on her own. She spends her time reading and amassing facts. She tends to have childish temper tantrums if thwarted in any way.

The WAIS showed that F. had a verbal score in the average normal range, but performance was very much lower, being in the mildly retarded range. The verbal skills depended on her good vocabulary. She did poorly on any task where the elements had to be organized into a coherent whole.

Case 5-

This is the history of a young man who showed the features of Aspergers, but who was mentally retarded and did not achieve independence as an adult.

Mr J. G. is aged 24 and attends a training centre for mentally retarded adults. J. was a quiet, unresponsive baby. He began to say a few words at the age of two, but did not walk until 21/2 years old. At first he echoed, used phrases repetitively and had poor pronunciation. He learnt to read at the age of 51/2 and always did well on reading tests, though his comprehension was poor. He knew many unusual or technical words, such as 'aeronautical' and 'pterodactyl' but would be puzzled by familiar ones such as 'yesterday'.

He was not aloof, but gentle and passive, tending to stand and watch other kids, wanting to join in but not knowing how. He was very affectionate towards his own family. At age 24 he is still unable to interact socially, though is happy to be a passive member of a group.

He is clumsy in gait and posture and slow on tests of manual dexterity. J.'s special interests are music and cars. He can recognize any make of car, even if shown only a small part of the whole vehicle.

He attended a special school for mentally retarded kids. He was described by his teacher as 'showing no initiative'. He was eventually placed in an adult training centre near his home, where he is happily settled.

His WAIS score at the age of 17 was on the borderline between mild and severe
retardation, with the verbal level being very slightly better than the performance. His reading age was still well in advance of all other skills.

Case 6-

The following case history is of a boy who at first was classically autistic and later developed the characteristics of Aspergers.

C.B. is aged 13. His mother dates C.’s problems from the age of six months when his head was accidentally bruised. From this time he became socially aloof and isolated, and spent most of his time gazing at his hands which he moved in complicated patterns in front of his face. At one year old he began to watch the passing traffic, but still ignored people. He continued to be remote, with poor eye contact, until five years of age. He passed his motor milestones at the usual ages and, as soon as he was physically able, he spent hours running in circles with an object in his hand, and would scream if attempts were made to stop him. At the age of three he began to be able to recognize letters of the alphabet and rapidly acquired skill at drawing. He then drew the salt and pepper pots, correctly copying the names written on them, over and over again. For a time this was his sole activity. Following this he became fascinated with pylons and tall buildings and would stare at them from all angles and draw them.

He did not speak till the age of four, then for a long time used single words. After this, he acquired repetitive phrases and reversed pronouns. C. had many stereotyped movements as a young child, including jumping, flapping his arms and moving his hands in circles.

After the age of five, C.’s speech and social contact markedly improved. He attended a special school until aged 11, where they tolerated a range of bizarre, repetitive routines. At one point, for example, he insisted that all his class and the teacher should wear watches that he had made from plasticine before lessons could begin. Despite all the problems, he proved to have excellent rote memory, absorbed all that he was taught, and could reproduce facts verbatim when asked. C. was transferred to a normal comprehensive school at the age of 11 - He has good grammar and a large vocabulary, though his speech is naive and immature and mainly concerned with his own special interests. He has learnt not to make embarrassing remarks about other people’s appearances, but still tends to ask repetitive questions. He is not socially withdrawn, but he prefers the company of adults to that of kids of his own age, finding it difficult to understand the unwritten rules of social interaction. He said of himself, 'I am afraid I suffer from bad sportsmanship'. He enjoys simple jokes but cannot understand more subtle humor. He is often teased by his classmates.

His main interest is in maps and road signs. He has a prodigious memory for routes and can draw them rapidly and accurately. He also makes large, complicated abstract shapes out of any material that comes to hand, and shows much ingenuity in ensuring that they hold together. He has never had pretend play but is deeply attached to his toy panda to which he talks as if it were an adult when he needs comfort.

His finger dexterity is good, but he is clumsy and ill-co-ordinated in large movements and
therefore is never chosen by the other kids for sports and team games.

C. is of average intelligence on the WISC, with better verbal than performance skills. He does well on tasks needing rote learning, but his teachers are deeply puzzled and concerned about his poor comprehension of abstract ideas and his social naivety. They find him appealing but sadly vulnerable to the hazards of everyday life.

References—


My Aspergers Child

01:50PM (-07:00)

**Why do Aspergers kids behave in an obsessive manner?**

It is very common for a youngster with Aspergers to become fascinated by a special interest that dominates his time. It is important to recognize what the fascination may provide for this youngster before attempting to eliminate it or control access to it. The fascination or obsession may provide the order and consistency he craves. It may also provide a method of relaxation.

Rather than try to eliminate these altogether (which is almost impossible), create a plan that uses these unusual interests as a reward for completed tasks. For example, if you ask the youngster to complete a task that he is familiar with and in which he can be successful. Then give him time on the interest as a reward. This way your kid will learn to manage and control the obsession better.

02:01PM (-07:00)
Symptoms and Treatments for Aspergers

There are various symptoms that can be seen in a person and a youngster suffering from Aspergers and a parent can use a checklist to closely observe their kids when they are fairly young. Among these symptoms are:

- These kids and people often lack motor skills
- These patients often speak in an odd tone or pitch
- They adhere to routines and have repetitive habits
- They are not able to interact at a social level
- They are often unable to make a coordinated plan
- They fail to get the undertone of a speaker
  - They feel no empathy for others as they have a hard time understanding the feelings of others
  - They have narrowed interest fields and are often focused on one particular subject or topic

There is no treatment of Aspergers as such but there are many ways in which a parent can help his or her youngster to cope up with his or her condition. Often times there are more than one other disorders which are to be found in a person with Aspergers and this contributes to worsen the situation and medication is used to help the person deal with these comorbid conditions.

There are several medicines and therapies that have been discovered so far that help to control the conditions of Aspergers as well as its comorbid conditions like ADHD, Anxiety and Depression, Alcoholism and the others. Certain medicines are prescribed by the physicians to bring ADHD under control and many of them show side effects like twitches, trouble sleeping, loss of appetite, stomach aches as well as headaches but these side effects subside within a few weeks and the medicines help the youngster or the adult to get better. Similarly there are medicines that are given to the patients to cope with anxiety disorders and depression.

There are programs conducted in various schools that help the youngster by training him or her and making the youngster understand the difference between the right and the wrong social behaviors and conducts. In these training sessions a communication specialist can always be brought in to help the youngster with social communication and social interaction skills. With proper training these kids can easily learn about the social cues and they are to be taught in a way that one is taught a foreign language. They can also be taught to speak in a natural pitch and rhythm and they can be trained to understand the various communication gestures like tone of voice, undertone like sarcasm and irony, eye contact and much more.

There are certain behavioral training procedures and therapies that have been adopted in order to train kids and adults with Aspergers when it comes to behavioral disorders. These therapies help to curb their bad habits like interrupting, obsession, anger and other emotional outburst. Cognitive behavior therapy is the one which helps the youngster to
understand various situations and teaches him or her as to how he or she can cope up with such a situation.

02:26PM (-07:00)

Aspergers Students: Navigating Through the Educational System

If you are wondering how to navigate through the system in order to get your Aspergers youngster educated you are not alone. Our kids don't fit so neatly into the main stream educational system. They are often too high functioning for some programs and still need more assistance than other programs offer. While they are in desperate need of socialization, too much is often detrimental. One on one for academics is perfect but does not provide enough stimulation and a classroom environment is just the opposite. The first step is to look at all of our options without leaving any out, even the ones we absolutely reject right off the bat. Taking a good look at every option, the good and bad ones will give us the education we need to come up with creative solutions.

Gather as much facts about every option. Public Schools, private schools, home school support schools, home schooling at home, public online virtual schools, private online virtual schools and of course the laws in your state. Ask every question you can think of. The squeaky wheel gets the grease. Ask around, look online and don't let fear rule your decisions. With all my heart I wanted my son to go to the school that was attached to my home church and fear kept me from looking at other viable options for much longer than was necessary.

Leave yourself open to new ideas. My son went to private school till 5th grade. It was absolute torture trying to keep up. Finally when it became obvious that it was no longer working I decided to home-school. It has been a fabulous experience for us both and I wish I had been brave enough to try it sooner. I purchased curriculum, set up schedules and after about a month I put it all in a box and started to concentrate on the things that my son needed most and we worked on those. I went from traditional to eclectic lickety split. I found online games, videos, typing programs, online spelling programs, vocabulary software, online reading programs and we worked on things till he learned them, however long it took. We took piano lessons, art lessons and swimming lessons. We spent 6 months on Math facts. On days that one thing wasn't working we switched to something else. Life is too short. As a result my son reads wonderfully and loves to learn. That was middle school. During that time we also found a wonderful home school support school.

Now that he is starting High School he is taking some classes online and going part time to a nearby Christian High School. Technically he is still homeschooled so he will also be
attending a Home School support school. At some point we will use an umbrella school to consolidate his High School Credits in order to get a High School Diploma or he may graduate from the High School he is attending. Every year is different and I have learned to always have a plan A, plan B & even a plan C. These days though I am certain that it will all come together. Fear no longer rules my decisions.

Tips—

1. After getting the facts, think over your options carefully and talk them over with carefully selected people who are sensitive to your situation. I often use counseling services when I get stuck on the tough decisions. Remember: If you have a plan A, a plan B and a plan C it’s easier to move on if something doesn't work out like it seemed it might. Allowing ourselves to think out of the box has been a freeing experience.

2. I am always careful to explain any changes with my son well in advance and prepare him for each transition as best as possible. I also try to anticipate anything that may cause him anxiety or that needs to be addressed a head of time. One example is I always show him around any new setting to make sure he knows his way around very well and knows who to ask if he needs help. I check in often to make sure he is settled in and make sure I am available if I am needed. My son is a special gift to me and I never take that gift for granted.

3. Obviously every option is not right for everyone. That is why it is so important to get the facts not only about your options but the facts about your families strengths, weaknesses, resources and support options.

02:36PM (-07:00)

**Individual Education Plan for Aspergers Children**

**Question**

How can I get help in obtaining services that are supposedly out there and available? My son’s ISSP (IEP) looks fantastic on paper, but in reality, most of the services are not obtainable due to extremely long wait lists or shortage of workers to completely fill the positions.

**Answer**
Developing a relationship with your son’s school and creating an acceptable IEP, or Individual Education Plan, is very important.

“How Well Does Your IEP Measure Up?” by Diane Twachtman-Cullen and Jennifer Twachtman-Reilly is a book that can help you grow to be a valuable member of your son’s IEP team, giving you insight into the IEP process. You’ll learn about often-neglected areas that should be addressed during the IEP meeting.

Your son’s school has obviously been cooperative, working with you and acknowledging his disabilities. However, without follow-through, all you have is a stack of papers. By law, your son is entitled to FAPE or a free, appropriate public education due to his diagnosis of Asperger’s Syndrome. His IEP is a legal document. Your son’s school is legally responsible to uphold the contents of his IEP. There are procedures in place to protect all parties involved in the education plan. However, someone has to initiate these procedures.

At the time of your son’s IEP meeting, his IEP team leader should have reviewed your state’s laws and your rights as a parent of a child with special needs. You should have been given a copy of your state’s FAPE procedures and parent’s rights handbook. Now is the time to review this handbook and determine your first step.

You must initiate a legal procedure called due process. Once you file due process, you will have the opportunity to show proof that the school system is not fulfilling your son’s services as set in his IEP. Your parent handbook will outline the steps you must take to begin due process in your state. You, as the parent, are responsible for holding the school system accountable.

Preserving your relationship with your son’s school is very important. Even if you file for due process, your son will remain in their care until the process is resolved. You will want to be comfortable with this arrangement. Remember to maintain neutral communication. While this is a personal matter in your life, this is not a
personal attack. Moreover, it doesn’t have to become one.

Contact your state’s special education advocacy support group. This group is in place to support the families of special needs kids by offering information and advocacy training services at no charge. This group can guide you through the legal process of receiving FAPE for your son.

10:39AM (-07:00)

**Why does a child with Aspergers have a short attention span?**

Kids with Aspergers frequently exhibit problems associated with other special needs (e.g., attention problems and obsessive/compulsive disorders). Researchers and practitioners are unsure whether these behaviors are a part of Aspergers or are comorbid, (i.e., related) disorders.

The characteristics of Aspergers include difficulties in social communication, sensory problems and organizational difficulties. All of these combined will certainly affect their ability to sustain concentration for any length of time.

For example, a room may be too bright, noisy, too many pictures, etc., which are all distractions and high stimulation. This means that certain sights, noises, tastes and textures can bother a child more than they would a child without Aspergers.

Aspergers kids will often not fully understand what is being said to them and will often misinterpret crucial verbal and non-verbal information. They also find it difficult to give consistent eye contact as this sometimes interferes with their ability to take in new information.

07:41AM (-07:00)
Aspergers and Associated Disorders

When a child has got one or more disorders along with the main disease or disorder, the condition is defined as Comorbid and Comorbidity, which is the effect of all these disorders as seen in the patient. Aspergers is enlisted as an Autism Spectrum Disorder or ASD as well as Pervasive Developmental Disorder or PDD, and in this condition the child has trouble interacting socially with the others around him or her. Unlike Autism, in Aspergers the child has no difficulty in learning the language or the process is not even delayed but when it comes to communicating with others at a social scale they fail miserably.

Sensory Processing Disorder or SPD is one such disorder which is common among those that have Aspergers, and in this case the child becomes over sensitive to the various sensory stimulations. For instance, they form an intense dislike of loud noises and sounds and become very distressed when they need to face loud noises. They are easily irritated when dealing with unusual textures and so strictly adhere to the same textures that they are comfortable with and scratchy clothing material is an absolute no-no to most people having Aspergers.

Dyspraxia is when a child is not able to coordinate as well as perform certain acts in spite of having the prior plan for it (i.e., they fail to execute a plan or face real difficulty in the process, and at times they even have trouble in planning with coordination). This disorder is one reason why kids with Aspergers have always been described as clumsy.

Tourette’s Syndrome is when a child faces the repetitive vocal as well as motor tics, and even though it is not extremely common to find Tourette’s Syndrome as a comorbid condition of Aspergers, it is still to be seen in many cases. In spite of the fact that not every Aspergers child will have Tourette’s Syndrome, it is true that most kids diagnosed with Tourette’s have Aspergers as well.

Obsessive Compulsive Disorder or OCD is something which is found in most kids of Aspergers, as autistic people - even those with mild autism or Aspergers - adhere to strict routines, and they like to keep every particular object in one particular way, and when changed, they get very distressed. This is one habit which later on leads to OCD.

Depression and anxiety are two most common disorders to be found in a child who has Aspergers. Even the slightest thing can cause them to get anxious, and this develops into severe anxiety disorder. Teens with Aspergers suffer from depression, and this is probably caused by the realization that they are different and the fact that they are often bullied and are made fun of by teens of the same age. Teens and adults with Aspergers often turn to alcohol as a way to deal with these disorders and comorbid conditions.

Attention Deficit Hyperactivity Disorder or ADHD is also a very common comorbid condition of Aspergers. Here the child is unable to concentrate and becomes impulsive to a great degree.
Anger control problems or meltdowns (i.e., intense temper tantrums) are also common in Aspergers children. Aspergers kids are often easily frustrated and confused in their relationships with family and friends and, as a result, tend to use anger as a way to cope and make sense of their environment.

My Aspergers Child
07:29AM (-07:00)

How do I get my husband and in-laws to acknowledge the diagnosis [o...]

Question

How do I get my husband and in-laws to acknowledge the diagnosis and help care for the child?

Answer

Sometimes Asperger’s Syndrome is hard to see if you do not live with it every day. And sometimes people are simply in denial. Either way, the truth must come out. Acknowledging the presence of Asperger’s Syndrome will lead to the best possible support and treatment available for the child. Family support is practically necessary. Yes, you can survive handling everything on your own. However, life will be much more pleasant for the whole family when everyone is working together to care for the child.

Some people will choose to stand on the outside; you cannot do much about that. Nevertheless, you can equip them with facts and information so they can make a choice regarding the position they plan to take. Here are some ideas.

* Perhaps your family needs to hear the truth from a professional. Official paperwork containing your child’s diagnosis is available from your physician, neurologist, and/or psychologist. You can request copies of any Early Intervention assessments, private therapy evaluations, and school system evaluations. Explain to the family that these people are professionals who see Asperger’s Syndrome every day. You might also mention that the assessments and evaluations rely on much more than your input, taking the attention off any possibility that you are ‘making this up’.

* Most of your child’s therapists will offer parent training sessions regularly. These sessions allow you to ask questions about your child’s programs and his progress, while also educating you on his new goals and coaching you on how to meet these goals. Invite your family members to attend the parent training. They can ask questions that will help them understand your child’s Asperger’s.

* Contact your local Autism support groups. Without family support, it is dire that you find encouragement elsewhere. Tell your family about community events or group meetings so they have a chance to be informed and involved.
* Network with other families living with Asperger’s. Listening to the stories of families who are ahead of you in the journey can give you and your family insight into the condition.

* Find books, videos, and other media sources that you can share with your family members. “Voices From the Spectrum: Parents, Grandparents, Siblings, People with Autism, and Professionals Share Their Wisdom” by Cindy N. Ariel and Robert A Naseef is a great example of one such resource. This is a book of powerful essays written by family members and people on the Autism spectrum about their life experiences.

Find the support you need to help yourself and your child and try not to worry about your family. Encourage their participation always, but concentrate on your child’s needs, the significant issue at hand.

08:15AM (-07:00)

**How can I bottle break my son without causing extra stress on him?**

My son Jacob has Aspergers disorder. He turned 3 years old may 27th and still is in diapers and takes a bottle. How can I bottle break my son without causing extra stress on him?

In general, Aspergers kids can try a cup at 6 months and be weaned off the bottle around 12 to 18 months. It does vary from child to child, and it is up to the mother to decide when to encourage the change from bottle to cup. The things to look out for are when the baby can sit up for themselves; obviously drinking from a cup is going to be near impossible when baby is still lying on his back. Also, your baby should be taking bottle feeds at regular times. You should also be noticing that your Aspergers child starts to show a real interest in the food of others.

Aspergers kids being bottle fed are more likely to suffer from tooth decay. So, it is important to not allow your him to carry on bottle feeding longer than is necessary, but don’t force the issue - remember, weaning your Aspergers child of bottle feeding is a gradual process. As your youngster develops, the nutrients he requires change. He will not get these nutrients from bottle feeding alone whereas he will get more than he needs from solids. Finally, Aspergers kids who delay the transition from formula to solids may have difficulty developing appropriate feeding skills.

How do you wean your Aspergers child off the bottle?
• At age 8 to 10 months, substitute a 'sippy' cup for a bottle at one feeding during the day. Choose a feeding when the Aspergers child usually drinks just a little, rather than a major mealtime. Use this same feeding time to use the cup every day for a week. Remember, routine is key.

• Be patient. Help your Aspergers child to hold the cup and tip a small amount of liquid into the child's mouth.

• Consistency is key to successful weaning. Be sure to give the Aspergers child the cup at the designated feeding time and don't switch back to the bottle at this feeding.

• Gradually introduce the cup at another feeding, slowly decreasing the number of bottles the Aspergers child receives.

• Some Aspergers kids may need to suck as a way for them to control their behavior. This sets their mood to accomplish certain tasks such as sleeping, concentrating and running. Some Aspergers kids may continue to suck on a pacifier or bottles of plain water for the first few years.

• Wean your Aspergers child during a relatively stress-free time. It is not a good idea to start when a new sibling has just arrived or when the family is moving to a new house.

What can you do to make weaning easier?

• Be a positive role model and drink from a cup with your Aspergers child.
• Buy cups with handles, spouted lids or baby cups with straws to make drinking easier.
• Offer other comforts such as a soft blanket or stuffed animal or play soothing music.
• Spend extra time cuddling with your Aspergers child during the weaning process.

Aspergers Children and "Low Frustration Tolerance"

I was just wondering...My daughter who is 9 (diagnosed as asd, as our doctor doesn't like to put them into one category...but says if she did my child would be Aspergers!) doesn't have aggressive meltdowns...it's more a crying depressive meltdown. Like I just had to ask her to tidy her room, and was explaining that if she picked up her things she wouldn't have to tidy it this much. While I was telling her (I never shout or swear, I promise) she was crying, whilst putting things away, getting frustrated with drawers and
things. I then came back after doing other things in the house, and found her just lying on the floor of her room with her comfort blanket. She is now watching a film in her room, took off her clothes and is in bed with one of the blinds shut. I asked her what was wrong...But she never seems to know how she is feeling, and just says she is ill. She said I had told her to do too many things. (Plus we had just been to the super market half an hour before) does this sound like a meltdown of some sort? She is never aggressive...just emotionally unbalanced, cries easy, often seems depressed. I hope someone can help. I am worried I might be handling things wrong!

It may seem like they over-react to the small things that happen, but it is a fact that Aspergers kids have little emotional control and get frustrated easily. That's where they need your help and the help of others qualified in the area of emotions.

Ask yourself these questions re: your Aspergers child's frustration—

• Does she throw things and hurt people?
• Does she withdraw to someplace she feels safe?
• Does she yell and cry?
• How does your youngster show her frustration?
• What do you do when she gets frustrated?
• Do you give her time alone to try to deal with it?
• Do you take it personally, or do you jump in to soothe her when she is on the brink of crying?
• Is it best to talk about the issue or let it go?

Moms & dads don't want to spend a lot of time discussing the case of the missing toothbrush (for example) and how the youngster should have handled it when there may be more pressing issues in the household to discuss.

Kids with Aspergers have a low toleration for frustration. It is understandable that the frustration comes from a lack of understanding of their feelings. They are unable to identify and express what they are feeling, so they lump all the 'bad' feelings together. The parents see the overflow of 'bad' feelings come out at once. It's important that we don't take them personally even when they seem as though they are directed at us. Aspergers kids want to tell what is on their mind, and most of the time they don't know how to say it properly or they misinterpreted their thoughts altogether.

So what can moms & dads do to help these youngsters with these frustrations?

If the youngster is exhibiting threatening behavior and seems unable to control it, then getting them to work with a professional is the best approach if they don't already have one. Many times, a therapist can provide techniques or methods for the youngster to deal with their feelings. Also, a therapist can provide a parent with valuable insight and tools for helping the youngster deal with their feelings. There are also medications that a doctor can prescribe to help calm these outbursts and let the youngster think it through.
A youngster who is obviously frustrated but not particularly threatening or violent still needs help and parents can provide that through on the fly discussions. An older kid can be reasoned with on what triggered the outburst and how they can deal with it the next time. It's important that these discussions be held calmly and rationally. If the youngster feels accused or threatened themselves, then they will not be receptive to what the parents have to say and it may help to have a therapist facilitate these types of conversations.

The bottom line is if your youngster appears to have a low tolerance for frustration and it is happening more frequently, then they need help understanding what it happening to them. This kind of help can come from a number of places and the most important player is the parent. Don't take it personally, rather understand they are literally brimming over with 'bad' emotions and don't realize what they are doing.

My Aspergers Child
10:31AM (-07:00)

I'm worried about how my Aspergers child will cope when he reaches ...

Adolescence is a difficult age stage for both child and parents, and some of your youngster's behavior will be due to the onset of adolescence and not Aspergers. However you are absolutely right in recognizing that youngsters with Aspergers need help that is tailored to their more specific needs.

Try reading up on books that deal with puberty and adolescence “Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism” by Mary Wrobel and “Personal Hygiene: What's That Got to Do with me?” by Pat Crissey are both good choices for this subject.

It might also be worth reading “Aspergers Syndrome in the Adolescent Years” by Liane Holliday Willey and Luke Jackson. Hopefully these books will give you some coping strategies.

It will be important that your Aspergers teen eats a healthy diet with lots of fresh fruit and vegetables and that you try to avoid giving him food with too many additives and sugar.

Regular exercise would be a good idea as this has been proven to help with mood/depression etc. and is something you could do as a family.

Walking in the countryside would be good if this is possible, or if he would prefer, some sort of exercise class or a martial art like Taekwondo might be enjoyable.

There are several groups on the internet designed by young people with Aspergers specifically for them, these include www.aspiesforfreedom.com and www.aspergerinformation.net
Non-Drug Treatments for Aspergers?

Some moms & dads introduce specific diets for their kids with Aspergers in an attempt to improve the condition or relieve uncomfortable physical symptoms. The most widely known diet for kids on the autistic spectrum is the Gluten/Casein free diet (GF/CF diet). In this diet all wheat and dairy products are removed.

Reported effects include the reduction of any existing gut/digestive problems, improved attention, eye-contact and general behavior. The diet has many devoted followers, but all evidence at this time is anecdotal and nothing has been proven.

However, if you decide to try the diet, it is important to do as much research as possible before you start and to consult your physician. You may find your physician is not supportive as this approach is not, as yet, widely accepted by the medical profession, although some physicians may be sympathetic.

Another diet followed is the Feingold Diet which eliminates all artificial colors, preservatives, flavors, etc. and encourages fresh, natural foods.

Vitamin supplements may be used, and fish oil supplements are cited as particularly beneficial, although this is still a matter of debate. It makes sense to feed any youngster a healthy, additive free diet, and thankfully the medical profession is now acknowledging the effects of diet on behavior.

As with any other diet you may introduce to a child with Aspergers, it is wise to consult your primary medical practitioner and to extensively research it via books, the web, and through talking with other children who have used the diet.

Do not remove whole food groups from your youngster's diet or introduce large doses of vitamins and minerals without specific medical advice.
It is a constant struggle to get her to pay attention or to even lo...

My 10 year old daughter has been diagnosed with Aspergers. It is a constant struggle to get her to pay attention or to even look at me. She seems in a world of her own sometimes. Any suggestions?

Adults who are diagnosed with Aspergers have suggested that it is easier for them to make eye contact if they don’t have to listen. Some describe situations where having to make eye contact causes breaks in their concentration. So clearly there are some problems for individuals with Aspergers if they have to do more than one task like this at the same time (i.e. eye contact and listening).

It is also difficult for a youngster with Aspergers to understand what a person is communicating through eye contact. Others actually describe the experience of having to make eye contact as frightening.

It is important to recognize that Aspergers is a neurological disorder (caused by a medical problem with the brain) and the youngster is not choosing to behave this way. In fact it may well be a way of the youngster coping with their environment.

You can create a conducive environment by:

1. Frequent breaks - Allow her to take frequent breaks, or break work into small blocks; she will be able to perform better.

2. Minimizing distractions - Minimize the distractions for your daughter, provide direction in simple one-two step directions and provide ample times and cues (verbal and/or visual) for completing the task.

3. Providing structure - Providing structure to her day and routines, where the same activities occur at the same time every day, will let her know what to expect.
Aspergers and OCD

Question

My son has Aspergers and OCD and he will have hand tremors that he is not aware of. I am trying a more holistic approach but this is not covered by insurance. I wish I knew which ones were beneficial and which ones are not beneficial.

Answer

Traditional treatment for obsessive-compulsive disorder involves a combination of medication and behavioral therapy techniques. The traditional medicines used in this process are SSRI's, or serotonin selective reuptake inhibitors.

Many parents do not want to treat their children suffering from OCD with these traditional methods, but turn to holistic methods of treatment. Because holistic therapies are designed to treat the whole person, not just the symptoms of a disease or disorder, holistic approaches appeal to many people. Holistic therapies can be added to traditional medical approaches, or can be tried by themselves.

Holistic practices often take into consideration lifestyle factors and address physical aspects of treatment, nutritional aspects, environmental, and social and spiritual elements. In seeking alternative treatments, take into consideration your beliefs and practices.

Holistic therapies for OCD are designed to relieve mental anguish. Many people find yoga and meditation to be effective in calming the mind and the body and strengthening the connection between the two. Aromatherapy can help a person reach a more peaceful and harmonious place. Hypnotherapy and acupuncture have also been found to be successful in treating various disorders. Behavioral therapies are often effective in conjunction with some of these alternative treatments.

In her book, "Freeing Your Child from Obsessive-Compulsive Disorder," Tamar E. Chansky has created a step-by-step program designed to help parents work with children to free them from the cycle of OCD. This program was created with the goal of helping the child take back control of his life using these techniques. The techniques are designed to work with children who are either on or off medication. This method can be very effective in helping a child break free of this debilitating disorder.

It is difficult to say which holistic methods will work best with your child. Speak with your child’s physician and gain his help in creating a treatment plan for you child. Also solicit advice from trusted holistic practitioners who can suggest a holistic course of treatment.
Hi, my teenage son is very aggressive and lacks any type of impulse control. He cannot be left alone with his siblings. Does anyone have any recommendations? I know he does not want to do these things, because when we talk about it he says he loves his sister, etc, but he hurts her all the time. My poor daughter has to put up with his aggressions on a daily basis. I can't watch him every second he's awake. I also can't put either child in a protective bubble or send my son to his room and leave him there all day. I really don't know what to do with him and I'm not a big advocate of drug therapy.

He's starting to internalize his behavior and now said to me this morning that he's a bad boy even though no one tells him that, not us, or his teacher. I worry about his self-esteem as he grows older. We praise him when he's good, but he gets a ton of negative feedback. "Don't do this… don't do that, etc… you need to go to your room for hitting your sister"… I constantly feel like I have to micromanage him. But he knows he's in time out/ or his room a lot and I do that so he can calm down or to protect his siblings. Any advice would be helpful.

Adolescents with Aspergers are often not found to be physically aggressive unless they feel threatened in some manner. For some kids with Aspergers, aggression may become quite common when reaching adolescence and this may be clearly influenced by the parenting styles of the youngster's mother and father.

In fact, one of the key factors in determining an Aspergers youngster's tendency to develop aggression later in life may involve the presence of a maternally sensitive woman who can balance the discipline and aggression in life.

In many of today's families, it is not uncommon to find either a mother or father is absent from the youngster's life. Because a youngster's mental health is often greatly influenced by the presence of maternal nurturing and the balance of a father's discipline, when either of these are absent in the life of an Aspergers youngster, aggression usually develops.

If you are the parent of an Aspergers youngster, it is important to provide this balance to your child rearing efforts. If you are a single mother, and your child's father is not present, you can expect your youngster's aggression will undoubtedly be present as you provide the maternal sensitivity your youngster needs while also attempting to be the disciplinarian. Because Asperger's kids have trouble differentiating social cues, and are confused by discipline when expressed by their mother, the authoritarian type of parenting is often met with aggression. For this reason, having a male role model who
can provide that discipline while you provide the maternal sensitivity will go a long way in your youngster’s long term development.

Conversely, if you are a father who is raising an Aspergers child alone, you will want to be sure that you find ways to be sensitive and nurturing to your youngster’s needs. Because fathers are more likely to be the authoritarian, a woman’s sensitivity will be important in your youngster’s mental health. Often, this role can be filled by a woman who is an aunt or even a grandmother and does not necessarily mean that a step-mother or step-parent is necessary.

Aspergers is a developmental disorder that affects many adolescents by resulting in abnormal social development. For parents of Aspergers kids, offsetting the risk for development of aggression is most likely achieved by first identifying your parenting style - as either disciplinarian or nurturing - and then finding someone who can fulfill the role as the opposite parenting style. Trying to manage both the motherly role and the fatherly role will ultimately lead to confusion in your youngster and this can only further exacerbate the Aspergers complications into adulthood.

My Aspergers Child
12:21PM (-07:00)

The Rage Cycle in Aspergers: Group Discussion

Monday, August 31, 2009

I am reading about the rage cycle with Aspergers or High Functioning Autistic kids. One of my son’s problems is his meltdowns and tantrums.

The cycle is supposed to have three parts:

1) Rumbling (like warnings of thunder)
2) Rage (the storm)
3) Recovery (the calm after the storm. Sometimes if handled poorly it can merely be the eye of the storm).

Various suggestions were made regarding interventions during the rumbling stage.

My son’s camp therapist has not been successful at preventing blow ups. As a matter of fact, a good day seems to be followed by a seriously bad day.

Does anyone have any experience working with this?

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Oh, I know these tantrums very well. They’re very hard to get under control.

I don’t know what methods my mother used on me. Or better I don’t know what method
worked. I know what she tried. She tried to bring me in my room and let me stay there until I calmed down. But too much
damage was done that way, because when in rage, I ripped down curtains, kicked furniture and walls, destroyed toys and
handicrafts of mine. I was always horrified by what I had done when the fit was over, but at the time of rage I could only
hardly help doing it.

She tried to hold me, but it made me only more furious and I tried everything to struggle free. If she had held on, we had
both been hurt seriously.

She tried to talk to me and to distract me, but that was next to useless. I wasn't able to listen and the mere sound of the
voice added to my rage.

Basically she always secured my little sister from me (because, sad as it is, if she'd come in my way I'd have hurt her) and
then waited it out. That is what worked best.

Also she became a real master in watching out for possible triggers. That didn't help the fact that it came to such
meltdowns, because the energy and frustration inside me was there and needed to come out sooner or later, but it
(sometimes) helped to avoid the tantrums to happen in unpleasant moments.

My son (he is moderately autistic and not aspergers) would have tremendous tantrums, they made me feel helpless
because I never knew what caused them. He would do things like throw his dinner across the room, start screaming and
tearing off his clothes while he was getting ready for school. I was told just to wait them out. Then I could get him to
redress, or clean his dinner off the floor. Luckily he has fewer of these outbursts.

Piper, my son will get upset when he feels an injustice has been done or as if he is being blocked from doing something
he wants to do in an unreasonable way. Afterwards, he feels sorry that he reacted so strongly.

I have found that it if I try to explain the reasons for my requests before he goes into a rage, then if it is logical to him, he
will comply without the rage. For example, I tried to explain the reason one washes one's hands after using the bathroom.
He still needs to be reminded but does it.

My son has done some damage from his rages, including kicking a door off its hinges when he was 5! At this point, I
simply try to keep the house clean. Our furnishing is very simple. I've delayed my desire to have a beautiful interior lest he
(now the dogs!) ruined it.
Getting upset over injustices sounds very familiar to me. Also being kept away from doing something of my interest was a big trigger for me.

I remember that the worst tantrum I ever had, was over a happy-meal toy my little sister had gotten while I had been at a school camp. I was already much stressed from two days away from home and that toy, and the injustice that my sister had gotten one and I had not (A MAJOR injustice to me), was the trigger to the worst tantrum I and my Mother can remember. Also if others insisted that I did things different than I wanted to, upset me very much.

It's interesting, because logic reasoning helped preventing tantrums with me, too. It's still the same today. Once I understand something I'm fine with it and can handle it very good.

Thanks for letting me know that!

I can really sympathize with you about that toy. After being at camp where you had to cope with all of those people, not getting the toy seemed like "the last straw" or the event that caused the tantrum after all of that tension had built up.

It is hard to realize that people are very illogical creatures sometimes and to realize that it doesn't even bother many of them to be so illogical! They accept things that seem to be wrong and don't even give it a second thought. And they think that the person that is trying to correct them is trying to make trouble.

theses rage cycles sound like seizures. Are they? That kind of anger is not normal. It doesn't sound like it happens on purpose. Parents should know that it could be a seizure. You might have that checked out. I know the rages you are talking about though medication can help too.

That's a really good analogy. But I think actual seizures are due to an irregular type of brain wave activity. I'm not so sure that these rages can be tracked on an EEG. My son's EEG was normal, but they do say that children with Autism Spectrum Disorder (ASD) can develop seizures in adolescence.

I think that these can be prevented more so than seizures, but I can be wrong.
My EEG did never show any irregularities, either.

Another thing that sets them apart from seizures is that the rages are not impossible to control. It's next to impossible to do that as a child (at least it was for me, because I tried very hard to sometimes and it just never worked), but getting older I got more control about them.

At the moment I can control them so much that I can stay pretty calm when I feel overwhelmed with something. I do still get upset, but I have learned to verbalize my anger and my feelings, I don't destroy things anymore, and apart from crying, which I usually can't help, I'm fine. Screaming helps a lot to. Really loud screaming. Instead of kicking things I learned to scream. It has the same effect, only it doesn't cause damage.

Also I've learned that some things aren't worth being upset about. Some really stupid things happen, people do things "wrong" very often, don't understand my point of view and many things are very frustrating still, but my tolerance for them has increased throughout the years. My feelings over those things don't overwhelm me nearly as much as they used to do anymore.

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Rowena's hurt all of us pretty badly at one point or another. Even Keven hasn't come through unscathed. Rowena is exceptionally strong and someone Kevin ended up with a broken wrist in the process.

I had a lot of problems with such things when I was younger. Now, I have it a lot more under control, though sometimes that control is a very fragile thing. Kevin's getting good at recognizing such times and avoiding me. (For me, that's the best way to deal with it, because that's basically what my parents did... tossed me into the bedroom and ignored it) Not the best solution, but now, because of that, it's what I'm used to.

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My natural mother would ridicule me knowing full well that she was making a bad situation worse. I was glad when she outgrew her slapping sprees.

I have no idea why or how anybody could possibly think slapping does any good at all. I think it is cruel, painful and very humiliating.

No child WANTS to vent like this, but slapped, ridiculed and pushed past a certain point with few outlets...you finally outgrow it.

Another thing I found upsetting was when she'd sing the praises of Other People's Children.
My oldest uncle had an explosive temper his entire life (luckily, I was spared that side of him). When he was a boy, his paternal grandfather used to whip him for it. I seriously doubt that did him a damn bit of good. (This uncle died the summer of 2002).

I don't believe in whipping.

He was always "highly charged" and when I visited him in fairly recent years, he said that when he was upset he "had something wrong with his nervous system." The man was more highly charged than I EVER was! (I don't know if he had synesthesia). He had a myriad of interests, raised a family and successfully ran his own business until age 86 in the summer of 2000. My oldest uncle was deeply involved in whatever he was doing. He, like my youngest and favorite uncle was gifted.

I don't know if he would be considered on the spectrum or not and I never thought about it until now. It's just that now that I know more about it, I wonder in retrospect if he might have had Aspergers tendencies as well.

I've learned that trying to talk to someone in a rage is pointless. Only infuriates them further. Any type of physical restraint also seems to make it worse. Loud noises or bright lights also seem to exacerbate the situation.

One young autistic boy I knew would run into the class coatroom when he was very upset. He'd throw himself on the floor and sob and kick his feet. There was no window and the closet was dark. After a few minutes, he'd be calmer. At that point, he'd usually ask that I rub the back of his neck. He found that calming.

I later realized that whenever he was anxious or stressed, he'd want me to apply pressure to the back of his neck, below the hairline. I once read something that said the neural bundling at that point of the body was very influenced by physical manipulation. Perhaps this little boy realized something scientists are only starting to study. Pressure on this spot helped him not lose control. However, once he had lost control, touching him did not help - it made things worse.

My Aspergers Child
12:38PM (-07:00)
Aspergers Children & Social Anxiety

Parent's Name = Missy

Aspergers-related Comments/Questions/Story = I am trying to get my 11 yr old son to participate in group therapy. When it is time for him to go in, he flips out and gets so upset that he physically gets sick. What are some tips to help him with this?

Social Anxiety isn't something that only affects children with Aspergers. It affects children with all kinds of mental conditions as well as those with physical issues, weight issues and other differences that mentally or physically distinguish them from the general populace. The distinction may not necessarily be a real one but could, and often does, only exist in the subject's mind. Social anxiety is so great an issue that it's considered to be the third largest psychological problem in the world today.

Social anxiety isn't limited to difficulty meeting people in face to face conversation but also includes:

- Being Watched
- Chats
- Facebook
- Instant Messaging
- Recording (video and photo Cameras, microphones, etc.)
- Simply Going Outdoors in Public Places
- Social Occasions
- Telephone Conversations

Aspergers kids tend to walk a line that varies between total fear and no fear, depending largely upon the individual. Some Aspergers kids aren't afraid of face-to-face verbal interactions but just aren't very good at it. Constant negative feedback however can often tip the scales.

The best ways to reduce social anxiety, particularly in the school years, revolve around "jumping straight in" – regardless of how scared the individual might be. This doesn't work well at younger ages, where such fears can lead to meltdowns but it's quite acceptable for the mid to late teenage years.

When I was at school, I had "buddy" teacher (a teacher who became a good and trusted friend). One day this teacher picked me out of the class and said that he had noted that I was good with history and thought that I should join the debating team. He gave me a couple of days to sign up on my own – but I didn't. Then he joined me up and informed me that I was now committed. At first, I was a little annoyed but he made it clear that he thought it would be good for me and that he would be supporting me all the way.
The teacher led me on with the promise of replacing me when a suitable person could be found. Of course, now I can see that it was all a ploy and I went on "debating tour" and was forced to confront my demons.

Around the same time, the teacher suggested that I take "drama" as one of my elective subjects. I had absolutely no desire to act and I really couldn't see the point of drama but he told me that it was an essential skill. In retrospect, I have to agree.

There's absolutely no mistaking the importance of public speaking and acting for children with Aspergers. Amongst other things, it helps you to lose the "monotone" in your voice – a feature that Aspergers kids are famous for. It also prepares you for "acting the rest of your life".

Aspergers Children & Mental Health Issues

Individuals with autism or Aspergers are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life (Tantam & Prestwood, 1999). Ghaziuddin et al (1998) found that 65 per cent of their sample of patients with Aspergers presented with symptoms of psychiatric disorder. However, as mentioned by Howlin (1997), "the inability of individuals with autism to communicate feelings of disturbance, anxiety or distress can also mean that it is often very difficult to diagnose depressive or anxiety states, particularly for clinicians who have little knowledge or understanding of developmental disorders". Similarly, because of their impairment in non-verbal expression, they may not appear to be depressed (Tantam, 1991). This can mean that it is not until the illness is well developed that it is recognized, with possible consequences such as total withdrawal; increased obsessional behavior; refusal to leave the home, go to work or college etc.; and threatened, attempted or actual suicide. Aggression, paranoia or alcoholism may also occur.

In treating mental illness in the patient with autism or Aspergers, it is important that the psychiatrist or other health professional has knowledge of the individual with autism being assessed. As Howlin (1997) says, "It is crucial that the physician involved is fully informed about the individuals usual style of communication, both verbal and non-verbal". In particular it is recommended, if possible, that they speak to the parents or care-givers to ensure that the information received is reliable, e.g., any recent changes from the normal pattern of behavior, whilst at the same time respecting the right of the person with autism to be treated as an individual. Wing (1996) asserts that psychiatrists should be aware of autistic spectrum disorders as they appear in adolescents and adults, especially those who are more able, if diagnostic errors are to be avoided. Attwood (1998) also stresses
the importance of the psychiatrist being knowledgeable in Aspergers. Tantam and Prestwood (1999), however, state that treatments for anxiety and depression that are also effective for individuals without autism are effective for individuals with autism. They go on to say that practitioners and psychiatrists with no special knowledge of autism or Aspergers can be of considerable assistance in treating these conditions. Typically, however, it is of great advantage if the psychiatrist has experience of autism/Aspergers.

This factsheet will concentrate on mental health in individuals with high-functioning autism or Aspergers although references will be made to autism per se where appropriate. Emphasis will be on depression, anxiety and obsessive compulsive disorder, but it is important to realize that individuals with Aspergers also experience other problems, such as impulsive behavior and mood swings. To date there has been little research in this area but, as Carpenter (2001) has found, these can sometimes be incapacitating. Treatment can include conventional mood stabilizing drugs, but helping the person to improve their self-awareness is also important.

Depression—

Depression is common in individuals with Aspergers with about 1 in 15 individuals with Aspergers experiencing such symptoms (Tantam, 1991). Individuals with Aspergers leaving home and going to college frequently report feelings of depression as demonstrated by the personal accounts that can be found at www.users.dircon.co.uk/~cns/index.html As one young person says, "I also had to deal with anger, frustration, and depression that I had been keeping inside since high school". A study by Kim et al (2000) also found depression to be more common in children aged 10-12 years with high-functioning autism/Aspergers than in the general population of children of the same age.

Depression in individuals with Aspergers may be related to a growing awareness of their disability or a sense of being different from their peer group and/or an inability to form relationships or take part in social activities successfully. Personal accounts by young individuals with Aspergers frequently refer to attempts to make friends but "I just did not know the rules of what you were or were not supposed to do" www.users.dircon.co.uk/~cns/jeanpaul.html Indeed, some individuals have even been accused of harassment in their attempts to socialize, something that can only add to their depression and anxiety; "I also did not know how to approach girls and ask them to go out with me. I would just walk up and talk to them, whether they wanted to talk to me or not. Some accused me of harassment, but I thought that was the way everybody did that." www.users.dircon.co.uk/~cns/jeanpaul.html

The difficulties individuals with Aspergers have with personal space can compound this sort of problem. For example, they may stand too close or too far from the person to whom they are speaking.

Other precipitating factors are also seen in many individuals without autism who are depressed and include loneliness, bereavement or other form of loss, sexual frustration, a constant feeling of failure, extreme anxiety levels etc.
Childhood experiences such as bullying or abuse may also result in depression, as can a history of misdiagnosis. Another possibility is that the person is biologically predisposed to depression (Attwood, 1998). However, there are, of course, many other factors that may trigger the depression and this list should not be taken as exhaustive.

Tantam and Prestwood (1999) describe the depression of someone with Aspergers as taking the same form as in individuals without the condition, although the content of the illness may be different. For example, the depression might show itself through an individual’s particular preoccupations and obsessions and care must be taken to ensure that the depression is not diagnosed as schizophrenia or some other psychotic disorder or just put down to autism. It is important to assess the individual’s depression in the context of their autism, i.e. their social disabilities, and any gradual or sudden changes in behavior, sleep patterns, anger or withdrawal should always be taken seriously.

Symptoms of depression can be psychological (poor concentration/memory, thoughts of death or suicide, tearfulness); physical (slowing down or agitation, tiredness/lack of energy, sleep problems, disturbed appetite (weight loss or gain)); or affects of mood and motivation (e.g., low mood, loss of interest or pleasure, hopelessness, helplessness, worthlessness, withdrawal or bizarre beliefs etc.) Individuals with depression can also experience periods of mania.

Lainhart and Folstein (1994) cite three approaches that need to be made in diagnosing depression in a person with autism. The first concerns a deterioration in cognition, language, behavior or activity. The complaint is rarely couched in terms of mood. Secondly, it is important to take the patients history to establish their baseline, patterns of activity and interests. It is this pattern with which the presenting patterns can be compared. Thirdly, an attempt should be made to assess the patient’s mental state, both directly and through the parent or care-giver, if present. Examples would include reports of crying, difficulties in separating from their parent/care-giver for an interview, increased/decreased activity, agitation or aggression. There may be evidence of new or increased self-injury or worsening autistic features, such as increased proportion of echolalia or the reappearance of hand-flapping.

Attwood (1998) also refers to the inability that some individuals with Aspergers have in expressing appropriate and subtle emotions. They may, for example, laugh or giggle in circumstances where other individuals would show embarrassment, discomfort, pain or sadness. He stresses that this unusual reaction, for example after a bereavement, does not mean the person is being callous or is mentally ill. They need understanding and tolerance of their idiosyncratic way of expressing their grief.

In treating depression, medications used in general practice may be prescribed (Carpenter, 1999). It is important to realize, however, that such agents do not make an impact on the primary social impairments that underlie autism. See Gringras (2000) for a discussion on the use of psychopharmacological prescribing for children with autism or Santosh and Baird (1999) for a analysis of psycho pharmacotherapy in children and adults with intellectual disability (including autism). As with any treatment for depression, adjustments may have to be made to find the appropriate drug and dosage for that particular person. Side effects should also be monitored and effort made to ensure the
benefits of the treatment outweigh the penalties (Carpenter, 1999). It is also important to identify the cause for the depression and this may involve counseling (see below), social skills training, or meeting up with individuals with similar interests and values.

Anxiety—

Anxiety is a common problem in individuals with autism and Aspergers. Grandin (2000) writes that, at puberty, fear was her main emotion. Any change in her school schedule caused intense anxiety and the fear of a panic attack. Anxiety attacks started shortly after her first menstrual period. Muris et al (1998) found that 84.1% of children with pervasive developmental disorder met the full criteria of at least one anxiety disorder (phobia, panic disorder, separation anxiety disorder, avoidant disorder, overanxious disorder, and obsessive compulsive disorder). This does not necessarily go away as the child grows older. Attwood (1998) states that many young adults with Aspergers report intense feelings of anxiety, an anxiety that may reach a level where treatment is required. For some individuals, it is the treatment of their anxiety disorder that leads to a diagnosis of Aspergers.

Individuals with Aspergers are particularly prone to anxiety disorders as a consequence of the social demands made upon them. As Attwood (1998) explains, any social contact can generate anxiety as to how to start, maintain and end the activity and conversation. Changes to daily routine can exacerbate the anxiety, as can certain sensory experiences.

One way of coping with their anxiety levels is for persons with Aspergers to retreat into their particular interest. Their level of preoccupation can be used a measure of their degree of anxiety. The more anxious the person, the more intense the interest (Attwood, 1998). Anxiety can also increase the rigidity in thought processes and insistence upon routines. Thus, the more anxious the person, the greater the expression of Aspergers. When happy and relaxed, it may not be anything like as apparent.

One potentially good way of managing anxiety is to use behavioral techniques. For children, this may involve teachers or parents looking out for recognized symptoms, such as rocking or hand-flapping, as an indication that the child is anxious. Adults and older children can be taught to recognize these symptoms themselves, although some might need prompting. Specific events may also be known to trigger anxiety e.g., a stranger entering the room. When certain events (internal or external) are recognized as a sign of imminent or increasing anxiety, action can be taken for example, relaxation, distraction or physical activity.

The choice of relaxation method depends very much on the individual and many of the relaxation products available commercially can be adapted for use for individuals with autism/Aspergers. Young children may respond to watching their favorite video. Older children and adults may prefer to listen to calming music. There is much music on the market, both from specialist outfits and regular music stores that is written specifically to bring about a feeling of tranquility. It is important the person does not have social demands, however slight, made upon them if they are to benefit. It is also important that they have access to a quiet room. Other techniques include massage (this should be administered carefully to avoid sensory defensiveness), aromatherapy, deep breathing
and using positive thoughts. Howlin (1997) suggests the use of photographs, postcards or pictures of a pleasant or familiar scene. These need to be small enough to be carried about and should be laminated in order to protect them. Howlin also stresses the need to practice whichever method of relaxation is chosen at frequent and regular intervals in order for it to be of any practical use when anxieties actually arise.

An alternative option, particularly if the person is very agitated, is to undertake a physical activity (Attwood, 1998). Activities may include using the swing or trampoline, going for a long walk perhaps with the dog, or doing physical chores around the home.

Drug treatment may be effective for anxiety. Individuals may respond to buspirone, propranolol or clonazepam (Santosh and Baird, 1999) although Carpenter (2001) finds St. Johns Wort, benzodiazepines and selective serotonin reuptake inhibitors (SSRI) antidepressants to be more effective. As with all drug treatments it may take time to find the correct drug and dosage for any particular person. Such treatment must only be conducted through a qualified medical practitioner.

Whatever method is chosen to reduce anxiety, it is crucial to identify the cause of the anxiety. This should be done by careful monitoring of the precedents to an increase in anxiety and the source of the anxiety tackled.

Obsessive compulsive disorder—

Obsessive compulsive disorder (OCD) is described as a condition characterized by recurring, obsessive thoughts (obsessions) or compulsive actions (compulsions) (Thomsen, 1999). Thomsen goes on to say that obsessive thoughts are ideas, pictures of thoughts or impulses, which repeatedly enter the mind, whereas compulsive actions and rituals are behaviors which are repeated over and over again.

Baron-Cohen (1989) argues that the stereotypic obsessive action seen in children with autism differs from the child with OCD. As Thomsen (1999) explains, the child with autism does not have the ability to put things into perspective. Although terminology implies that certain behaviors in autism are similar to those seen in OCD, these behaviors fail to meet the definition of either obsessions or compulsions. They are not invasive, undesired or annoying, a prerequisite for a diagnosis of OCD. The reason for this is that individuals with (severe) autism are unable to contemplate or talk about their own mental states. However, OCD does appear often to coincide with Aspergers, although there is very little literature examining the relationship between the two (Thomsen, 1999).

Szatmari et al (1989) studied a group of 24 children. He discovered that 8% of the children with Aspergers and 10% of the children with high-functioning autism were diagnosed with OCD. This compared to 5 per cent of the control group of children without autism but with social problems. Thomsen el at (1994) found that in the children he studied, the OCD continued into adulthood.

Individuals with Aspergers can sometimes respond to conventional behavioral treatment to help reduce the symptoms of OCD. However, as with anyone, this will only be effective if the person wants to stop their obsessions. An alternative is use medication to reduce
the anxiety around the obsessions, thus enabling the person to tolerate the frustration of not carrying out their obsession (Carpenter, 2001).

Schizophrenia—

There is no evidence that individuals with autistic conditions are any more likely than anyone else to develop schizophrenia (Wing, 1996).

It is also important to realize that individuals have been diagnosed as having schizophrenia when, in fact, they have Aspergers. This is because their odd behavior or speech pattern, or the persons strange accounts or interpretations of life, are seen as a sign of mental illness, such as schizophrenia. Obsessional thoughts can become quite bizarre during mood swings and these can be seen as evidence of schizophrenia rather than the mood disorder that actually are. However, should someone with Aspergers experience hallucinations or delusions that they find distressing, conventional antipsychotic medications can be prescribed? However, it is recommended that only the newer atypical antipsychotics are used, as individuals with Aspergers often have mild movement disorders (Carpenter, 2001). Cognitive behavior therapy and other psychological management methods may be effective.

Psychological Treatments—

A primary psychological treatment for mood disorders is cognitive behavioral therapy as it is effective in changing the way a person thinks and responds to feelings such as anxiety, sadness and anger, addressing any deficits and distortions in thinking (Attwood, 1999). Hare and Paine (1997) list ways in which the therapy can be adapted for use with individuals with Aspergers: having a clear structure e.g., protocols of turn-taking; adapting the length of sessions therapy might have to be very brief e.g., 10-15 minutes long; the therapy must be non-interpretative; the therapy must not be anxiety provoking as any arousal of emotion during therapy may be very counterproductive; group therapy should not be used. It is also important that the therapist has a working knowledge and understanding of Aspergers in a counseling setting i.e., the difficulty individuals have dealing things emotionally, finding it best to deal with things intellectually. The therapist and client can work towards explicit operational goals, the focus being on concrete and specific symptoms. Attwood (1999) gives a succinct overview of the components of the counseling process. Hare and Paine (1997) stress that such therapy is not a treatment or even an amelioration of the characteristics of Aspergers itself. It merely opens the psychotherapeutic door for individuals with such a diagnosis.

Catatonia—

Catatonia is a complex disorder covering a range of abnormalities of posture, movement, speech and behavior associated with over- as well as under-activity (Rogers, 1992; Bush et al, 1996; Lishman, 1998).

There is increasing research and clinical evidence that some individuals with autism spectrum disorders, including Aspergers, develop a complication characterized by catatonic and Parkinsonian features (Wing and Shah, 2000; Shah and Wing, 2001;
In individuals with autistic spectrum disorders, catatonia is shown by the onset of any of the following features:

a. difficulty in initiating, completing and inhibiting actions
b. increased passivity and apparent lack of motivation
c. increased reliance on physical or verbal prompting by others
d. increased slowness affecting movements and/or verbal responses

Other manifestations and associated behaviors include Parkinsonian features including freezing, excitement and agitation, and a marked increase in repetitive and ritualistic behavior.

Behavioral and functional deterioration in adolescence is common among individuals with autistic spectrum disorders (Gillberg and Steffenburg, 1987). When there is deterioration or an onset of new behaviors, it is important to consider the possibility of catatonia as an underlying cause. Early recognition of problems and accurate diagnosis are important as it is easiest to manage and reverse the condition in the early stages. The condition of catatonia is distressing for the individual concerned and likely to exacerbate the difficulties with voluntary movement and cause additional behavioral disturbances.

There is little information on the cause or effective treatment of catatonia. In a study of referrals to Elliot House who had autistic spectrum disorders, it was found that 17% of all those aged 15 and over, when seen, had catatonic and Parkinsonian features of sufficient degree to severely limit their mobility, use of speech and carrying out daily activities. It was more common in those with mild or severe learning disabilities (mental retardation), but did occur in some who were high functioning. The development of catatonia, in some cases, seemed to relate to stresses arising from inappropriate environments and methods of care and management. The majority of the cases had also been on various psychotropic drugs.

There is very little evidence about effective treatment and management of catatonia. No medical treatment was found to help those seen at Elliot House (Wing and Shah, 2000). There are isolated reports of individuals treated with anti-depressive medication and electro-convulsive therapy (ECT) (Realmuto and August, 1991; Zaw et al, 1999).

Given the scarcity of information in the literature and possible adverse side effects of medical treatments, it is important to recognize and diagnose catatonia as early as possible and apply environmental, cognitive and behavioral methods of the management of symptoms and underlying causes. Detailed psychological assessment of the individuals, their environment, lifestyle, circumstances, pattern of deterioration and catatonia are needed to design an individual program of management. General management methods on which to base an individual treatment program are discussed in Shah and Wing (2001).

Conclusion—
Individuals with Aspergers can experience a variety of mental health problems, notably anxiety and depression, but also impulsiveness and mood swings. They may be misdiagnosed as having a psychotic disorder and it is therefore important psychiatrists treating them are knowledgeable about autism and Aspergers. Conventional drug treatment can be used to treat depression, anxiety and other disorders. Behavioral treatments and therapies can also be effective. However, any treatment must be careful tailored to suit an individual and overseen by a qualified practitioner. However, any psychotropic medicine should be used with extreme caution and strictly monitored with individuals with autism due to their susceptibility to movement disorders, including catatonia.

References—

Aspergers Adolescents & Suicide

In Orange County, California a young adolescent killed two neighbors before committing suicide. He had not worked since graduating high school two years earlier. It sounded like a bizarre mystery to me when I first learned of this through the news outlets. I figured the fact that this person did not have a job was a factor in the outcome. It seemed like depression and rage took over.

Today when driving to our social skills and feeding therapy appointment the talk radio station I listen to had an update on the young man who committed the crimes. It was stated that he suffered from Aspergers. On the one hand I was quite surprised to hear this since I do not recall those with Aspergers being violent.

Over the years I have heard that there is a suicide risk among those with Aspergers. Moms & dads, families and teachers need to keep a watchful eye on the emerging
adolescent who has Aspergers. Know the warning signs and learn about the three D's = drugs, depression and dangerous activity.

Some refer to Aspergers as the Geek Syndrome, with many referring to themselves as an Aspie. The term NT means neurotypical, another way of saying normal. When having an internet conversation these terms are often utilized. Kids, adolescents and adults get diagnosed with Aspergers. Usually a child will get the diagnosis of autism, where the age varies for AS. I personally have heard of many being diagnosed as a adolescent or young adult.

The major component differentiating autism with Aspergers is the language deficits are in Autism. Both those who are higher functioning with autism and those with Aspergers have socialization difficulties. They lack reading social cues and empathy. They may have fleeting eye contact and perseverate on interests and hobbies. They are also literal and visual thinkers to some degree or another.

The incident that took place here in Southern California is a tragedy all around for the community and families involved. The parents to the boy did not know he had a gun. It was reported that he was crying out on the internet seeking a friend. I know from our personal experience that kids on the Autism Spectrum are often friend-less. My son would love to have a playmate and enjoy a sleepover.

He will use the phrase "best friends" whenever he has finished having a conversation with someone. That is his new best friend, even if he has no clue to the kid's name. The last day of the autism day camp this past summer he and his friend were having a hard time saying goodbye. I was quite surprised when I saw Robert lean over and give the boy a hug and was happy that he made the gesture.

They publish a directory with the data for the families each year. Robert has already drawn a birthday card for this boy. Each year on the last day of camp they give out framed photos of the child. This past summer the photo for Robert has the two of them walking hand in hand on one of their outings. This does concern me somewhat because they are 10 and 11 and I wonder how others in the community would perceive "tweens" holding hands.

A lot of the gestures, movements and body language my son has developed could be misconstrued by adolescents once he hits middle school and high school. This has me very worried, so I am learning all I can now about the teenage years for kids on the Autism Spectrum.

I do not know why kids with Aspergers are more prone to suicide than those with Autism. I do know that high functioning autism and Aspergers are not the same thing. They have different codes in the DSM-IV.

I believe another issue to be on guard to is Bipolar Disorder. From what I have read this is developed around the same time - teenage years through young adults. My kids also have a 50% chance of becoming Paranoid Schizoprehnic during the same time period due to their Father having the same disorder.
I am in no rush for my kids to mature and get into those years. I think Craig is prime for Bipolar and not sure why I have this feeling. There is also Alzheimer's Disease in my family genes and hope it does not afflict me the same time the boys might be emerging with other issues.

I have no qualms about snooping if it is warranted as Robert gets older. From what I have read the signs to note are:

- clothing styles drastically change
- disinterested in sports/hobbies that were once a major importance
- distracted, aloof
- driving tickets
- eating less or more
- gaining or losing weight
- grades plummeting
- not taking their meds
- outbursts
- personal hygiene has changed
- sleeping in class
- sleeping patterns are out of whack

Kids start experimenting with alcohol, sex and drugs at this phase of their lives. A child on the Autism Spectrum might go with the flow if they are trying to fit in and making new friends without following body language. Their quirkiness might be looked at as something of interest by the Neurotypicals and they could strike up a conversation that seems innocent to the young person with Aspergers or Autism.

Communication and a watchful eye by the moms & dads are necessary at this time. Having a trusted adult around when school gets out, even being at the school to pick them up or watch from afar if they are taking the bus is worth looking into. Attending conferences and discussing anything out of character with teachers, aides, therapists and counselors is a must. Note any change in sleeping and eating to these professionals that work with the young person at school and maintain communication via email.

Bullies are not just boys either, and a child on the Autism Spectrum might miss the fact that a girl is interested in him when she starts picking on him and becomes aggressive. Kids might be experimenting with smoking or inhaling substances. Spend time each day or night with your child and discuss all these issues ahead of time. Prepare them for the locker room drama, role playing with family members.

12:34PM (-07:00)
Aspergers Q & A: "My step-son has had numerous meltdowns off an..."

Question

My step-son is about to turn 12. He has been diagnosed with Asperger's Syndrome. He currently lives with his mother and step-father and half sister. My husband and I live with our son and my two daughters. My step-son has had numerous meltdowns off and on for most of his life. He seems to pick one thing out of his life and fixate on it until he is so afraid of it that he has a meltdown. These fixation normally last for six months or more until all of a sudden, he is no longer afraid of it but finds a new thing to fear. Currently, he is fixated on being scared of coming to visit his dad and is constantly making up excuses not to visit. We have tried to explain to him that there is nothing to be afraid of. We love him very much. He told me that he is afraid that his dad will yell at him or get on to him. Now, I have been with my husband for 7 years and I have seen that the only thing he gets in trouble for is the normal everyday stuff that children get into trouble about. We treat him as we do the other three. From everything that I have read I feel that he should face his fears in order to get past it. But, me being just a step-mom, anything I say doesn't matter or is taken the wrong way. We are getting no help from his mother or any of the other family members who all feel that if he doesn't want to visit, then it must be something that we have done to cause. But, last year when he freaked out about going to school every morning, did they just let him quit? NO! I know this is a tough one. Any opinions would be greatly appreciated. This is not only affecting my husband emotionally, but also my son. He misses him terribly too!

Answer

What you are dealing with here is anxiety. Although little is known about what anxiety symptoms look like in kids with Aspergers, the following symptoms, which overlap with Anxiety Disorders, indicate anxiety:

- Avoidance of new situations
- Irritability
- Somatic complaints
- Withdrawal from social situations

Another set of anxiety symptoms may be seen and may be unique to kids with Aspergers:

- Becoming "silly"
- Becoming explosive easily (e.g., anger outbursts)
- Increased insistence on routines and sameness
- Increased preference for rules and rigidity
- Increased repetitive behavior
- Increased special interest

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Cognitive behavioral therapy, a time-limited approach designed to change thoughts, emotions, and behaviors, has been shown to be successful in treating Anxiety Disorders in kids.

For kids with both anxiety symptoms and Aspergers, an innovative group therapy program using cognitive behavioral therapy has been developed. The program includes specific modifications for working with kids with Aspergers and Anxiety Disorder and consists of both a child component and a parent component.

Modifications designed to address the cognitive, social, and emotional difficulties include:

1. More education on emotions—Activities such as feeling dictionaries (i.e., a list of different words for anxiety) and emotional charades (i.e., guessing people’s emotions depending on faces) are helpful in developing emotional self-awareness.

2. Greater parent involvement—To build on the attachment between youngster and caregiver, it is important to have moms and dads learn the techniques and coach kids to use them at home.

3. Games and fun physical activities are important to include in group therapy to promote social interactions.

4. Combining visual and verbal materials—Use of worksheets, written schedules of therapy activities, and drawings can be added to increase structure in therapy sessions.

5. Behavioral management—Addition of a reward and consequence system maintains structure and prevents anger outbursts.

6. "Individualizing" anxiety symptoms—Kids should be helped by the therapist to identify what their own anxiety symptoms look like as anxiety symptoms may present differently.

There is some early evidence to suggest that cognitive behavioral group therapy with specific modifications can be successful in treating anxiety symptoms in kids with Aspergers. In a study involving kids with both disorders, most benefited from their participation in the group therapy program and showed fewer anxiety symptoms after 12-weeks of consistent attendance. Future research is being done to get stronger evidence for the effectiveness of the group therapy program.
Helping Aspergers Children Control Their Anger [Avoiding Meltdowns]

All of us exhibit some "signs" just as we begin to get angry. Identify the anger signs in your Aspergers kid. For example, you may detect a certain "look in the eye," the tone of voice or the tightness in the body. Help your Aspergers kid to observe these signs right at the onset of anger.

Once Aspergers kids can identify the early signs of their anger, they can also learn to diffuse it by such methods as walking away or taking full and vigorous breaths.

Train your Aspergers kid to respond to your "signal" like your hand motion to stay calm. Give that signal as soon as your Aspergers kid starts "stewing" about something.

If your Aspergers kid is too young for such self-control techniques, use distraction as soon as you notice the Aspergers kid exhibiting an anger sign. A distraction, in order to be effective, has to be of interest to the Aspergers kid. For example suggest to your Aspergers kid, "Let's ride a bike" or, "Let's play ball."

Teach your Aspergers kids to talk about how they feel. Give them a language to express their feelings. For example, ask them how they feel. If they are too angry to talk or don't have the vocabulary to express their feelings, ask about the feelings relevant to the specific situation. Examples: "Do you feel embarrassed?" "Humiliated?" "Let down?" or, "Is your pride hurt?"

When your Aspergers kid expresses the feeling behind his or her anger, such as embarrassment or humiliation, suggest some other ways to look at the same event that might not be embarrassing or humiliating.

The thought, "It's not fair," is a big anger arouser for many Aspergers kids. If that is the case, ask them, "Do you feel you are treated unfairly?" When your Aspergers kid answers the question, listen and don't rush to negate his or her feelings.

If the Aspergers kid refuses to be distracted or engaged in dialoguing about his or her anger and starts yelling, stomping or breaking an object, impose appropriate consequences. It's better to have these consequences in place to serve as a guideline. That means that you have discussed them with your Aspergers kids beforehand and written them out for future reference.

Armed with a list of consequences which preferably consist of withdrawing privileges or charging the Aspergers kid a "penalty," moms and dads should encourage their Aspergers kids to choose such alternatives as doing something else, walking away, or talking about the anger rather than acting out of anger.

How about your own anger in response to your Aspergers kid's anger? You can set an example of anger control for your Aspergers kid. No teaching technique is as effective as
a parent "modeling" for the Aspergers kid with his or her own example.

One thing that makes many moms and dads angry is to see their own Aspergers kid challenging their authority and defying them. Sometimes, it may appear so, but that may not be the intention of the Aspergers kid. For example, an Aspergers kid may be too unhappy to be told "No." because he or she wants it so badly. Of course, you shouldn't give in to the wishes of the Aspergers kid, but try to understand what might really be the intention of your Aspergers kid.

Some Aspergers kids get upset when they know they made a mistake. Instead of admitting their mistake, they act out in anger to deflect the attention off of them. If you realize that that might be the case, it's helpful to say to your Aspergers kid, "Everyone makes mistakes. I am okay with it. Don't feel so bad about it."

Aspergers kids, who in anger lash out at others, should be often reminded of such consequences as going to the Principal's office, being detained and losing privileges at home.

If the anger outbursts occur in relation to the siblings and you didn't observe the whole interaction from the very beginning, it's better to impose penalty on both siblings.

Some Aspergers kids get angry because they don't have appropriate peer-interaction skills. For example, some Aspergers kids don't know how to join in a conversation or a game. They abruptly try to get in. When resisted or rejected by peers, they explode. Teaching appropriate social skills can go a long way to avoid such negative encounters.

We can establish a culture that reduces anger and teaches tolerance. For example, we can set a personal example for Aspergers kids that "big individuals" do apologize and it's graceful to lose and try again.

Anger is like the mercury in a thermometer. When left unchecked the intensity of the emotion increases from frustration to anger and then to other things like rage and bitterness. As the intensity builds, individuals shut themselves off from others and relationships close down. Having a plan to deal with anger can limit the intensity and prevent much of the destruction anger tends to cause.

Most families don't have a plan for anger. They somehow just continue on, hoping things will get better. Many families don't resolve their anger, but just keep trying to start over. Starting over may be helpful at times, but it tends to ignore the problem rather than address it. Here are some ideas for dealing with anger in your family.

1. Anger is good for identifying problems but not good for solving them. One of the problems individuals face is the guilt they feel after they've gotten angry. This further complicates the situation. God created us as emotional beings and emotions are helpful for giving us cues about our environment. Anger, in particular, points out problems. It reveals things that are wrong. Some of those things are inside of us and require adjustments to expectations or demands. Other problems are outside of us and need to be addressed in a constructive way. Helping Aspergers kids understand that anger is
good for identifying problems but not good for solving them is the first step toward a healthy anger management plan.

2. Identify the early warning signs of anger. Aspergers kids often don’t recognize anger. In fact, many times they act out before they realize what happened. Identifying early warning signs helps Aspergers kids become more aware of their feelings, which in turn gives them more opportunity to control their responses to these feelings. How can you tell when you’re getting frustrated? How can your Aspergers kids identify frustration before it gets out of control?

Here are some common cues in Aspergers kids which indicate that they are becoming angry and may be about to lose control:

• clenched teeth
• increased intensity of speech or behavior
• noises with the mouth like growls or deep breathing
• pouting
• restlessness, withdrawal, unresponsiveness, or being easily provoked
• squinting, rolling the eyes, or other facial expressions
• tensed body
• unkind words or the tone of voice changes to whining or yelling

Learn to recognize the cues that your Aspergers kid is beginning to get frustrated. Look for signs that come before the eruption. Once you know the cues, begin to point them out to your Aspergers kid. Make observations and teach your Aspergers kid to recognize those signs. Eventually Aspergers kids will be able to see their own frustration and anger and choose appropriate responses before it’s too late. They’ll be able to move from the emotion to the right actions, but first they must be able to recognize the cues that anger is intensifying.

3. Step Back. Teach your Aspergers kid to take a break from the difficult situation and to get alone for a few minutes. One of the healthiest responses to anger at any of its stages is to step back. During that time the Aspergers kid can rethink the situation, calm down and determine what to do next. Frustrations can easily build, rage can be destructive, and bitterness is always damaging to the one who is angry. Stepping back can help the Aspergers kid stop the progression and determine to respond differently.

The size of the break is determined by the intensity of the emotion. An Aspergers kid who is simply frustrated may just take a deep breath. The Aspergers kid who is enraged probably needs to leave the room and settle down.

4. Choose a better response. After the Aspergers kid has stepped back and settled down, then it’s time to decide on a more appropriate response to the situation. But what should they do? Moms and dads who address anger in their Aspergers kids often respond negatively, pointing out the wrong without suggesting alternatives.

There are three positive choices: talk about it, get help, or slow down and persevere. Simplifying the choices makes the decision process easier. Even young Aspergers kids
can learn to respond constructively to frustration when they know there are three choices. These choices are actually skills to be learned. Aspergers kids often misuse them or overly rely on just one. Take time to teach your Aspergers kids these skills and practice them as responses to angry feelings.

5. Never try to reason with an Aspergers kid who is enraged. Sometimes Aspergers kids become enraged. The primary way to tell when Aspergers kids are enraged is that they can no longer think rationally and their anger is now controlling them. Unfortunately, many moms and dads try to talk their Aspergers kids out of anger, often leading to more intensity. The Aspergers kid who is enraged has lost control. You may see clenched fists, squinting eyes or a host of venting behaviors. Anger is one of those emotions that can grab you before you know what’s happening. The intensity can build from frustration to anger to rage before anyone realizes it.

Whether it’s the two-year-old temper tantrum or the 14 year-old ranting and raving, don’t get sucked into dialog. It only escalates the problem. Talking about it is important but wait until after the Aspergers kid has settled down.

6. When emotions get out of control, take a break from the dialog. Sometimes moms and dads and Aspergers kids are having a discussion about something and tempers flare. Mean words often push buttons which motivate more mean words and anger escalates. Stop the process, take a break and resume the dialog after individuals have settled down.

7. Be proactive in teaching Aspergers kids about frustration-management, anger-control, rage-reduction and releasing bitterness. Model, discuss, read and teach your Aspergers kids about anger. There are several good books on this subject available, which are written for Aspergers kids at various age levels. Talk about examples of frustration and anger seen in Aspergers kid’s videos. Talk about appropriate responses. Work together as a family to identify anger and choose constructive solutions.

8. When anger problems seem out of control or you just don’t know what to do, get help. Sometimes a third party can provide the helpful suggestions and guidelines to motivate your family to deal with anger in a more helpful way. Aspergers kids can begin to develop bitterness and resentment in their lives and may need help to deal with it. Unresolved anger can create problems in relationships later on. Aspergers kids do not grow out of bitterness, they grow into it. Professional help may be needed.

Creating an Anger Control Plan—

The basic idea in developing an anger control plan for an Aspergers kid is to try many different strategies and find the anger control techniques that work best for them. This is an ongoing process. As working strategies are identified, they can be added to the anger control plans and used the Aspergers kid starts to feel angry. Some individuals refer to their anger control plans as their toolbox and the specific strategies they use to control their anger as their tools. This analogy may be very helpful. You can take this even further by creating a physical box for the Aspergers kid to put the strategies in (written on pieces of paper). You could be really creative and have the pieces of paper shaped like various tools. Again, it is important to identify the specific anger control strategies that
work best for the Aspergers kid. These strategies should be put down in a formal anger control plan for referral when the Aspergers kid encounters an anger-provoking event. It is also important to explore how different techniques may be used at different times. Referring back to the toolbox, I point out how a screwdriver can be very useful, but not for pounding in nails. Application- An Aspergers kid may feel better after running around in the yard, but this may not be possible when he or she is getting angry at something in the classroom. Strategies need to be in place to handle the different situations that may arise.

An effective strategy that many Aspergers kids use, for example, is to talk about their feelings with someone that they can trust, such as a parent or caretaker. By discussing anger, they can begin to identify the primary emotions that underlie it and determine whether the thinking and expectations in response to the anger-provoking event are rational. Often an outsider can see the event from a different point of view, and offer some guiding words of wisdom. Aspergers kids can sometimes view an event as un-winnable, or un-escapable, when there is a very simple solution which can be reached.

The long-term objective of the anger management treatment is to develop a set of strategies that can be used appropriately for specific anger-provoking events.

Aspergers kid Timeouts—

The concept of a timeout is especially important to Aspergers kid anger management. It is the basic anger management strategy recommended for inclusion in every Aspergers kid’s anger control plan. Informally, a timeout is defined as leaving the situation that is causing the escalation of anger or simply stopping the discussion that is provoking it.

Formally, a timeout involves relationships with other individuals: it involves an agreement or a prearranged plan. These relationships may involve family members, friends, teachers, and schoolmates. Any of the parties involved may call a timeout in accordance with rules that have been agreed on by everyone in advance. The person calling the timeout can leave the situation, if necessary. It is agreed, however, that he or she will return to either finish the discussion or postpone it, depending on whether all those involved feel they can successfully resolve the issue.

Timeouts are important because they can be effective in the heat of the moment. Even if your anger is escalating quickly on the anger meter, you can prevent reaching 10 by taking a time out and leaving the situation.

Timeouts are also effective when they are used with other strategies. For example, you can take a timeout and go for a walk. You can also take a timeout and call a trusted friend or family member or write in your journal. These other strategies should help you calm down during the timeout period.

It is important to make sure that everyone understands exactly what a time out means. For example, say an Aspergers kid is asked to clean his room. He gets angry with his moms and dads and asks for a timeout. The Aspergers kid then goes outside and begins shooting baskets to "calm down". This could be used by the Aspergers kid to manipulate
the situation, he or she doesn't want to clean the room, so he or she just asks for a time out. It is important to ensure that
time-outs are used effectively, and with a general set of rules in place. Used effectively and appropriately, timeouts can do
dwonders!

Relaxation Through Breathing—

Another technique which may be used to help reduce Aspergers kid anger is relaxation through breathing.

An interesting aspect of the nervous system is that everyone has a relaxation response that counteracts the stress
response. It is physically impossible to be both agitated and relaxed at the same time. If you can relax successfully, you
can counteract the stress or anger response.

Model for your child how breathing can be used to relax. Read them the following (or feel free to put it in your own words).

Take a few moments to settle yourself. Try to clear your mind of all thoughts. If you feel Try and relax every single one of
your muscles. Lets relax your body piece by piece. Starting with your feet, relax your toes. Now let's relax your foot,
(move up as you instruct them slowly to relax each part of his or her body.)

Now, make yourself aware of your breathing. Pay attention to your breath as it enters and leaves your body. This can be
very relaxing.

Let’s all take a deep breath together. Notice your lungs and chest expanding. Now slowly let air out through your nose.
Again, take a deep breath. Fill your lungs and chest. Notice how much air you can take in. Hold it for a second. Now
release it and slowly exhale. One more time, inhale slowly and fully. Hold it for a second, and release.

Now on your own, continue breathing in this way for another couple of minutes. Continue to focus on your breathing. With
each inhalation and exhalation, feel your body becoming more and more relaxed. Use your breathing to wash away any
remaining stress.

(Have your child do this for a few moments.)

Now let’s take another deep breath. Inhale fully, hold it for a second, and release. Inhale again, hold, and release.
Continue to be aware of your breath as it fills your lungs. Once more, inhale fully, hold it for a second, and release.

When you feel ready, open your eyes.

After the exercise, talk with the Aspergers kid about how it felt.

This breathing exercise can be shortened to just three deep inhalations and exhalations. Even that much can be effective
in helping you relax when your anger is escalating. You can practice this at home, at work, on the bus, while waiting for an
appointment, or even while walking. The key to making deep-breathing an effective relaxation technique is to
practice it frequently and to apply it in a variety of situations.

This technique may sound dumb to Aspergers kids, but it really does work. The more they do it, the higher of a chance there is they will use it in a time of crisis.

The Aggression Cycle—

From an anger management perspective, an episode of anger can be viewed as consisting of three phases: escalation, explosion, and post-explosion. Together, they make up the aggression cycle. In this process, the escalation phase is characterized by cues that indicate anger is building. As stated earlier, these cues can be physical, behavioral, emotional, or cognitive (thoughts). As you may recall, cues are warning signs, or responses, to anger-provoking events. Events, on the other hand, are situations that occur every day that may lead to escalations of anger if effective anger management strategies are not used. Red-flag events are types of situations that are unique to you and that you are especially sensitive to because of past events. These events can involve internal processes (e.g., thinking about situations that were anger provoking in the past) or external processes (e.g., experiencing real-life, anger-provoking situations in the here and now).

If the escalation phase is allowed to continue, the explosion phase will follow. The explosion phase is marked by an uncontrollable discharge of anger displayed as verbal or physical aggression. This discharge, in turn, leads to negative consequences; it is synonymous with the number 10 on the anger meter.

The final stage of the aggression cycle is the post-explosion phase. It is characterized by negative consequences resulting from the verbal or physical aggression displayed during the explosion phase. These consequences may include going to jail, making restitution, being terminated from a job or discharged from a drug treatment or social service program, losing family and loved ones, or feelings of guilt, shame, and regret.

The intensity, frequency, and duration of anger in the aggression cycle varies among individuals. For example, one Aspergers kid's anger may escalate rapidly after a provocative event and, within just a few minutes, reach the explosion phase. Another Aspergers kid's anger may escalate slowly but steadily over several hours before reaching the explosion phase. Similarly, one Aspergers kid may experience more episodes of anger and progress through the aggression cycle more often than the other. However, both Aspergers kids, despite differences in how quickly their anger escalates and how frequently they experience anger, will undergo all three phases of the aggression cycle.

The intensity of these Aspergers kid's anger also may differ. One person may engage in more violent behavior than the other in the explosion phase. For example, he or she may use weapons or assault someone. The other person may express his or her anger during the explosion phase by shouting at or threatening other individuals. Regardless of these individual differences, the explosion phase is synonymous with losing control and becoming verbally or physically aggressive.
Notice that the escalation and explosion phases of the aggression cycle correspond to the levels on the anger meter. The points below 10 on the anger meter represent the escalation phase, the building up of anger. The explosion phase, on the other hand, corresponds to 10 on the anger meter. Again 10 on the anger meter is the point at which one loses control and expresses anger through verbal or physical aggression that leads to negative consequences.

One of the primary objectives of anger management treatment is to keep from reaching the explosion phase. This is accomplished by using the anger meter to monitor changes in your anger, attending to the cues or warning signs that indicate anger is building, and employing the appropriate strategies from your anger control plans to stop the escalation of anger. If the explosion phase is prevented from occurring, the post-explosion phase will not occur, and the aggression cycle will be broken. If you use your anger control plans effectively, your anger should ideally reach between a 1 and a 9 on the anger meter. This is a reasonable goal to aim for. By preventing the explosion phase (10), you will not experience the negative consequences of the post-explosion phase, and you will break the cycle of aggression.

Progressive Muscle Relaxation Exercise—

This is an exercise that I use sometimes in therapy to help Aspergers kids calm down. Modeling it for them and encouraging them to practice it will raise the likelihood that they will do this when feeling upset.

(Use this script or put this in your own words.)

Last week you practiced deep-breathing as a relaxation technique. Today I will introduce progressive muscle relaxation. Start by getting comfortable in your chairs. Close your eyes if you like. Take a moment to really settle in. Now, as you did last week, begin to focus on your breathing. Take a deep breath. Hold it for a second. Now exhale fully and completely. Again, take a deep breath. Fill your lungs and chest. Now release and exhale slowly. Again, one more time, inhale slowly, hold, and release.

Now, while you continue to breathe deeply and fully, bring your awareness to your hands. Clench your fists very tightly. Hold that tension. Now relax your fists, letting your fingers unfold and letting your hands completely relax. Again, clench your fists tightly. Hold and release the tension. Imagine all the tension being released from your hands down to your fingertips. Notice the difference between the tension and complete relaxation.

Now bring your awareness to your arms. Curl your arms as if you are doing a bicep curl. Tense your fists, forearms, and biceps. Hold the tension and release it. Let the tension in your arms unfold and your hands float back to your thighs. Feel the tension drain out of your arms. Again, curl your arms to tighten your biceps. Notice the tension, hold, and release. Let the tension flow out of your arms. Replace it with deep muscle relaxation.

Now raise your shoulders toward your ears. Really tense your shoulders. Hold them up
for a second. Gently drop your shoulders, and release all the tension. Again, lift your shoulders, hold the tension, and release. Let the tension flow from your shoulders all the way down your arms to your fingers. Notice how different your muscles feel when they are relaxed.

Now bring your awareness to your neck and face. Tense all those muscles by making a face. Tense your neck, jaw, and forehead. Hold the tension, and release. Let the muscles of your neck and jaw relax. Relax all the lines in your forehead. One final time, tense all the muscles in your neck and face, hold, and release. Be aware of your muscles relaxing at the top of your head and around your eyes. Let your eyes relax in their sockets, almost as if they were sinking into the back of your head. Relax your jaw and your throat. Relax all the muscles around your ears. Feel all the tension in your neck muscles release.

Now just sit for a few moments. Scan your body for any tension and release it. Notice how your body feels when your muscles are completely relaxed.

When you are ready, open your eyes. How was that? Did you notice any new sensations? How does your body feel now? How about your state of mind? Do you notice any difference now from when we started?

The A-B-C-D Model—

Albert Ellis developed a model that is consistent with the way we conceptualize anger management treatment. He calls his model the A-B-C-D or rational-emotive model. In this model, “A” stands for an activating event, what we have been calling the red-flag event. “B” represents the beliefs individuals have about the activating event. Ellis claims that it is not the events themselves that produce feelings such as anger, but our interpretations of and beliefs about the events. “C” stands for the emotional consequences of events. In other words, these are the feelings individuals experience as a result of their interpretations of and beliefs concerning the event.

According to Ellis and other cognitive behavioral theorists, as individuals become angry, they engage in an internal dialog, called "self-talk." For example, suppose you were waiting for a bus to arrive. As it approaches, several individuals push in front of you to board. In this situation, you may start to get angry. You may be thinking, “How can individuals be so inconsiderate! They just push me aside to get on the bus. They obviously don't care about me or other individuals.” Examples of the irrational self-talk that can produce anger escalation are reflected in statements such as "Individuals should be more considerate of my feelings," “How dare they be so inconsiderate and disrespectful,” and “They obviously don’t care about anyone but themselves.”

Ellis says that individuals do not have to get angry when they encounter such an event. The event itself does not get them upset and angry; rather, it is individual’s interpretations of and beliefs concerning the event that cause the anger. Beliefs underlying anger often take the form of “should” and “must.” Most of us may agree, for example, that respecting others is an admirable quality. Our belief might be, "Individuals should always respect
others.” In reality, however, individuals often do not respect each other in everyday encounters. You can choose to view the situation more realistically as an unfortunate defect of human beings, or you can let your anger escalate every time you witness, or are the recipient of, another person’s disrespect. Unfortunately, your perceived disrespect will keep you angry and push you toward the explosion phase. Ironically, it may even lead you to show disrespect to others, which would violate your own fundamental belief about how individuals should be treated.

Ellis’ approach consists of identifying irrational beliefs and disputing them with more rational or realistic perspectives (in Ellis’ model, “D” stands for dispute). You may get angry, for example, when you start thinking, “I must always be in control. I must control every situation.” It is not possible or appropriate, however, to control every situation. Rather than continue with these beliefs, you can try to dispute them. You might tell yourself, “I have no power over things I cannot control,” or “I have to accept what I cannot change.” These are examples of ways to dispute beliefs that you may have already encountered in 12-Step programs such as Alcoholics Anonymous or Narcotics Anonymous.

Individuals may have many other irrational beliefs that may lead to anger. Consider an example where a friend of yours disagrees with you. You may start to think, “Everyone must like me and give me approval.” If you hold such a belief, you are likely to get upset and angry when you face rejection. However, if you dispute this irrational belief by saying, “I can’t please everyone; some individuals are not going to approve of everything I do,” you will most likely start to calm down and be able to control your anger more easily.

Another common irrational belief is, “I must be respected and treated fairly by everyone.” This also is likely to lead to frustration and anger. Most folks, for example, live in an urban society where they may, at times, not be given the common courtesy they expect. This is unfortunate, but from an anger management perspective, it is better to accept the unfairness and lack of interpersonal connectedness that can result from living in an urban society. Thus, to dispute this belief, it is helpful to tell yourself, “I can’t be expected to be treated fairly by everyone.”

Other beliefs that may lead to anger include “Everyone should follow the rules,” or “Life should be fair,” or “Good should prevail over evil,” or “Individuals should always do the right thing.” These are beliefs that are not always followed by everyone in society, and, usually, there is little you can do to change that. How might you dispute these beliefs? In other words, what thoughts that are more rational and adaptive and will not lead to anger can be substituted for such beliefs?

For individuals with anger control problems, these irrational beliefs can lead to the explosion phase (10 on the anger meter) and to the negative consequences of the postexplosion phase. It is often better to change your outlook by disputing your beliefs and creating an internal dialog or self-talk that is more rational and adaptive.

The A-B-C-D Model—

A = Activating Situation or Event
B = Belief System  
What you tell yourself about the event (your self-talk) Your beliefs and expectations of others  

C = Consequence  
How you feel about the event based on your self-talk  

D = Dispute  
Examine your beliefs and expectations Are they unrealistic or irrational?  

Thought Stopping—  

A second approach to controlling anger is called thought stopping. It provides an immediate and direct alternative to the A-B-C-D Model. In this approach, you simply tell yourself (through a series of self-commands) to stop thinking the thoughts that are getting you angry. For example, you might tell yourself, “I need to stop thinking these thoughts. I will only get into trouble if I keep thinking this way,” or “Don’t buy into this situation,” or “Don’t go there.” In other words, instead of trying to dispute your thoughts and beliefs as outlined in the A-B-C-D Model described above, the goal is to stop your current pattern of angry thoughts before they lead to an escalation of anger and loss of control.  

Assertiveness Training—  

Even if Aspergers kids are able to contain their anger, they will still be exposed to situations every day where individuals are acting aggressively towards them. This behavior can include verbal abuse, threats, or violent acts. Often, when another person has violated your rights, your first reaction is to fight back or retaliate. The basic message of aggression is that my feelings, thoughts, and beliefs are important and that your feelings, thoughts, and beliefs are unimportant and inconsequential.  

One alternative to using aggressive behavior is to act passively or in a nonassertive manner. Acting in a passive or nonassertive way is undesirable because you allow your rights to be violated. You may resent the person who violated your rights, and you may also be angry with yourself for not standing up for your rights. In addition, it is likely that you will become even more angry the next time you encounter this person. The basic message of passivity is that your feelings, thoughts, and beliefs are important, but my feelings, thoughts, and beliefs are unimportant and inconsequential. Acting in a passive or nonassertive way may help you avoid the negative consequences associated with aggression, but it may also ultimately lead to negative personal consequences, such as diminished self-esteem, and prevent you from having your needs satisfied.  

From an anger management perspective, the best way to deal with a person who has violated your rights is to act assertively. Acting assertively involves standing up for your rights in a way that is respectful of other individuals. The basic message of assertiveness is that my feelings, thoughts, and beliefs are important, and that your feelings, thoughts, and beliefs are equally important. By acting assertively, you can express your feelings,
thoughts, and beliefs to the person who violated your rights without suffering the negative consequences associated with aggression or the devaluation of your feelings, which is associated with passivity or non-assertion.

It is important to emphasize that assertive, aggressive, and passive responses are learned behaviors; they are not innate, unchangeable traits. Using the Conflict Resolution Model, you can learn to develop assertive responses that allow you to manage interpersonal conflicts in a more effective way.

In summary, aggression involves expressing feelings, thoughts, and beliefs in a harmful and disrespectful way. Passivity or non-assertiveness involves failing to express feelings, thoughts, and beliefs or expressing them in an apologetic manner that others can easily disregard. Assertiveness involves standing up for your rights and expressing feelings, thoughts, and beliefs in direct, honest, and appropriate ways that do not violate the rights of others or show disrespect.

The concept of assertiveness can be a difficult one for Aspergers kids to understand and it is recommended that you focus on controlling the anger first!

Conflict Resolution Model—

One method of acting assertively is to use the Conflict Resolution Model, which involves five steps that can easily be memorized.

The first step involves identifying the problem that is causing the conflict. It is important to be specific when identifying the problem. In this example, the problem causing the conflict is that your friend is late.

The second step involves identifying the feelings associated with the conflict. In this example, you may feel annoyance, frustration, or taken for granted.

The third step involves identifying the specific impact of the problem that is causing the conflict. In this example, the impact or outcome is that you are late for the meeting.

The fourth step involves deciding whether to resolve the conflict or let it go. This may best be phrased by the questions, “Is the conflict important enough to bring up? If I do not try to resolve this issue, will it lead to feelings of anger and resentment?”

If you decide that the conflict is important enough, then the fifth step is necessary. The fifth step is to address and resolve the conflict. This involves checking out the schedule of the other person. The schedule is important because you might bring up the conflict when the other person does not have the time to address it or when he or she may be preoccupied with another issue. Once you have agreed on a time with the person, you can describe the conflict, your feelings, and the impact of the conflict and ask for a resolution.

My Aspergers Child
References—


• Anger Management for Substance Abuse and Mental Health Clients


Aspergers Children and Poor Self-Esteem

Question

Can children with aspergers/asd seem to become worse as they get older? At the ages from 2 to 6, my daughter was very hyperactive. As the years have gone on, she seems more withdrawn, quieter, and far more emotional. She is also becoming less and less sociable with other children that are her age.

Answer

Young people with Aspergers have a much harder time with their self-esteem. They often perceive the constant correction of their behaviors and their social interactions as criticism. The frequent visits to doctors, or speech therapists, or OTs, the testing and the stream of interventions that we try with them can easily leave them feeling like they're under the microscope, a specimen that warrants investigation, a person who needs fixing.

Expressive and comprehensive communication can also have a direct impact on a youngster's self-esteem. These are areas that do not come easily to young people or adults with Aspergers. Understanding subtle jokes and participating in human interplay, actions natural to their neuro-typical peers, further increase their feelings of 'not fitting in' and erode their self-esteem.

Combine all this with the expectations of siblings and the all-too-frequent bullying interactions from many peers and it's easy to understand how devastated a youngster with an Aspergers spectrum disorder can feel.

What can we do? It's critical for us, as family members, educators, and professionals to learn strategies and techniques! In our not-too-distant past, institutional placement was the standard intervention for people with Aspergers. While that is not the case today, we still encounter lack of understanding and appreciation for the unique qualities of the person with ASD. Everyone, especially these visual learners, need a constant reminder of how special they truly are. We must find ways to give them their own Teddy Bear (or dinosaur!) so they will feel "L.C.B." on their own.

But how do we really build their self-esteem? It starts with us examining our own ideas of how we view young people with Aspergers. We must believe in their value ourselves before we can ever change their minds. These kids know when we're faking our compliments or arbitrarily handing out encouragement because the therapy book says we should give 5 positive comments to each correction. It involves empathy, walking in their shoes, rather than sympathy; no one wants to be felt sorry for. Each youngster is a gift,
with his or her own special qualities. We just need to look for these special gifts, tune into the youngster with our hearts, and bring their essence out.

Knowledge is power and nowhere is it more powerful than in helping people better understand what it's like to have Aspergers. Explain Aspergers to everyone involved with the youngster. This will increase their empathy and provide opportunities for genuine praise and encouragement. Explain Aspergers to the youngster, too, when he is able to understand his disability. Who are we really kidding, other than ourselves, when we pretend a youngster does not have the Aspergers label or we try to camouflage it? Who are we hurting? It's the youngster with Aspergers who is hurt in the long run.

Go to conferences, read books, research and share information that takes into consideration the many sensory, social, behavioral and communication challenges faced by the youngster at his/her functioning level. Armed with this understanding of how the disability affects the youngster, you and others can better find ways to help him or her fit in.

Remember to teach extended family, educators, other moms & dads and professionals all you can to help integration and provide a deeper understanding when trying to teach particular skills. Be intuitive when advocating for young people and persistent in your approach, though not abrasive. Having a positive mental attitude, especially when advocating, helps others want to cooperate with us. After all, who wants to deal with anyone cranky?

Bridge the interactions between peers and the youngster with Aspergers. Visually and verbally interpret what you think they both are thinking and/or feeling based on your own experiences when you were their age, and your understanding of Aspergers.

By teaching others about Aspergers, more people will become aware of this invisible disability. When people understand empathetically, they will more naturally accept the youngster with Aspergers, as he is. This is often effective in reducing or eliminating bullying from peers, too.

Learn to correct behaviors by sandwiching the correction in the middle of positive feedback. For example, "Sammy, you are doing a great job cleaning your room. If you pick up the clothes over there it would look even neater. Boy, you sure are a good listener."

Young people with Aspergers often times have an incredible sense of humor. I have to stop myself from laughing so my own son doesn't feel like I'm laughing "at" him, causing him to feel inadequate. Sometimes I'll even say "I'm not laughing at you, Jonny, I'm laughing with you."

Stress the positives! Look for the good in every youngster, even if you don't see it at first. Pretending to be Pollyanna can only help, but make sure you're genuine in what you say. Stress the good effort your youngster is making, if he hasn't yet achieved a goal. Show your confidence in his abilities by telling him that you believe he can succeed. Saying things like this that may not be 100% true initially will contribute to your youngster's trust.
and belief in himself, raising his self-esteem and encouraging self-motivation to continue trying.

Model a mental attitude of "things are great". Express yourself in the positive, rather than the negative. Kids with Aspergers are masters at copying what others say, so make sure they're hearing things that are good for them to copy! When we say, "you are great!" to a youngster often enough, he, too, will believe it and feel valued for who he truly is.

Encourage young people to share their thoughts and feelings; this is so important and often sheds new light on existing situations. My son, Jonathan was temporarily removed from the bus after cutting the seat. At first we thought he was acting out, so we had him write an apology to his bus driver. When we read his letter, we discovered that he was being bullied by another student on the bus and that it had been going on for quite some time. We intervened appropriately. The other youngster was reprimanded and Jonny was taught appropriate methods of expressing his anger in the future.

Like most people, kids with Aspergers feel better about themselves when they're balanced physically, emotionally, and spiritually. Since they are often very picky eaters and gravitate towards junk food, it's important to try supplementing their diet. Also, provide regular physical activity, when possible, to relieve stress and clear their mind. Set the stage for success by acknowledging their achievements - however small - and reminding them of their past accomplishments. Keep their life manageable and doable, refraining from overwhelming them with so many activities that they become too challenged physically and mentally to succeed at anything. Provide choices to them frequently so they understand they have a say in their own lives and even let them be in charge sometimes. These are all great ways to build self-esteem!

Don't overlook giving them opportunities to connect with their spiritual side through religious avenues or by communing with nature. This can help them feel purposeful, that their lives have meaning and connected with their source.

A strategy that helped raise Jonathan's self-esteem, especially in overcoming his victim thoughts and feelings, was spiritual affirmations. Using affirmations took some time, but we found that it brought calm and peace to Jonathan and our family.

Dr. Jerry Jampolsky, author of Love is Letting Go Of Fear and founder of the Center for Attitudinal Healing, offers many principles I find helpful in teaching us to love ourselves, thereby enhancing self-esteem, both in ourselves and then with others. Some of his principles include:

- The essence of our being is love
- Health is inner peace Live in the now
- Become love finders rather than fault finders
- Learn to love others and ourselves by forgiving rather than judging
- We can choose to be peaceful inside regardless of what's going on outside
- We're all students and teachers to each other.

Part of Jerry's message is that by focusing on life as a whole, rather than in fragments,
we can see what is truly important. His concepts, when embraced, positively affect how a youngster with Aspergers thinks and feels about him or herself. Anger, resentment, judgment and similar feelings are all forms of fear. Since love and fear cannot co-exist, letting go of fear allows love to be the dominant feeling.

Look for the Miracles Daily, there are miracles and good things happening all around us. Learn intimately the challenges that young people with Aspergers face in their everyday lives. Be on their team by tuning into who they truly are - unique expressions of divine light. Empower them to be themselves, perfectly okay with who and how they are. Do this by loving them for who they are now, today, not who you think they should become, after ABA, or speech therapy or learning ‘appropriate’ social skills. Consider that young people and adults with Aspergers are wonderful beings here to teach us empathy, compassion, understanding and most importantly, how to love. Most importantly, do whatever it takes to include them in life rather than merely integrate their presence.

In genuine star sapphires there are tiny imperfections and inclusions that reflect light perfectly to form a star in the stone. Each youngster with Aspergers is like this precious gem, unique in every way. Without the tiny inclusions, there would be no star. It is our job as moms & dads, educators and professionals to "bring out the stars" in all of our special young people by shining the light on their natural beauty. In so doing, we see their different abilities rather than their disabilities. And, then they will see them, too.

I understand Aspergers is a form of autism, but how does it differ?

Aspergers is also described as an autism spectrum disorder in that it shares many of the same characteristics of more “classical” autism. Although they are both on the same continuum, there are definite differences between kids with Aspergers versus Autism. You can see this in their social interactions, language, and development over time.

High Functioning Autism is very much like Aspergers except that the professionals seem to apply that diagnosis to kids who were non-verbal when they were younger.

Because children with Aspergers usually do not have delayed language, they are usually considered to be at the higher end of the autistic spectrum (also can be known as higher functioning). Kids with Aspergers have a number of indicators outlined below:

• They have difficulty understanding proper body space (or “personal space”).
• They have difficulties with transitions or changes and prefer things to be the same.
• They have problems with social skills.
• They have trouble understanding nonverbal cues (such as body language).
• They may also be overly sensitive to sounds, tastes, smells, and sights.
  • They often have obsessive routines and may be preoccupied with a particular subject of interest.

Aspergers is much more common in boys than in girls. In fact the boy to girl ratio is about 10 boys to each girl.

It's important to remember that a child with Aspergers views the world very differently.
Where can I find the right medication to help his Asperger's, not cure it?

Answer

Asperger's Syndrome is not a curable illness. There are no medications that can make Asperger's go away. Many children with Asperger's benefit from social skills training and cognitive behavioural therapy. In addition, many children can benefit from medications for symptoms related to the syndrome. Many children with Asperger's suffer from anxiety or depression. Some suffer from hyperactivity or attention deficit disorder. Some children with Asperger's suffer from obsessive-compulsive disorder.

Medications designed to alleviate those symptoms are available for children with Asperger's. Working with your doctor to understand the symptoms your child suffers from is the first step. Once those symptoms are understood, it is important to then talk with your doctor about which medications might be available to treat those symptoms in your child.

A variety of medications are often available for some of the symptoms of Asperger's syndrome. For example, many different drugs are available for ADD. If your child suffers from ADD, your doctor will decide which medication and what dose is right for your child. Your child will need to try the medication to see how it affects him. During that trial period, you'll need to watch your child carefully to see how he reacts. If he reacts well and tolerates the medicine, and the medicine alleviates the symptoms, your child will continue on with the medication.

If your child tries a medicine and suffers from side affects or if the medicine doesn't help alleviate the symptoms, you'll need to consult the doctor about changing the medication. This process could be a long one. It is not unheard of to try three or four different medications and dosages to find the medication that is right for your child.

Be sure that you understand the benefits and the possible drawbacks and side affects of any medications you give your child. Also, try to understand how the medicine can work in concert with behavioral therapy in helping your child manage the symptoms of Asperger's. Be sure to tell the doctor about any herbal medicines or other supplements.
your child might be taking. Supplements can often have harmful interactions with medicines, or they can render the medicines ineffective.

Consulting a book such as Luke Tsai’s “Taking the Mystery Out of Medications in Autism/Asperger’s Syndrome” can help empower you with knowledge of the medications used in treating Asperger’s symptoms. This book pulls together twenty years of experience in working with people with Asperger’s and autism. It describes many scientific theories and practices that are effective in Asperger’s treatment.

Aspergers Syndrome: Controlling Frustration (Low-Frustration Tolerance)

We all know what frustration is, and we’ve all felt it: whether as a fleeting annoyance or as full-fledged rage. Frustration is a completely normal, usually healthy, human emotion. But when it gets out of control and turns destructive, it can lead to problems—problems at work, in personal relationships, and in the overall quality of life. And it can make you feel as though you’re at the mercy of an unpredictable and powerful emotion.

The Nature of Frustration

Frustration is an emotional state that varies in intensity from mild irritation to intense fury and rage. Like other emotions, it is accompanied by physiological and biological changes; when you get frustrated, your heart rate and blood pressure go up, as do the levels of your energy hormones, adrenaline, and nor-adrenaline.

Frustration can be caused by both external and internal events. You could be frustrated at a specific person (such as a coworker or supervisor) or event (a traffic jam, a canceled flight), or your frustration could be caused by worrying or brooding about your personal problems. Memories of traumatic or enraging events can also trigger feelings of frustration.

Expressing Frustration

The instinctive, natural way to express frustration is to respond aggressively. Frustration is a natural, adaptive response to threats; it inspires powerful, often aggressive, feelings and behaviors, which allow us to fight and to defend ourselves when we are attacked. A certain amount of frustration, therefore, is necessary to our survival.

On the other hand, we can't physically lash out at every person or object that irritates or
annoys us; laws, social norms, and common sense place limits on how far our frustration can take us.

Children and adults use a variety of both conscious and unconscious processes to deal with their feelings of frustration. The three main approaches are expressing, suppressing, and calming. Expressing your feelings of frustration in an assertive—not aggressive—manner is the healthiest way to express frustration. To do this, you have to learn how to make clear what your needs are, and how to get them met, without hurting others. Being assertive doesn't mean being pushy or demanding; it means being respectful of yourself and others.

Frustration can be suppressed, and then converted or redirected. This happens when you hold in your frustration, stop thinking about it, and focus on something positive. The aim is to inhibit or suppress your frustration and convert it into more constructive behavior. The frustration in this type of response is that if it isn't allowed outward expression, your frustration can turn inward—on yourself. Frustration turned inward may cause hypertension, high blood pressure, or depression.

Unexpressed frustration can create other problems. It can lead to pathological expressions of frustration, such as passive-aggressive behavior (getting back at people indirectly, without telling them why, rather than confronting them head-on) or a personality that seems perpetually cynical and hostile. Children and adults who are constantly putting others down, criticizing everything, and making cynical comments haven't learned how to constructively express their frustration. Not surprisingly, they aren't likely to have many successful relationships.

Finally, you can calm down inside. This means not just controlling your outward behavior, but also controlling your internal responses, taking steps to lower your heart rate, calm yourself down, and let the feelings subside.

Frustration Management—

The goal of frustration management is to reduce both your emotional feelings and the physiological arousal that frustration causes. You can't get rid of, or avoid, the things or the people that enrage you, nor can you change them, but you can learn to control your reactions.

Some children and adults really are more "hot-headed" than others are; they get angry more easily and more intensely than the average person does. There are also those who don't show their frustration in loud spectacular ways but are chronically irritable and grumpy. Easily angered children and adults don't always curse and throw things; sometimes they withdraw socially, sulk, or get physically ill.

Children and adults who are easily angered generally have what some psychologists call a low tolerance for frustration, meaning simply that they feel that they should not have to be subjected to frustration, inconvenience, or annoyance. They can't take things in stride, and they're particularly infuriated if the situation seems somehow unjust: for example, being corrected for a minor mistake.
What makes these people this way? A number of things... One cause may be genetic or physiological: There is evidence that some children are born irritable, touchy, and easily angered, and that these signs are present from a very early age. Another may be socio-cultural. Frustration is often regarded as negative; we're taught that it's all right to express anxiety, depression, or other emotions but not to express frustration. As a result, we don't learn how to handle it or channel it constructively.

Research has also found that family background plays a role. Typically, children and adults who are easily angered come from families that are disruptive, chaotic, and not skilled at emotional communications.

Strategies to Keep Frustration at Bay Relaxation—

Simple relaxation tools, such as deep breathing and relaxing imagery, can help calm down feelings of frustration. There are books and courses that can teach you relaxation techniques, and once you learn the techniques, you can call upon them in any situation. If you are involved in a relationship where both partners are hot-tempered, it might be a good idea for both of you to learn these techniques.

Some simple steps to try:

• Breathe deeply, from your diaphragm; breathing from your chest won't relax you. Picture your breath coming up from your "gut."
• Non-strenuous, slow yoga-like exercises can relax your muscles and make you feel much calmer.
• Slowly repeat a calm word or phrase such as "relax," "take it easy." Repeat it to yourself while breathing deeply.
• Use imagery; visualize a relaxing experience, from either your memory or your imagination.

Practice these techniques daily. Learn to use them automatically when you're in a tense situation.

Cognitive Restructuring—

Simply put, this means changing the way you think. Angry children and adults tend to curse, swear, or speak in highly colorful terms that reflect their inner thoughts. When you're angry, your thinking can become exaggerated and overly dramatic. Try replacing these thoughts with more rational ones. For instance, instead of telling yourself, "oh, it's awful, it's terrible, everything's ruined," tell yourself, "it's frustrating, and it's understandable that I'm upset about it, but it's not the end of the world and getting angry is not going to fix it anyhow."

Be careful of words like "never" or "always" when talking about yourself or someone else.
"This !&*%@ machine never works," or "you're always forgetting things" are not just inaccurate, they also serve to make you feel that your frustration is justified and that there's no way to solve the problem. They also alienate and humiliate people who might otherwise be willing to work with you on a solution.

Remind yourself that getting angry is not going to fix anything; that it won't make you feel better (and may actually make you feel worse).

Logic defeats frustration, because frustration, even when it's justified, can quickly become irrational. So use cold hard logic on yourself. Remind yourself that the world is "not out to get you," you're just experiencing some of the rough spots of daily life. Do this each time you feel frustration getting the best of you, and it'll help you get a more balanced perspective. Angry people tend to demand things: fairness, appreciation, agreement, willingness to do things their way. Everyone wants these things, and we are all hurt and disappointed when we don't get them, but angry children and adults demand them, and when their demands aren't met, their disappointment becomes frustration. As part of their cognitive restructuring, angry children and adults need to become aware of their demanding nature and translate their expectations into desires. In other words, saying, "I would like" something is healthier than saying, "I demand" or "I must have" something. When you're unable to get what you want, you will experience the normal reactions—frustration, disappointment, hurt—but not frustration. Some angry children and adults use this frustration as a way to avoid feeling hurt, but that doesn't mean the hurt goes away.

Problem Solving—

Sometimes, our frustration and frustration are caused by very real and inescapable problems in our lives. Not all frustration is misplaced, and often it's a healthy, natural response to these difficulties. There is also a cultural belief that every problem has a solution, and it adds to our frustration to find out that this isn't always the case. The best attitude to bring to such a situation, then, is not to focus on finding the solution, but rather on how you handle and face the problem.

Make a plan, and check your progress along the way. Resolve to give it your best, but also not to punish yourself if an answer doesn't come right away. If you can approach it with your best intentions and efforts and make a serious attempt to face it head-on, you will be less likely to lose patience and fall into all-or-nothing thinking, even if the problem does not get solved right away.

Better Communication—

Angry children and adults tend to jump to—and act on—conclusions. And some of those conclusions can be very inaccurate. The first thing to do if you're in a heated discussion is slow down and think through your responses. Don't say the first thing that comes into your head, but slow down and think carefully about what you want to say. At the same time, listen carefully to what the other person is saying and take your time before answering.
Listen, too, to what is underlying the frustration. For instance, you like a certain amount of freedom and personal space, and your "significant other" wants more connection and closeness. If he or she starts complaining about your activities, don't retaliate by painting your partner as a jailer, a warden, or an albatross around your neck.

It's natural to get defensive when you're criticized, but don't fight back. Instead, listen to what's underlying the words: the message that this person might feel neglected and unloved. It may take a lot of patient questioning on your part, and it may require some breathing space, but don't let your frustration—or a partner's—let a discussion spin out of control. Keeping your cool can keep the situation from becoming a disastrous one.

Using Humor—

"Silly humor" can help defuse rage in a number of ways. For one thing, it can help you get a more balanced perspective. When you get angry and call someone a name or refer to them in some imaginative phrase, stop and picture what that word would literally look like. If you're at work and you think of a coworker as a "dirt-bag" or a "single-cell life form," for example, picture a large bag full of dirt (or an amoeba) sitting at your colleague's desk, talking on the phone, going to meetings. Do this whenever a name comes into your head about another person. If you can, draw a picture of what the actual thing might look like. This will take a lot of the edge off your fury; and humor can always be relied on to help unknot a tense situation.

The underlying message of highly angry children and adults is "things should go my way!" Angry children and adults tend to feel that they are morally right, that any blocking or changing of their plans is an unbearable indignity and that they should NOT have to suffer this way. Maybe other people do, but not them!

When you feel that urge, he suggests, picture yourself as a god or goddess, a supreme ruler, who owns the streets and stores and office space, striding alone and having your way in all situations while others defer to you. The more detail you can get into your imaginary scenes, the more chances you have to realize that maybe you are being unreasonable; you'll also realize how unimportant the things you're angry about really are. There are two cautions in using humor. First, don't try to just "laugh off" your problems; rather, use humor to help yourself face them more constructively. Second, don't give in to harsh, sarcastic humor; that's just another form of unhealthy frustration expression.

What these techniques have in common is a refusal to take yourself too seriously. Frustration is a serious emotion, but it's often accompanied by ideas that, if examined, can make you laugh.

Changing Your Environment—

Sometimes it's our immediate surroundings that give us cause for irritation and fury. Problems and responsibilities can weigh on you and make you feel angry at the "trap" you seem to have fallen into and all the people and things that form that trap.
Give yourself a break. Make sure you have some "personal time" scheduled for times of the day that you know are particularly stressful. One example is the working mother who has a standing rule that when she comes home from work, for the first 15 minutes "nobody talks to Mom unless the house is on fire." After this brief quiet time, she feels better prepared to handle demands from her kids without blowing up at them.

Some Other Tips for Easing Up on Yourself—

Timing: If you and your spouse tend to fight when you discuss things at night—perhaps you're tired, or distracted, or maybe it's just habit—try changing the times when you talk about important matters so these talks don't turn into arguments.

Avoidance: If your child's chaotic room makes you furious every time you walk by it, shut the door. Don't make yourself look at what infuriates you. Don't say, "Well, my child should clean up the room so I won't have to be angry!" That's not the point. The point is to keep yourself calm.

Finding alternatives: If your daily commute through traffic leaves you in a state of rage and frustration, give yourself a project—learn or map out a different route, one that's less congested or more scenic. Or find another alternative, such as a bus or commuter train.

Assertiveness Training—

It's true that angry children and adults need to learn to become assertive (rather than aggressive), but most books and courses on developing assertiveness are aimed at children and adults who don't feel enough frustration. These people are more passive and acquiescent than the average person; they tend to let others walk all over them. That isn't something that most angry people do. Still, these books can contain some useful tactics to use in frustrating situations.

Remember, you can't eliminate frustration—and it wouldn't be a good idea if you could. In spite of all your efforts, things will happen that will cause you frustration; and sometimes it will be justifiable frustration. Life will be filled with frustration, pain, loss, and the unpredictable actions of others. You can't change that; but you can change the way you let such events affect you. Controlling your angry responses can keep them from making you even less happy in the long run.

My Aspergers Child
11:40AM (-07:00)

Any social gatherings for Aspergers teens?

I'm wondering if there are any social gatherings for teens (17, 18, 19?) w/Asperger's in the south county (south San Jose, Gilroy/M.H.) area? I think my friend would like to meet some friends in this area, or somewhere nearby.
Thank you. maureenwebb@charter.net

Please respond using the comments button below: 07:02AM (-07:00)

Aspergers and Computer Game Addiction

Question

I have a 14 year old daughter who was diagnosed with Aspergers. She is currently attending a special needs school. Her main interest is to play games on the computer. She will get onto one of the Internet Multi Player Games and will not want to get off. We have implemented a timer program which only gives her a finite time that she can use the computer before it tells her that the time is up. Once the time is up she then asks us for more time. If we do not give her more time, she blows up into a fit of rage and may throw things or break things or physically bang her head into objects. We worry about our safety and hers when she does not get what she wants. How should we as parents react to this??

Answer

The short answer is download the My Aspergers Child eBook, because all the help you'll need in dealing with your daughter's rage will be addressed there.

The long answer is as follows:

Here are some symptoms or signs of video game addiction as well as computer game addiction to help determine if your Aspergers kids are addicted to computer games.

1. Choosing the computer or playing video games rather than spending time with friends or family.
2. Difficulty keeping up with personal responsibilities due to increased hours playing computer games.
3. Dropping out of activities such as social groups, clubs or sports.
4. Fatigue; tendency to fall asleep in school.
5. Irritable, cranky or agitated (withdrawal symptoms) when not playing a video game or on the computer.
6. Lying about computer or video game use so computer or video game privileges aren't taken away.
7. Lying to others about computer or video game use.
8. Most of their “free time” (non-school hours) are spent on the computer or playing video games.
9. Neglecting personal relationships with friends and family to spend more time playing computer games.
10. Not keeping up with homework assignments/not turning in homework on time.
11. Obsession or preoccupation about computer games or playing video games on a video game console excessively.
12. Worsening grades.

Here is a self-test the Aspergers child can take to determine the level of game addiction:

1. Do you become so involved in playing computer games that you sometimes neglect to eat, sleep, or bathe?
2. Do you ever experience physical symptoms such as backaches, dry eyes or headaches after playing computer games?
3. Do you experience withdrawal symptoms when not playing computer games?
4. Do you sneak time to play games, perhaps late at night while others are asleep?
5. Do you spend most of your time thinking or wishing you could be playing your favorite game or surfing the web?
6. Has someone close to you, perhaps your significant other, ever criticized you for spending too much time playing computer games rather than spending time with them?
7. Have you been diagnosed with carpal tunnel syndrome or experience symptoms of carpal tunnel?
8. Have you ever said you were sick in order to stay home from school to play your favorite game?
9. While not spending time on the internet or playing computer games, do you feel angry, agitated, irritable or depressed?

If you are truly convinced that your Aspergers teens or young kids are addicted to video games or computer games, it's your job as the parent to get your kids off the computer and off the video game console, providing them ample opportunity for active play and natural exercise in and outside of the home.

Make no mistake, video game addiction is a real addiction and if you are a mom or dad that is concerned about your home-grown video game addict, it's up to you to parent your kids and closely monitor and limit their gaming activities. Massively multiplayer online role-playing games (MMORPG's) are designed to be addictive.

Video game makers and marketers are counting on people to become addicted to the games! It's a lot of money in their pockets, and a lot of money out of your pockets. Let your kids whine, cry and complain all they want about placing restrictions and limits on their game use, but be the parent.

One of the effects of kids addicted to computer games is the increase in childhood obesity amongst young kids and teens due to excessive amounts of time spent leading a more sedentary lifestyle (and poor eating habits), amongst other physical, emotional and mental problems associated with too much time being spent playing computer games.

Be the parent of your kids, not their friend. If the video game problem in your home is so bad that you feel your Aspergers youngster is a "video game addict", or if your kids spend too much time watching television, shut it down and get your kids involved in other activities that encourage and promote active play and that provides more than finger and
thumb exercises from video game controls.

Again, if your Aspergers child flips into a rage when computer privileges are withdrawn, then use the disciplinary strategies outlined in My Aspergers Child eBook.

07:11AM (-07:00)

Aspergers Children and Excessive Crying

Question

My 9 year old daughter cries all the time. When I tell her about something she has done wrong or try and correct something... she starts crying – even when she spills a drink or something on herself. I never shout or even tell her off... I think she would faint if I did!! She must have uncontrolled emotions or something, not being able to deal with them properly perhaps.

Answer

Can there be too much crying? Should we be concerned at some point when school-aged children cry? I think yes.

Often Aspergers children feel criticized by their parents who tell them that they shouldn't cry. Hurt, they may cry more when told to stop crying. That's why I think we should downplay the message, "Don't cry," and play up the message, "Let's think of better ways you could handle this situation without crying." This approach makes us allies, trying to help our Aspergers children grow up.

Another key for parents is not to reinforce excessive crying behavior. For example, Jon cries when he is frustrated. Rather than assisting him in response to tears, the parents could say: "We'll be glad to help you when you pull yourself together and ask for help in a big boy voice." The message should be, "It's not a good idea to cry about small things. Use your strength. We want to help you be strong." Aspergers children often keep crying as long as it seems to work for them. When it doesn't, they eventually quit. If they are upset about something, we want them to learn to handle their feelings in more powerful ways.

One factor that generally triggers Aspergers children to stop crying is social pressure. If older children cry often in front of peers, they generally will be ridiculed. Parents can point this out while they teach their children other, more powerful responses to difficult situations.

As parents, we want to treasure our Aspergers child's sensitivity. We also want to teach both boys and girls to tolerate some feelings without crying and to express certain emotions in more mature ways.

My Aspergers Child
Aspergers and Mixed State Bipolar Disorder

Bipolar Disorder's Mixed State and Aspergers is often confused, but they are not one and the same. Certain features may coincide, but the two disorders can usually be differentiated on the ground that Aspergers kids are not interested in their friendship with peers, but children with bipolar disorder show interest in peer activities (although their aggressive impulses often render it useless).

Bipolar disorder is a comorbid condition found rarely in Aspergers, but when it is found, it makes the clinical condition of the child even more complicated. The Mixed Stage is the most dangerous and difficult stage of the bipolar disorder, and in combination with Aspergers, it becomes even more dangerous. It is not necessary that all children with Aspergers will also develop the bipolar mixed disorder, and neither is it vice versa, but it is present sometimes.

Bipolar Disorder, which may or may not co-exist with Aspergers, has the following symptoms and features:

- A condition which combines both mania and depression together to make the person feel tired, lethargic and anxious at the same time is called the Mixed State. Suicidal tendencies are the biggest danger involved with the individuals suffering from the Mixed State stage of the bipolar disorder, because the frustration and depression does not take away the energy necessary to commit suicide.

- Academic performance is seriously hampered by memory loss that might be caused due to a long term of untreated bipolar disorder. One may actually lose brain matter if the disorder is not met with proper treatment in time. Impulsive behavior and STM (short term memory) loss are the most common effects seen, for example, recollection of names and faces can be difficult.

- An advanced state of bipolar disorder causes insomnia or sleeplessness. A person suffering from bipolar disorder related insomnia may stay up for many a nights leading to poor performance in everything, and if stretched for a very long period, even psychosis.

- If someone reaches the extreme stage of mania, that is psychosis, he would require immediate hospitalization, especially if they are suffering from bipolar disorder as well, because their thoughts become both blurred and lunatic causing them to attempt suicide. The persons are often totally oblivious to their location and surroundings.

Following a routine to control your sleeping habits can be a step towards improvement. Also try out exercises you find appropriate for you, and do not under-eat or over-eat. Managing work if you are suffering from bipolar disorder can be hard, but taking breaks and keeping to regular hours can be really helpful. Try to avoid doing big jobs at once, rather set small tasks in front of you in order to reach your ultimate goal of finishing the
big work. This helps in bringing the stress down and a sense of completion comes over you.

Individuals with bipolar disorder suffer from extremes of both happiness and depression. In order to control these, healthy lifestyle, proper medication and therapy from an experienced therapist can control the dangerous and hazardous problems that bipolar disorder gives rise to, therefore it is important to treat it early and properly.

Is it always necessary for an Aspergers child to go to a special or...

Many kids with Aspergers attend mainstream schools, and most western countries have introduced legislation to support the inclusion of kids with Special Educational Needs in mainstream settings.

One question to ask is what resources your local school can offer. Prior to the start of the school year, you will need to meet with teachers and school personnel who will be involved in your Aspergers youngster’s life. The purpose of this meeting is to help them learn about your kid and the special needs he may have. Remember that you are serving as your kid’s advocate.

Your youngster’s school will prepare an educational plan, called the IEP (Individual Education Plan) or some equivalent. Make sure you understand what that plan entails, and if you don’t, then ask questions until you do. The rationale included in this plan will be a determining factor to your youngster’s success in school. Your ability to assist in this process will also be determined by your comprehension of the plan.

Your Aspergers kid’s teachers will need you to inform them of changes that occur in your
youngster's routine, in his life, or in his demeanor. As the Aspergers youngster has difficulty in transition, these are critical changes in his life.

Some moms and dads actually prefer a special school setting as they feel the teachers are more specialized and knowledgeable and the resources are better. A special school setting may have a variety of allied professionals including speech and occupational therapists on site – and also have extra facilities like soft play areas and even fully equipped sensory rooms.

Try to look at all the options and decide which environment your youngster is likely to be happiest in. He will learn best in a place where he feels safe and secure.

04:47PM (-07:00)

Aspergers Students: A Guide for Teachers

Listed below are some issues that may become apparent to you as you work with Aspergers students. Many of the behaviors you will see are NOT under his or her control – and they are NOT a result of malice or willful misbehavior. At times your Aspergers student simply does not innately know how to appropriately respond.

General Behaviors—

At times, your Aspergers student may experience "meltdowns" when nothing may help behavior. At times like this, please allow a "safe and quiet spot" where your Aspergers student will be allowed to "cool off". Try to take note of what occurred before the meltdown (was it an unexpected change in routine, for example). It's best to talk "after" the situation has calmed down.

Foster a classroom atmosphere that supports the acceptance of differences and diversity.

Generally speaking, a teacher speaking in a calm voice will reap many benefits.

It is important to remember that just because the student learns something in one situation this doesn't automatically mean that they remember - or are able to generalize the learning to new situations.

Note strengths often. This will give your Aspergers student the courage to keep on plugging.
Your Aspergers student may have vocal outbursts or shriek. Be prepared for them, especially when having a difficult time. Also, please let the other kids know that this is a way of dealing with stress or fear.

Your Aspergers student may need help with problem-solving situations. Please be willing to take the time to help with this.

Your Aspergers student reacts well to positive and patient styles of teaching.

This syndrome is characterized by a sort of "swiss cheese" type of development: that is, some things are learned age-appropriately, while other things may lag behind or be absent. Furthermore, kids may have skills years ahead of normal development (for example, a student may understand complex mathematics principles, yet not be able to remember to bring their homework home).

When dividing up assignments, please ASSIGN teams rather than have the other kids "choose members", because this increases the chances that your Aspergers student will be left out or teased.

When it reaches a point that things in the classroom are going well, it means that we've gotten it RIGHT. It doesn't mean that your Aspergers student is "cured", "never had a problem" or that "it's time to remove support". Increase demands gradually.

When you see anger or other outbursts, your Aspergers student is not being deliberately difficult. Instead, this is in a "fight/fright/flight" reaction. Think of this as an "electrical circuit overload" (prevention can sometimes head off situations if you see the warning signs coming).

Perseverations—

Your Aspergers student may repeat the same thing over and over again, and you may find that this increases as stress increases. It is more helpful if you avoid being pulled into this by answering the same thing over and over or raising your voice or pointing out that the question is being repeated. Instead, try to redirect your Aspergers student's attention or find an alternative way so he/she can save face. Allowing your Aspergers student to write down the question or thought and providing a response in writing may break the stresses/cycle.

Transitions—

Your Aspergers student may have a great deal of difficulty with transitions. Having a picture or word schedule may be helpful. Please try to give as much advance notice as possible if there is going to be a change or disruption in the schedule. Giving one or two warnings before a change of activity or schedule may be helpful.

Sensory Motor Skills/Auditory Processing—

Your Aspergers student may act in a very clumsy way; she may also react very strongly.
to certain tastes, textures, smells and sounds.

Your Aspergers student has difficulty understanding a string of directions or too many words at one time. Breaking directions down into simple steps is quite helpful. Using picture cues or directions may also help. Speaking slower and in smaller phrases can help. Directions are more easily understood if they are repeated clearly, simply and in a variety of ways.

Stimuli—

Allow the student to "move about" as sitting still for long periods of time can be very difficult (even a 5 minute walk around, with a friend or aide can help a lot). He may get over-stimulated by loud noises, lights, strong tastes or textures, because of the heightened sensitivity to these things. Unstructured times (such as lunch, break and PE) may prove to be the most difficult for him. Please try to help provide some guidance and extra adults help during these more difficult times. With lots of other kids, chaos and noise, please try to help him find a quiet spot to which he can go for some "solace".

Visual Cues—

Some Aspergers kids learn best with visual aids, such as picture schedules, written directions or drawings (other kids may do better with verbal instruction). Hand signals may be helpful, especially to reinforce certain messages, such as "wait your turn", "stop talking" (out of turn), or "speak more slowly or softly".

Interruptions—

At times, it may take more than few seconds for the student to respond to questions. He needs to stop what he's thinking, put that somewhere, formulate an answer and then respond. Please wait patiently for the answer and encourage others to do the same. Otherwise, he will have to start over again. When someone tries to help by finishing his sentences or interrupting, he often has to go back and start over to get the train of thought back.

Eye Contact—

At times, it looks as if the student is not listening to you when he really is. Don't assume that because he is not looking at you that he is not hearing you. Unlike most of us, sometimes forcing eye contact BREAKS her concentration. He may actually hear and understand you better if not forced to look directly at your eyes.

Social Skills and Friendships—

Herein lies one of the biggest challenges for Aspergers kids. They may want to make friends very badly, yet not have a clue as to how to go about it. Identifying 1 or 2 empathetic students who can serve as "buddies" will help the student feel as though the world is a friendlier place. Talking with the other members of the class may help, if done in a positive way and with the permission of the family. For example, talking about the
fact that many or most of us have challenges and that the Aspergers students challenge is that he cannot read social situations well, just as others may need glasses or hearing aids.

Students with Asperger's Syndrome may be at greater risk for becoming "victims" of bullying behavior by other students. This is caused by a couple of factors:

1. There is a great likelihood that the response or "rise" that the "bully" gets from the Asperger student reinforces this kind of behavior.

2. Asperger kids want to be included and/or liked so badly that they are reluctant to "tell" on the bully, fearing rejection from the perpetrator or other students.

Routine—

This is very important to most Aspergers kids, but can be very difficult to attain on a regular basis in our world. Please let your Aspergers student know of any anticipated changes as soon as you know them, especially with picture or word schedules. Let him know, if possible, when there will be a substitute teacher or a field trip occurring during regular school hours.

Language—

Although his vocabulary and use of language may seem high, Aspergers kids may not know the meaning of what they are saying even though the words sound correct. Sarcasm and some forums of humor are often not understood by the student. Even explanations of what is meant may not clarify, because the perspectives of Aspergers student can be unique and, at times, immovable.

Organizational Skills—

Your Aspergers student lacks the ability of remember a lot of information or how to retrieve that information for its use. It may be helpful to develop schedules (picture or written) for him. Please post schedules and homework assignments on the board and make a copy for him. Please make sure that these assignments get put into his backpack because he can't always be counted on to get everything home without some help. If necessary allow her to copy the notes of other kids or provide her with a copy. Many AS kids are also dysgraphic and they are unable to listen to you talk, read the board and take notes at the same time.

A Final Word—

At times, some of the student's behaviors may be aggravating and annoying to you and to members of his class. Please know that this is normal and expected. Try not to let the difficult days color the fact that YOU are a wonderful teacher with a challenging situation and that nothing works all of the time (and some things don't even work most of the time). You will also be treated to a new and very unique view of the world that will entertain and fascinate you at times. Communication is the key, and by working together as a team,
Aspergers Children and Gym Class

It is quite likely that kids with Aspergers will start gym classes just as any other normal kid would, that is with enthusiasm and expectations, but it is important to be careful while mixing gym class and Aspergers together in order to ensure that the experience does not become an uncomfortable one for the youngster with Aspergers.

The problems that an Aspergers youngster may have in gym classes may be related to a number of problems that they face due to their unfortunate disorder, like impaired motor skills which make it difficult for them to take quick instructions or make quick movements and thereby to play baseball, soccer or any other physically demanding sports. A gymnasium can be loud and the confusing commotion created there in combination with the players and students yelling and the coach blowing in his whistle can be devastating for certain Aspergers youngster as they are sometimes super-sensitive to noise.

Another problem faced by the Aspergers youngster is the fact that he must change among his peers, and since these special kids are not apt at changing clothes without some assistance, it could mean social embarrassment. Rude behaviors with peers and educators in gym classes by these kids are often common as well because they are often maladapted to deal with social situations.

The most dangerous part of gym classes and Aspergers kids is the fact that they are often adept at withstanding amazing amounts of pain, which, though sounds like a good...
thing, can put the youngster in danger because he may hide injuries he received due to some contact sports. These are some of the most common problems that are to be noted by educators and moms and dads alike in order to assure the youngster's well being and adaptability in gym classes.

It is very important to note that it is essential to understand the problems of the particular youngster with Aspergers first before taking any steps to help them as problems differ from individual to individual, therefore, subject educators, moms and dads, gym educators and special educators must cooperate in order to create the right gym environment for these kids. Peers who are willing and kind enough to help these kids out in their day to day gym activities should be assigned to each of them and gym educators must take caution, not to surprise the Aspergers youngster with any sudden change in the routine as they follow routines and instructions by the book.

Sometimes, when the degree of the Aspergers disorder is more than average, educators may be required to use flash cards, pictures or even posters as visual cues due to their inability to interpret verbal instructions properly. Demonstrations are often extremely helpful for Aspergers kids, especially if it is done before the general students tries to do the activity.

An assigned aide can do a lot of benefit to the kids with Aspergers as they can remove a youngster from a gym session if he becomes particularly stressed out or may be due to the youngster's inability to handle the excess noise in the gym. A properly written, general weekly schedule can help the Aspergers youngster to be clear from confusions. Finally, a physical education teacher or any teacher for instance should understand that although an Aspergers youngster will most probably be bright in some aspects, but some, he will have difficulty in handling with efficiency; for such cases a possible alternative should be offered to the student.

Kindness and willingness to help from educators, moms and dads and friends can make gym class and Aspergers go together very nicely, in fact under the right conditions, the Aspergers youngster can even excel in gym classes.

12:05PM (-07:00)

**Aspergers and Bullying**

**Question**

My child doesn't make friends easily because of his Asperger's Syndrome. I'm worried he'll be bullied when he starts school. What should I do?
Answer

Kids with Asperger’s Syndrome have a difficult time establishing friends. This is due in large part to a general lack of social skills. Helping your youngster gain social skills will provide a base on which friendships can be built. Your youngster may have a difficult time joining in with others and may even experience anxiety if forced to join a group. This may in turn lead to inappropriate behaviors, which may distance them even more from the group.

A youngster with Asperger’s Syndrome often does not seem motivated or know how to play with other kids of their own age. When involved in joint play, there can be a tendency to impose or dictate how the activity will occur. Social contact with other kids may only be tolerated as long as the other kids play by their rules. Playing with other kids means that they have to share and also that they have to cope with different ideas.

Many kids with Asperger’s Syndrome prefer to be left alone and participate in their own activities without interruption. You can help your youngster by teaching them social skills that may make them more comfortable in social situations but also help them to interact appropriately and less likely to be a target for teasing.

Carol Gray developed a technique called Social Stories that has been shown to be effective in increasing social skills. This technique involves creating a story board that describes a situation and include appropriate actions and expressions. It can be like a cartoon sequence of events that give your youngster an idea of how to act in a certain situation.
Do you have tips for toilet training a young child with Asperger’s?

Question

Do you have tips for toilet training a young child with Asperger’s? Answer

Toilet training your child with Asperger’s will most likely be difficult for you as a parent. If you have potty trained an older child, you will find this experience likely to be very different. Methods that work with some children are typically based on a child’s desire to please the parent and often based on a reward system. Many parents have relied heavily on ‘the M&M method’ or the ‘shoot the Cheerios in the bowl’ trick. These are not typically effective with children with Asperger’s, as children with Asperger’s don’t tend to have the same desire to please and have a more difficult time changing behaviors.

With children with Asperger’s, it can be effective to try to change only one behavior at a time. Concentrate on teaching a child to either pee or poop in the potty, not both at the same time. Watch your child to see if you see signs that your child is aware of needing to use the toilet. If he is aware of his need, it is time to start training.

Many parents find Social Stories helpful during potty training. These are short, pictorial guides designed to storyboard the potty process. Talking through these with your child can help familiarize him with the process of using the toilet. These stories should contain information about feeling the need to use the potty through flushing the toilet and washing your hands. You will need to repeat these Social Stories often, and understand that the potty training process take some time.

Establish a routine around using the potty for your child. This will help the child with Asperger’s feel more comfortable with the toilet training process. Look to see if your child has any fears about using the potty that need to be addressed. Look to see if your child has a degree of comfort and ability in manipulating his own clothing. Can he pull down his own pants? Can he work the button or snap on his pants? If he is comfortable with these things, use them in helping him establish his potty routine.

Maria Wheeler has created a good book on toilet training called, “Toilet Training for Individuals with Autism & Related Disorders.” This comprehensive toilet training guide contains two hundred toilet training tips and over forty case studies with solutions. Reading this book will give you not only helpful tips, but also some real life examples of how those tips worked for people.
Aspergers Children and Anger Control Problems

Question

My 21 year old son is very fidgety, interrupts while I'm speaking with him and has basically lost all his friends over the years. He gets mad about things (like why we circumcised him when he was a baby) that normally would not bother anyone. If something goes wrong in his life (which seems to be a daily occurrence), it is someone's fault. He went from being a popular child to being a loner. I had him move in with his dad because he kept starting fights with his younger brother - obsessing that his younger brother was gay and that he would beat the crap out of him if he found that out. It just seems he is getting worse now. Years ago I had taken him for counseling and they said he was depressed and was very "sensitive" to what was going on. However, this sensitivity has gotten into the danger point where you never know what might set him off. Since he is 21 it is next to impossible to get him to see anyone (no insurance) but he has admitted to my mother that he needs help. He just explodes sometimes and then will apologize after the fact but the explosions are getting more and more. Is he emotionally unstable?

Answer

You are referring to anger-control problems and low-frustration tolerance – also called “meltdowns.” These meltdowns are especially common in Aspergers children and teens (or in your case, a young adult-child). Some families have learned how to prescribe behavior to prevent child/teen meltdowns:

- Look directly at your child who is about to have a major meltdown.
- Give your child or teen permission to have a major meltdown. For example say, "Jon, I know you usually have a meltdown when this happens and I want you to know that it is ok for you to do that now."
- Prescribe the behaviors that your child or teen usually does in this situation when agitated. You'll continue talking after telling your child it is ok to have a meltdown and list what the child normally does. "Jon, when you are feeling this way, you usually start swearing, kicking, screaming, and blowing snot – so go ahead and get started."
- Let your child or teen think about what you said. If your child is truly oppositional, then he will refuse to do what you prescribed. If your child does it, that's ok, you gave permission. Eventually, doing this will help your child learn self-control.

Do you have an Aspergers child who doesn't do well with transitions? Does he have a
meltdown at the slightest provocation or change in schedule? Does he kick, punch, destroy property, swear, and runaway when angry?

Click ==> Here’s help in dealing with Aspergers meltdowns.  11:00AM (-07:00)

Aspergers and Anti-Social Behavior

Question

My son is 14 with ADHD and aspergers. My housing association wont recognise this and want an ASBO placed on him, otherwise an Injuction placed on myself to take full responsibility for my sons anti-social behaviour. Surely this cannot be possible and so unfair on my son and myself. What can I do? Any ideas please...

Answer

For many moms and dads of kids with Aspergers, coping with violent and aggressive behavior can be a very difficult challenge indeed. Aggressive behavior in the youngster with Aspergers occurs for a reason, just as it would with any other youngster. No youngster ever really just "acts out" for no apparent reason whatsoever. The key is in the words "apparent reason" - there is ALWAYS a reason but the major challenge for the parent is often working out what that reason is.

Inappropriate behavior, whether mild or severe, generally occurs in order to:

• Avoid something - for example a youngster may become aggressive and shout before getting the school bus; as they want to avoid going to school.
• Get something - for example a youngster may lash out at another youngster because they want to get the toy that the other youngster is playing with.
• Because of pain - for example a youngster may show a range of challenging behaviors to their moms and dads because they feel in physical pain, such as having earache.
• Fulfill a sensory need - for example a youngster may lash out or shout in the classroom if it is too noisy, too busy, too bright, too hot, or strong in a particular smell.

So the first step in reducing or eliminating this behavior is to determine the need that it fulfills by looking at the four categories above.

The second step is to teach them a replacement behavior, which they can use to communicate what they want or don’t want. It may even involve using some of their obsessive or self-stimulating behaviors (like hand-flapping, rocking, pacing) as a replacement behavior.

This is because it would be far less intrusive to others than aggressive behaviors, but still serve the same purpose. It could also be about encouraging the youngster to express their feelings or negotiate verbally. For other kids they may communicate through another
method like emotion cards, drawing, using symbols or "talking" through a puppet. You know your youngster best so you need to determine this.

This process takes time and initially, depending on the behavior, you may not have time. If the behavior is severe, then you need to remove the youngster from whatever situation they are in at the time immediately. Simply insisting that they stop the behavior and participate in whatever is occurring will not benefit the youngster or you; unless you remove them from the situation first.

Maintaining your youngster's routine will go a long way towards reducing the need for inappropriate or aggressive behavior in the first place. Because for kids with Asperger's routine is a great source of stability and comfort for them.

So, just to recap, the two critical factors for coping with your youngster's aggressive and violent behaviors are:

• Identify the real cause of the behavior from the four main categories above.
• Teach the youngster to communicate the real cause of the behavior to you in a less harmful manner.

Aspergers and Sibling Issues

Question

Our youngest son has been diagnosed with Aspergers and demands a lot of our attention. What can I do to reassure his two elder sister's that we're not neglecting them?

Answer

Explaining Aspergers isn't easy no matter who you are talking to. It's not something that can be described in a single sentence. There are problems, because you cannot tell just by looking at someone whether or not they have Aspergers. Also, because the causes of Aspergers are yet to be clearly identified, it can sometimes be difficult convincing people that the condition actually exists.

You could try explaining to older kids that children with Aspergers basically have problems in three major areas of interest. This is usually part of the criteria for diagnosing Aspergers. These areas are:

1. Imagination—This is the ability to think about things that aren't real. Kids with Aspergers tend not to be interested in games that involve pretending to be someone else (like cops and robbers). Some kids with Aspergers can be very interested in things that aren't interesting to other kids or exclude social interaction. They may like collecting items
that seem dull or unusual to us.

2. Social Understanding—This means knowing what to do when you are with other people. Children with Aspergers have difficulty understanding social relationships. They do not understand all the rules involved in social relationships. As we grow up, we learn how to behave appropriately in certain situations, for example we learn not to say things to people like “you look fat” (unless we are deliberately trying to be hurtful). A person with Aspergers usually doesn’t mean to be rude, even though it can sometimes appear so. It’s because their understanding of how to behave is confused.

3. Social communication—This means knowing what to say to other people and understanding the meaning of what they are saying to you. Just imagine how many times a day the basics of social communication come into your youngster’s life; at the shops, at home, at school, in the street. Children with Aspergers can have problems when talking to other people as they can take things people say literally. An example would be if you say to someone with Aspergers “I laughed my head off” – they may become alarmed believing that your head really did come off of your body. It can be very hard for children with Aspergers to understand when someone is joking, and that is why they may become angry or upset by something you have said that wasn’t meant to be hurtful.

08:41AM (-07:00)

Aspergers and ADD

Question

My 12 year old was recently diagnosed with having asperger's. He doesn't fit the typical mold that I read about, and the neuro-psychologist agreed that he is an unusual case. He is extremely likable, has a good many friends, very polite and well mannered. He does however have the obsessive personality and hyper-focusing that is typical with asperger's as well as fascination with collecting things, bottle caps, shark teeth...which he can look for hours at a time for. He is very smart and has always made great grades and has never had behavior issues at home or at school, which is probably why he flew under the radar until now.

Our struggles have to do with his attention...as if he is ADD (tested negative three times). He literally cannot stay on task and is so easily distracted. After a "pep" talk stating that he "owns" his brain and he can control the urges if he puts his mind to it...he can produce. I know its short term but he doesn't and he feels great when he knocks out something. Remember, we just found out...so we've always treated him as "normal" as the others, why wouldn't we? And again, he's always risen to the challenge of most
anything...with a great attitude. I'm desperately looking for ways to help him stay on task with schoolwork and staying on task? Is there anyone there that might know of something, tips, tricks, etc.? Please let me know.

Answer

Most kids with Aspergers do not receive that diagnosis until after age 6. Usually, they are diagnosed with Attention Deficit Disorder as toddlers. Part of the reason is that doctors routinely screen kids for ADD but not for autism. Another reason is that an Aspergers child's social impairment becomes more evident once he hits school. Finally, doctors are reluctant to label a youngster "autistic." It is okay - and even a badge of honor - to have a "hyperactive youngster," but it is another thing whatsoever to have an "autistic youngster."

Doctors make their diagnoses based on kid's behaviors. Since kids with Attention Deficit Disorder and Aspergers share similar behaviors, the two can appear to overlap. However, there is a fundamental difference between Attention Deficit Disorder and Aspergers. Aspergers children lack what doctors call "social reciprocity" or Theory of Mind. Theory of Mind is "the capacity to understand that other people have thoughts, feelings, motivations and desires that are different from our own." Kids with ADD have a Theory of Mind and understand other people's motives and expectations. They make appropriate eye contact and understand social cues, body language and hidden agendas in social interactions. Aspergers children cannot.

One author put it this way: kids with Attention Deficit Disorder respond to behavioral modification. With Aspergers, the syndrome is the behavior.

Both kinds of kids can tantrum, talk too loud and too much and have problems modulating their behaviors and making friends. Both are social failures but for different reasons.

The youngster with Attention Deficit Disorder knows what to do but forgets to do it. Aspergers children do not know what to do. They do not understand that relationships are two-sided. If an Aspergers child talks on and on in an unmodulated voice about his particular interest, he simply does not understand that he is boring his friend and showing disinterest in his friend's side of the conversation. On the other hand, the youngster with ADD cannot control himself from dominating the conversation.

An Aspergers youngster can appear unfocused, forgetful and disorganized like a youngster with Attention Deficit Disorder, but there is a difference. The ADD youngster is easily distracted; the Aspergers child has no "filter." The Aspergers child sees everything in her environment as equally important. Her teacher's dangling earring is as important as what she writes on the blackboard. The Aspergers child does not understand that she does not have to memorize the entire textbook for the next test. She does not "get" such rules. Aspergers children tend to get anxious and stuck about small things and cannot see the "big picture." Kids with Attention Deficit Disorder are not detailed-oriented. The ADD youngster understands the rules but lacks the self-control to follow them. The Aspergers child does not understand the rules.
If the unfocused Aspergers child is "nowhere," the obsessive-compulsive and "Fantasy" Aspergers children are somewhere else. "Fantasy Aspies" retreat into a world of their own making - a world where everything goes the way they want it to. They play video games for hours or retreat into books and music. Their daydreaming and fantasizing resembles the behaviors of non-hyperactive kids with ADD.

Obsessive-compulsive Aspergers children live a world they create from rules and rituals. Like ADD kids, they appear preoccupied and distracted but for different reasons. They appear distracted because they are always thinking about their "rules." Did I tie my shoelaces right? Did I brush my teeth for 120 seconds?

Some authors estimate that 60% to 70% of Aspergers children also have Attention Deficit Disorder, which they consider a common comorbidity of Aspergers. Other authors say that the two cannot exist together. Still others insist doctors have it all wrong and that the two disorders are the same. The real problem is that there is no hard science. No one knows exactly how slight imperfections in brain structure and chemistry cause such problems.

For this reason, getting the right diagnosis for a youngster who exhibits behavior problems may take years of trial and error. Diagnosis is based on observation of behaviors that are similar for a myriad of disorders. The tragedy is that the youngster often does not receive the correct medications, educational strategies, and behavioral modification techniques that could help him function on a higher level. He falls farther behind his peer group and loses ground when he could be getting appropriate treatments.

Psychiatry has made great strides in helping kids manage mental illness, particularly moderate conditions, but the system of diagnosis is still 200 to 300 years behind other branches of medicine. On an individual level, for many parents and families, the experience can be a disaster; we must say that.

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Aspergers Children Who Are Addicted To The Computer

Question

My son has been diagnosed with Aspergers pdd-nos, he talks fine, eye contact sometimes, but still in his own world. He is ten. At the age of 3 or 4 was playing video games and beating all of them from Zelda to hand held games. Good visual, but socialization not good, he has been on the computer now for a good year and a half, taught himself language C and language C++, goes on Youtube, became a spammer, writes his own programs, don't really know what they do. Lives almost his social life through it. Don't know what to do. Can't get him off, he literally cries. But so smart, but can't figure out what to do for him next. Please help.

Answer

Here is some "Self-Help" for Computer Addiction:

Some Aspergers children develop bad habits in their computer use that cause them significant problems in their lives. The types of behavior and negative consequences are similar to those of known addictive disorders; therefore, the term Computer or Internet Addiction has come into use.
While anyone who uses a computer could be vulnerable, those Aspergers children who are lonely, shy, easily bored, or suffering from another addiction or impulse control disorder as especially vulnerable to computer abuse.

Computer abuse can result from Aspergers children using it repeatedly as their main stress reliever, instead of having a variety of ways to cope with negative events and feelings. Other misuses can include procrastination from undesirable responsibilities, distraction from being upset, and attempts to meet needs for companionship and belonging.

While discussions are ongoing about whether excessive use of the computer/Internet is an addiction, the potential problematic behaviors and effects on the users seem to be clear.

The Signs of Problematic Computer Use—

A child or teen who is “addicted” to the computer is likely to have several of the experiences and feelings on the list below. How many of them describe you?

- When you are not on the computer, you think about it frequently and anticipate when you will use it again.
- You develop problems in school or on the job as a result of the time spent and the type of activities accessed on the computer.
- You feel anxious, depressed, or irritable when your computer time is shortened or interrupted.
- You find yourself lying to your boss and family about the amount of time spent on the computer and what you do while on it.
- You have mixed feelings of well-being and guilt while at the computer.
- You lose track of time while on the computer.
- You make unsuccessful efforts to quit or limit your computer use.
- You neglect friends, family and/or responsibilities in order to be online.
  - You use the computer repeatedly as an outlet when sad, upset, or for sexual gratification.

Being “addicted” to the computer also can cause physical discomfort. Are you suffering from the following physical problems?

- Back aches and neck aches
- Carpal Tunnel Syndrome (pain, numbness, and burning in your hands that can radiate up the wrists, elbows, and shoulders)
- Dry eyes or strained vision
- Severe headaches
- Sleep disturbances

Do any of these stories sound familiar to you?

- Almost all of your friends are from on-line activities and contacts.
- You connect to the Internet and suddenly discover it is several hours later and you have
not left the computer.
• You have difficulty getting your homework done because computer games occupy a great deal of your time.
• You spend most of your time on-line talking to friends from home, instead of making new friends at college.
• Your friends are worried about you going on a date alone with a person known only from a chat room.
• Your romantic partner is distraught because you have replaced your sexual relationship with Internet pornography and online sex.

Treatment must begin with recognizing that there is a problem. Overcoming denial should be followed by other treatment steps, including:

• Assessing for other disorders like depression or anxiety that may need medical treatment.
• Assistance in locating or forming a support group for other students who are trying to regain control over their computer use.
• Focusing on other areas for needed skill enhancement, such as problem solving, assertiveness, social skills, overcoming shyness, and anger control.
• Generating a behavior modification plan, such as setting a timer for usage, planning a daily schedule, keeping a log of moods when going online, matching time spent online with time spent socializing face to face and taking part in non-computer related activities.

How to Help Computer Obsessed Friends—

• Be a good role model. Manage the computer use in your own life well.
• Encourage them to seek professional counseling.
• Get them involved in some non-computer related fun.
• Introduce them to some other kids who handle their computer use sensibly.
• Support their desire for change if they think they have a problem.
• Talk to your friends about your concerns with their computer use.

12:32PM (-07:00)

Aspergers and Sexual Behavior

Sexual behavior and Aspergers can be a real matter of concern for teachers and moms and dads throughout the world as introducing the very topic of sexual behavior and its importance to kids is a very delicate thing and can be very difficult as well and when it comes to a child or a young one with Aspergers, situations get far more complicated. A youngster with Aspergers is considered to be mildly autistic, and therefore his or her
disorder is enlisted under PDD of Pervasive Developmental Disorder. In this case the youngster learns the language with ease and without any delays unlike an autistic youngster, but he or she continues to have problems relating to social interactions as well as in understanding the point of view of another person.

It is very difficult for a person with Aspergers to express his or her own feelings and it also gets very hard for them to understand the various social norms and cues. This particular disability leads to certain inappropriate sexual behaviors like:

• They start up a conversation about sexual behavior with those not comfortable with it and stress on the continuation of the conversation

• They resort to inappropriate touching of others

• They often stare at the sexual organs of the opposite sex which is extremely inappropriate

• They often resort to displaying their sexual organs in public

• These young ones do not understand that they are not supposed to touch themselves in public and they tend to doing it

Individuals with Aspergers find it very difficult to find a partner for long term relationships as they are not able to communicate well at all. They fail badly when it comes to expressing any sorts of feelings which does not mean that they do not feel. But when it comes to understanding the feelings and emotions of the partner they have a really hard time as individuals with Aspergers feel lack of empathy for other individuals and they fail to get the undertone of the speaker as well. They also have a difficulty in controlling their feelings and often succumb to outburst which is not always easy for the partner.

What moms and dads can do to help their kids having Aspergers when it comes to sexuality and sexual behavior is to make sure that they bring up the topic in front of the youngster in a very normal, frank as well as open way. Discussing a specific event right after it has taken place in not a good idea but then again kids with Aspergers respond well to specific details. The spouse or the partner can also help him or her out in more ways than one and specially by understanding the disorder and also by taking help from a professional therapist. When the various social cues are made understood to the person with Aspergers it becomes relatively easier for him or her to get a hold of appropriate or inappropriate sexual behavior.
Parenting Aspergers Children: How to Cope

Question

It can be exhausting coping with my 9 year old. I often feel like a failure because I struggle to cope sometimes. Is that normal?

Answer

The diagnosis of a serious disability such as Aspergers brings many changes and demands to the family. It is not uncommon for family members to feel depressed and the NAS Autism Helpline receives thousands of calls a year from families who are under many pressures. So you are not alone!

Having a child with Aspergers has the potential to place a great deal of strain on families. Couples struggle with issues of blame, whose fault is it, and guilt. Daily routines are a constant challenge. A special needs child often comes with additional financial costs to the family.

Dealing with the school can seem like a full-time job. The time that it takes to care for a special needs child can leave other family relationships with no attention.

So in order to avoid burnout, parents must make time for themselves. Parents often respond to this suggestion by saying that they don't have any time to do that! However, what you need to keep in mind is that even a few minutes a day can make a difference. Some parents just do such simple things as apply hand lotion or cook their favorite dinners to make themselves feel better.

Parents, just like individuals with Aspergers need rewards in order to be motivated. Parents who have children with autism have even more of a need to reward themselves, because parenting their child is often frustrating and stressful.

In addition to rewarding themselves, family members need to reward one another. Spouses need to acknowledge the hard work that each is achieving. Also remember to thank siblings for watching or helping out their brothers and sisters.

It is also important that spouses try to spend some time alone. Again, the quantity of time is not as important as the quality. This may include watching television together when the children are asleep, going out to dinner, or meeting for lunch when the children are in school.

Families may also want to occasionally engage in activities without the individual with Aspergers. This may include mom, dad and the siblings attending an amusement park together. Often families feel guilty not including the individual with Aspergers, but everyone deserves to enjoy time together that is not threatened by the challenges of Aspergers.
Search your area for support groups or networks. It gives us comfort to know that we are not the only ones experiencing a particularly stressful situation. In addition, one can get the most useful advise from others struggling with the same challenges.

Support groups for parents, siblings and grandparents are available through educational programs, parent resource centers, autism societies and Developmental Disabilities Offices. In addition, there are now online supports available for family members.

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Where can I get help in dealing with my own feelings and the reacti...

Question

Where can I get help in dealing with my own feelings and the reactions of others, especially family members?

Answer

The biggest step a parent has to take after the diagnosis of Asperger’s Syndrome is acknowledgment and acceptance. As hard as it sounds right now, you have to accept the diagnosis and move on.

It helps if your family is supportive and understanding, but this isn’t always the case. Your child appears normal and intelligent (which he is) so his behavior draws unwanted attention and unwarranted remarks from the people you love. Honestly, sometimes you cannot be sure if his behavior is deliberate or not. Here are some suggestions on how to deal with the issues that Asperger’s brings into your life.

Come to terms with the Asperger’s Syndrome diagnosis...

It is what it is. Think of your child’s diagnosis as information. Your child is the same child he was before the diagnosis. Now you have an explanation for his weaknesses and even some of his strengths. Keep a positive attitude by focusing on the strengths.
Educate yourself and your family about Asperger’s Syndrome...

You must learn all you can about Asperger’s. There are many books available written by professionals and by parents of children with Asperger’s. For example, “Embarrassed Often…Ashamed Never” by Lisa Elliott is an encouraging and often humorous glimpse into her life as the parent of a child with Asperger’s Syndrome. This is a great choice for parents and family members of a child with Asperger’s.

Find local Asperger’s Syndrome support groups...

Connect with local families who have been where you are in the process. These families know firsthand what it’s like to live with Asperger’s. It is comforting and powerful to be with others who are on the same journey. These support groups can help you find treatment resources in your area, community events for your family to attend, and more.

Seek individual and family counseling...

Asperger’s brings an added risk of anxiety and depression. Your child will benefit from counseling. While seeking a counselor for your child, consider finding a family counselor. You are all affected emotionally by this diagnosis. Individual and family therapy can help you work through the rough spots that will come.

Keep a check on your physical well-being...

Regular medical care is necessary since stress can cause physical illness. Your well-being is necessary in order to care for your family. Allow time for yourself and your hobbies. Plan regular outings and just be a family. Asperger’s shouldn’t control your life.

Don’t let the cynics get you down. You can’t stop people from reacting negatively to your child, but you can stop responding to their negativity. If they miss the joy of knowing your child, that is their problem.
Asperger Syndrome Behavior

Aspergers is related to developmental disorder, and the various symptoms of this disorder can be seen in a youngster as early as when he or she is just about three years of age. Aspergers is often referred to as a mild form of autism, and medically, such a condition falls under Autism Spectrum Disorders or ASD as well as Pervasive Developmental Disorder or PDD.

Like in autism, the kids with Aspergers lack social interaction capabilities, but in this case delay in learning language or delayed speech recognition is not seen. The youngster with Aspergers usually is born with an average IQ level or sometimes even above the average IQ, which is not to be seen in the autistic kids as autism causes mental retardation. In Aspergers, the youngster learns to speak and to respond to speech in a very normal way. He or she has no difficulty in understanding the language of his parents or teachers, but they lack social interaction skills, and this affects their interpersonal relationships throughout their life.

It is often seen that the kids with Aspergers are completely incapable of understanding the emotions and feelings of others and they show no empathy for anyone around them. Among the other Aspergers behavior are included repetitive actions and concentrated preoccupation with a particular subject, which narrows their interest to a considerable degree. In many cases it is seen that these kids are exceptionally skilled in that particular subject, and their performance in the field excel that of the average person.

A youngster with Aspergers has real difficulty in understanding the perspective of the speaker, and they fail to get the irony or the mockery in the tone of the speaker. People with Aspergers make use of metaphors that are meaningful only to them, and many of them speak in an abnormal pitch. Some of them speak in a very monotonous manner, and some display oddities in speech tone.

Among the various Aspergers characteristics is one of poor motor skills, as most children with this syndrome have been noted to be clumsy. But this characteristic is not good enough to diagnose the person. These kids have great difficulty in acquiring various skills that require motor functionality (e.g., they learn slowly when it comes to riding a bike). They also suffer from sleeping disorders, and they are unable to understand or even describe their individual emotions.

There are several signs of Aspergers, and every mom and dad should use a checklist to make sure that they are able to identify these signs as early in the youngster’s life as possible as the future of the youngster depends on it.
Aspergers Teens and Picky Eating: Questionnaire

Question: "Are you a fussy eater?"

My whole life, I've found that I seem to be more fussy than most when it comes to foods. It seems to be more the texture that bothers me about the food than the taste itself.

My meals consist largely of the same things every day. When I eat a particular thing, I tend to get addicted to it and will eat it constantly for days and days until I finally get sick of eating the food I kept on eating for so many days.

I suspect that it's my Aspergers that has made me fussy when it comes to food.

I've heard of lots of babies/toddlers with Aspergers who vomit when they try to swallow foods of certain textures. This was the case for me when it came to many types of foods when I was a young age. The main food that I remember vomiting after trying to swallow was potatoes. It was simply impossible for me to swallow mashed potatoes without throwing up or gagging until I was maybe ten years old or so.

Hi,

Yes, I am the most fussiest eater that there is. However, I think that it's related to the OCD part of Aspergers, and the way that we like everything to be predictable and in order. When we are in a restaurant, for example, we feel out of control about what we eat. Sometimes, I can just 'let go' and order anything, but mostly I get anxious about what the chef will make (despite me choosing off a menu). I also have Bulimia. I don't think that the eating disorder + Aspergers issue has been discussed at all on this forum.

For sure.

My mom has always said I'm the pickiest eater she knows. Texture definitely plays a big role in it. Cheese and eggs, fish and mushrooms, I won't touch. Usually I just won't eat if those foods are on the menu. When I sleep over somewhere I always dread breakfast because it usually involves eggs or grilled cheese sandwiches, so I'll usually go hungry.
Lately I've been living off of ground beef or pork chops with a side of pasta.

I've been to certain fancy restaurants that are big on exquisite foods, and I'll order a simple hamburger and fries...

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Very similar to me. With me this is structure at first, and appearance, and then smell. I smell everything (food, clothes, other things, skin...it helps me feel things and like them if I smell it, whatever it is), but then it comes to taste. Anyway, I have trouble with trying new things and even as a toddler, so I can't try new food in any way, if I am not psychically prepared. I'd freak out if I am pushed to do it when I am actually not psychically prepared to.

===================================================================

There are some things I simply can't stand eating, but I would think that's more just to do with personal taste.

My pickiness isn't so much to do with me being picky about what I eat, but more that I tend to stick to what I know. I'm very reluctant to try different foods, and the thought of doing so simply freaks me out a bit.

I also don't particularly like other people preparing food. As soon as I see that someone else's hands are involved in making the food, it freaks me out. But I just force myself to go along with it. I'd look like a complete nutter if I was all, "Nope, I can't eat that... I saw you touching the food while preparing it." BUT, if I don't see the person preparing the food, it doesn't get to me at all.

===================================================================

This was a big topic with my Psychotherapist. She asked many questions about how I eat and what I eat. She also asked my Mother the same questions when it was her appointment, but geared more towards when I was a toddler, obviously. My Mum told her I would always eat the same sort of food and reject all others. I think it was baked beans for quite a while... Poor me, looking back!

Nowadays I'm no real different; I eat the food I like and do not touch others at all. I don't tend to eat many vegetables, save for carrots and sweet corn. Texture was not really brought up but positioning of food was. Although I can eat it I like all my food to be separate on the plate and on its own - not grouped together. I also tend to eat with my fork far more than my knife. Many meal times I will simply not even use the knife once, and stab/cut the food with my fork.

She also asked if I could tell the difference easily. That is to say if I had chicken soup and
then another day was prepared a different make of it (but not told) would I be able to tell? The answer being "Of COURSE."

===================================================================

When I was a kid I was a very picky eater because I always worried that there were germs in the food and food always reminded me of horrible things, for example, sausages looked like fingers, chocolate sauce looked like dog poo, melted cheese looked like vomit, etc. Also, I couldn't eat in the presence of anyone who didn't look clean. If my grandfather came round I had to eat in my room, because he looked unclean to me, and I couldn't eat anything around him at all. Poor guy! What a monster kid I was. I am okay now.

===================================================================

I'm going to be the odd-man out here.

No, I have never had problems with foods in that way. I was the easiest child to feed that you could possibly imagine. While other kids were picking candy from the Ryan's buffet, I was going for the broccoli and the spaghetti. So, I suppose I was a bit weird with food... but not in a picky way so much. I'm still like that too. I don't eat much candy or junk, I prefer real food, and have no problem with ~97% of veggies and fruits. There is some food that I don't like, but everyone has dislikes, so I don't attribute it to my AS. I do have my own food quirks though... I don't try to eat the same stuff every day, but it doesn't bother me if I do, if I like the food. I can't tell the number of times I've eaten leftovers, and everyone else was sick of it, and I was still eating it because it was there. What it is doesn't really matter to me; food is food. It all looks the same coming out anyway...

I have one other quirk that is related to OCD, which is that I tend to eat things in a certain manner or pattern. Any cereals with different kinds of pieces deserve its own ritual for consumption. Lucky Charms take me a while to eat because I have to eat the non-mallow pieces first, and then eat the mallow pieces in a certain order. Whenever eating malleable things on a plate, I have to mash the food against the lip in such a way that the food makes a semi-circle pattern. I do the same thing with cereals that consist of one design, but I eat a hole (circle) in the middle, and then mash it against the side to make the half-circle.

===================================================================

I too would happily eat the same meal for weeks on end. I ate nothing but tuna mayonnaise sandwiches when I first moved out of my parent's house. I started avoiding the local mini market because they were starting to question me about buying the same things every time and it was a little embarrassing. I am really fussy with bread and have to examine it and sniff it before I use it. I will not eat the first or last biscuit in a packet, these have to be binned. If I'm eating chips then the ends must be pulled off.
When I was going through the diagnostic interviews, the psychologist did actually touch on eating disorders. I suppose what I went through years ago could technically be called bulimia though I never thought of myself as having an eating disorder. I simply didn't like eating and couldn't be bothered. I weighed seven stone at my lightest when my ideal weight is actually closer to ten.

Teaching Students with Asperger Syndrome: Guidelines for Educators

Teachers can be great allies in keeping the youngsters with Aspergers safe and successful in school, but you'll need to make sure you have all the knowledge you need to help.

Five Things Teachers Need to Know—

1. If there will be any sort of change in my youngster's classroom or routine, please notify me as far in advance as possible so that we can all work together in preparing her for it.
2. My youngster is an individual, not a diagnosis; please be alert and receptive to the things that make her unique and special.
3. My youngster needs structure and routine in order to function. Please try to keep his world as predictable as possible.
4. My youngster's difficulty with social cues, nonverbal communication, figurative language and eye contact are part of his neurological makeup -- he is not being deliberately rude or disrespectful.
5. Please keep the lines of communication open between our home and the school. My youngster needs all the adults in his life working together.

Kids diagnosed with Aspergers present a special challenge in the educational milieu. This article provides teachers with descriptions of seven defining characteristics of Aspergers, in addition to suggestions and strategies for addressing these symptoms in the classroom. Behavioral and academic interventions based on the author's teaching experiences with kids with Aspergers are offered.

Kids diagnosed with Aspergers (AS) present a special challenge in the educational milieu. Typically viewed as eccentric and peculiar by classmates, their inept social skills often cause them to be made victims of scapegoating. Clumsiness and an obsessive interest in obscure subjects add to their "odd" presentation. Kids with AS lack
understanding of human relationships and the rules of social convention; they are naive and conspicuously lacking in common sense. Their inflexibility and inability to cope with change causes these individuals to be easily stressed and emotionally vulnerable. At the same time, kids with ASPERGERS (the majority of whom are boys) are often of average to above-average intelligence and have superior rote memories. Their single-minded pursuit of their interests can lead to great achievements later in life.

Aspergers is considered a disorder at the higher end of the autistic continuum. Comparing individuals within this continuum, Van Krevelen (cited in Wing, 1991) noted that the low-functioning youngster with autism "lives in a world of his own," whereas the higher functioning youngster with autism "lives in our world but in his own way" (p.99).

Naturally, not all kids with ASPERGERS are alike. Just as each youngster with ASPERGERS has his or her own unique personality, "typical" ASPERGERS symptoms are manifested in ways specific to each individual. As a result, there is no exact recipe for classroom approaches that can be provided for every youngster with ASPERGERS, just as no one educational method fits the needs of all kids not afflicted with ASPERGERS.

Following are descriptions of seven defining characteristics of Aspergers, followed by suggestions and classroom strategies for addressing these symptoms. (Classroom interventions are illustrated with examples from my own teaching experiences at the University of Michigan Medical Center Youngster and Adolescent Psychiatric Hospital School.) These suggestions are offered only in the broadest sense and should be tailored to the unique needs of the individual student with ASPERGERS.

Insistence on Sameness—

Kids with ASPERGERS are easily overwhelmed by minimal change, are highly sensitive to environmental stressors, and sometimes engage in rituals. They are anxious and tend to worry obsessively when they do not know what to expect; stress, fatigue and sensory overload easily throw them off balance.

Programming Suggestions:

- Allay fears of the unknown by exposing the youngster to the new activity, teacher, class, school, camp and so forth beforehand, and as soon as possible after he or she is informed of the change, to prevent obsessive worrying. (For instance, when the youngster with ASPERGERS must change schools, he or she should meet the new teacher, tour the new school and be apprised of his or her routine in advance of actual attendance. School assignments from the old school might be provided the first few days so that the routine is familiar to the youngster in the new environment. The receiving teacher might find out the youngster's special areas of interest and have related books or activities available on the youngster's first day.)

- Avoid surprises: Prepare the youngster thoroughly and in advance for special activities, altered schedules, or any other change in routine, regardless of how minimal.

- Minimize transitions.
• Offer consistent daily routine: The youngster with ASPERGERS must understand each day's routine and know what to expect in order to be able to concentrate on the task at hand.

• Provide a predictable and safe environment. Impairment in Social Interaction—

Kids with ASPERGERS show an inability to understand complex rules of social interaction; are naive; are extremely egocentric; may not like physical contact; talk at people instead of to them; do not understand jokes, irony or metaphors; use monotone or stilted, unnatural tone of voice; use inappropriate gaze and body language; are insensitive and lack tact; misinterpret social cues; cannot judge "social distance;" exhibit poor ability to initiate and sustain conversation; have well-developed speech but poor communication; are sometimes labeled "little professor" because speaking style is so adult-like and pedantic; are easily taken advantage of (do not perceive that others sometimes lie or trick them); and usually have a desire to be part of the social world.

Programming Suggestions:

• Although they lack personal understanding of the emotions of others, kids with ASPERGERS can learn the correct way to respond. When they have been unintentionally insulting, tactless or insensitive, it must be explained to them why the response was inappropriate and what response would have been correct. Individuals with ASPERGERS must learn social skills intellectually: They lack social instinct and intuition.

• Kids with ASPERGERS tend to be reclusive; thus the teacher must foster involvement with others. Encourage active socialization and limit time spent in isolated pursuit of interests. For instance, a teacher's aide seated at the lunch table could actively encourage the youngster with ASPERGERS to participate in the conversation of his or her peers not only by soliciting his or her opinions and asking him questions, but also by subtly reinforcing other kids who do the same.

• Emphasize the proficient academic skills of the youngster with ASPERGERS by creating cooperative learning situations in which his or her reading skills, vocabulary, memory and so forth will be viewed as an asset by peers, thereby engendering acceptance.

• In the higher age groups, attempt to educate peers about the youngster with ASPERGERS when social ineptness is severe by describing his or her social problems as a true disability. Praise classmates when they treat him or her with compassion. This task may prevent scapegoating, while promoting empathy and tolerance in the other kids.

• Most kids with ASPERGERS want friends but simply do not know how to interact. They should be taught how to react to social cues and be given repertoires of responses to use in various social situations. Teach the kids what to say and how to say it. Model two-way interactions and let them role-play. These kids's social judgment improves only after they
have been taught rules that others pick up intuitively. One adult with ASPERGERS noted that he had learned to "ape human behavior." A college professor with ASPERGERS remarked that her quest to understand human interactions made her "feel like an anthropologist from Mars" (Sacks, 1993, p.112).

- Older students with ASPERGERS might benefit from a "buddy system." The teacher can educate a sensitive nondisabled classmate about the situation of the youngster with ASPERGERS and seat them next to each other. The classmate could look out for the youngster with AS on the bus, during recess, in the hallways and so forth, and attempt to include him or her in school activities.

- Protect the youngster from bullying and teasing. Restricted Range of Interests—

Kids with ASPERGERS have eccentric preoccupations, or odd, intense fixations (sometimes obsessively collecting unusual things). They tend to relentlessly "lecture" on areas of interest; ask repetitive questions about interests; have trouble letting go of ideas; follow own inclinations regardless of external demands; and sometimes refuse to learn about anything outside their limited field of interest.

Programming Suggestions:

- Use the youngster's fixation as a way to broaden his or her repertoire of interests. For instance, during a unit on rain forests, the student with ASPERGERS who was obsessed with animals was led to not only study rain forest animals but to also study the forest itself, as this was the animals' home. He was then motivated to learn about the local people who were forced to chop down the animals' forest habitat in order to survive.

- Use of positive reinforcement selectively directed to shape a desired behavior is the critical strategy for helping the youngster with ASPERGERS (Dewey, 1991). These kids respond to compliments (e.g., in the case of a relentless question-asker, the teacher might consistently praise him as soon as he pauses and congratulate him for allowing others to speak). These kids should also be praised for simple, expected social behavior that is taken for granted in other kids.

- Students can be given assignments that link their interest to the subject being studied. For example, during a social studies unit about a specific country, a youngster obsessed with trains might be assigned to research the modes of transportation used by people in that country.

- Some kids with ASPERGERS will not want to do assignments outside their area of interest. Firm expectations must be set for completion of class work. It must be made very clear to the youngster with ASPERGERS that he is not in control and that he must follow specific rules. At the same time, however, meet the kids halfway by giving them opportunities to pursue their own interests.

- For particularly recalcitrant kids, it may be necessary to initially individualize all
assignments around their interest area (e.g., if the interest is dinosaurs, then offer grammar sentences, math word problems and reading and spelling tasks about dinosaurs). Gradually introduce other topics into assignments.

- Do not allow the youngster with ASPERGERS to perseveratively discuss or ask questions about isolated interests. Limit this behavior by designating a specific time during the day when the youngster can talk about this. For example: A youngster with ASPERGERS who was fixated on animals and had innumerable questions about a class pet turtle knew that he was allowed to ask these questions only during recesses. This was part of his daily routine and he quickly learned to stop himself when he began asking these kinds of questions at other times of the day.

Poor Concentration—

Kids with ASPERGERS are often off task, distracted by internal stimuli; are very disorganized; have difficulty sustaining focus on classroom activities (often it is not that the attention is poor but, rather, that the focus is "odd"; the individual with ASPERGERS cannot figure out what is relevant [Happe, 1991], so attention is focused on irrelevant stimuli); tend to withdrawal into complex inner worlds in a manner much more intense than is typical of daydreaming and have difficulty learning in a group situation.

Programming Suggestions:

- Work out a nonverbal signal with the youngster (e.g., a gentle pat on the shoulder) for times when he or she is not attending.

- The teacher must actively encourage the youngster with ASPERGERS to leave his or her inner thoughts/fantasies behind and refocus on the real world. This is a constant battle, as the comfort of that inner world is believed to be much more attractive than anything in real life. For young kids, even free play needs to be structured, because they can become so immersed in solitary, ritualized fantasy play that they lose touch with reality. Encouraging a youngster with ASPERGERS to play a board game with one or two others under close supervision not only structures play but offers an opportunity to practice social skills.

- Seat the youngster with ASPERGERS at the front of the class and direct frequent questions to him or her to help him or her attend to the lesson.

- In the case of mainstreamed students with ASPERGERS, poor concentration, slow clerical speed and severe disorganization may make it necessary to lessen his or her homework/class work load and/or provide time in a resource room where a special education teacher can provide the additional structure the youngster needs to complete class work and homework (some kids with ASPERGERS are so unable to concentrate that it places undue stress on moms and dads to expect that they spend hours each night trying to get through homework with their youngster).

- If a buddy system is used, sit the youngster's buddy next to him or her so the buddy can remind the youngster with ASPERGERS to return to task or listen to the lesson.
• Kids with severe concentration problems benefit from timed work sessions. This helps them organize themselves. Class work that is not completed within the time limit (or that is done carelessly) within the time limit must be made up during the youngster's own time (i.e., during recess or during the time used for pursuit of special interests). Kids with ASPERGERS can sometimes be stubborn; they need firm expectations and a structured program that teaches them that compliance with rules leads to positive reinforcement (this kind of program motivates the youngster with ASPERGERS to be productive, thus enhancing self-esteem and lowering stress levels, because the youngster sees himself as competent).

• A tremendous amount of regimented external structure must be provided if the youngster with ASPERGERS is to be productive in the classroom. Assignments should be broken down into small units, and frequent teacher feedback and redirection should be offered.

Poor Motor Coordination—

Kids with ASPERGERS are physically clumsy and awkward; have stiff, awkward gaits; are unsuccessful in games involving motor skills; and experience fine-motor deficits that can cause penmanship problems, slow clerical speed and affect their ability to draw.

Programming Suggestions:

• Do not push the youngster to participate in competitive sports, as his or her poor motor coordination may only invite frustration and the teasing of team members. The youngster with ASPERGERS lacks the social understanding of coordinating one's own actions with those of others on a team.

• Individuals with ASPERGERS may need more than their peers to complete exams (taking exams in the resource room not only offer more time but would also provide the added structure and teacher redirection these kids need to focus on the task at hand).

• Involve the youngster with ASPERGERS in a health/fitness curriculum in physical education, rather than in a competitive sports program.

• Kids with ASPERGERS may require a highly individualized cursive program that entails tracing and copying on paper, coupled with motor patterning on the blackboard. The teacher guides the youngster's hand repeatedly through the formation of letters and letter connections and also uses a verbal script. Once the youngster commits the script to memory, he or she can talk himself or herself through letter formations independently.

• Refer the youngster with ASPERGERS for adaptive physical education program if gross motor problems are severe.

• When assigning timed units of work, make sure the youngster's slower writing speed is taken into account.
Younger kids with ASPERGERS benefit from guidelines drawn on paper that help them control the size and uniformity of the letters they write. This also forces them to take the time to write carefully.

Academic Difficulties—

Kids with ASPERGERS usually have average to above-average intelligence (especially in the verbal sphere) but lack high level thinking and comprehension skills. They tend to be very literal: Their images are concrete, and abstraction is poor. Their pedantic speaking style and impressive vocabularies give the false impression that they understand what they are talking about, when in reality they are merely parroting what they have heard or read. The youngster with ASPERGERS frequently has an excellent rote memory, but it is mechanical in nature; that is, the youngster may respond like a video that plays in set sequence. Problem-solving skills are poor.

Programming Suggestions:

- Academic work may be of poor quality because the youngster with ASPERGERS is not motivated to exert effort in areas in which he or she is not interested. Very firm expectations must be set for the quality of work produced. Work executed within timed periods must be not only complete but done carefully. The youngster with ASPERGERS should be expected to correct poorly executed class work during recess or during the time he or she usually pursues his or her own interests.

- Capitalize on these individuals' exceptional memory: Retaining factual information is frequently their forte.

- Kids with ASPERGERS often have excellent reading recognition skills, but language comprehension is weak. Do not assume they understand what they so fluently read.

- Do not assume that kids with ASPERGERS understand something just because they parrot back what they have heard.

- Emotional nuances, multiple levels of meaning, and relationship issues as presented in novels will often not be understood.

- Offer added explanation and try to simplify when lesson concepts are abstract.

- Provide a highly individualized academic program engineered to offer consistent successes. The youngster with ASPERGERS needs great motivation to not follow his or her own impulses. Learning must be rewarding and not anxiety-provoking.

- The writing assignments of individuals with ASPERGERS are often repetitious, flit from one subject to the next, and contain incorrect word connotations. These kids frequently do not know the difference between general knowledge and personal ideas and therefore assume the teacher will understand their sometimes abstruse expressions.

Emotional Vulnerability—
Kids with Aspergers have the intelligence to compete in regular education but they often do not have the emotional resources to cope with the demands of the classroom. These kids are easily stressed due to their inflexibility. Self-esteem is low, and they are often very self-critical and unable to tolerate making mistakes. Individuals with ASPERGERS, especially adolescents, may be prone to depression (a high percentage of depression in adults with ASPERGERS has been documented). Rage reactions/temper outbursts are common in response to stress/frustration. Kids with ASPERGERS rarely seem relaxed and are easily overwhelmed when things are not as their rigid views dictate they should be. Interacting with people and coping with the ordinary demands of everyday life take continual Herculean effort.

Programming Suggestions:

• Affect as reflected in the teacher’s voice should be kept to a minimum. Be calm, predictable, and matter-of-fact in interactions with the youngster with ASPERGERS, while clearly indicating compassion and patience. Hans Asperger (1991), the psychiatrist for whom this syndrome is named, remarked that “the teacher who does not understand that it is necessary to teach kids [with ASPERGERS] seemingly obvious things will feel impatient and irritated” (p.57); Do not expect the youngster with ASPERGERS to acknowledge that he or she is sad/ depressed. In the same way that they cannot perceive the feelings of others, these kids can also be unaware of their own feelings. They often cover up their depression and deny its symptoms.

• Be aware that adolescents with ASPERGERS are especially prone to depression. Social skills are highly valued in adolescence and the student with ASPERGERS realizes he or she is different and has difficulty forming normal relationships. Academic work often becomes more abstract, and the adolescent with ASPERGERS finds assignments more difficult and complex. In one case, teachers noted that an adolescent with ASPERGERS was no longer crying over math assignments and therefore believed that he was coping much better. In reality, his subsequent decreased organization and productivity in math was believed to be function of his escaping further into his inner world to avoid the math, and thus he was not coping well at all.

• Kids with ASPERGERS must receive academic assistance as soon as difficulties in a particular area are noted. These kids are quickly overwhelmed and react much more severely to failure than do other kids.

• Kids with ASPERGERS who are very fragile emotionally may need placement in a highly structured special education classroom that can offer individualized academic program. These kids require a learning environment in which they see themselves as competent and productive. Accordingly, keeping them in the mainstream, where they cannot grasp concepts or complete assignments, serves only to lower their self-concept, increase their withdrawal, and set the stage for a depressive disorder. (In some situations, a personal aide can be assigned to the youngster with ASPERGERS rather than special education placement. The aide offers affective support, structure and consistent feedback.).
• It is critical that adolescents with ASPERGERS who are mainstreamed have an identified support staff member with whom they can check in at least once daily. This person can assess how well he or she is coping by meeting with him or her daily and gathering observations from other teachers.

• Prevent outbursts by offering a high level of consistency. Prepare these kids for changes in daily routine, to lower stress (see “Resistance to Change” section). Kids with ASPERGERS frequently become fearful, angry, and upset in the face of forced or unexpected changes.

• Report symptoms to the youngster's therapist or make a mental health referral so that the youngster can be evaluated for depression and receive treatment if this is needed. Because these kids are often unable to assess their own emotions and cannot seek comfort from others, it is critical that depression be diagnosed quickly.

• Teach the kids how to cope when stress overwhelms him or her, to prevent outbursts. Help the youngster write a list of very concrete steps that can be followed when he or she becomes upset (e.g., 1-Breathe deeply three times; 2-Count the fingers on your right hand slowly three times; 3-Ask to see the special education teacher, etc.). Include a ritualized behavior that the youngster finds comforting on the list. Write these steps on a card that is placed in the youngster's pocket so that they are always readily available.

• Teachers must be alert to changes in behavior that may indicate depression, such as even greater levels of disorganization, inattentiveness, and isolation; decreased stress threshold; chronic fatigue; crying; suicidal remarks; and so on. Do not accept the youngster's assessment in these cases that he or she is "OK".

Kids with Asperger's syndrome are so easily overwhelmed by environmental stressors, and have such profound impairment in the ability to form interpersonal relationships, that it is no wonder they give the impression of "fragile vulnerability and a pathetic childishness" (Wing, 1981, p. 117). Everard (1976) wrote that when these youngsters are compared with their nondisabled peers, "one is instantly aware of how different they are and the enormous effort they have to make to live in a world where no concessions are made and where they are expected to conform" (p.2).

Teachers can play a vital role in helping kids with ASPERGERS learn to negotiate the world around them. Because kids with ASPERGERS are frequently unable to express their fears and anxieties, it is up to significant adults to make it worthwhile for them to leave their safe inner fantasy lives for the uncertainties of the external world. Professionals who work with these youngsters in schools must provide the external structure, organization, and stability that they lack. Using creative teaching strategies with individuals suffering from Aspergers is critical, not only to facilitate academic success, but also to help them feel less alienated from other human beings and less overwhelmed by the ordinary demands of everyday life.
Helping Your Aspergers Child Get Ready to Return to School

Hopefully summer has been a time for your family to “re-group” and enjoy a lifestyle that is more relaxed than the pace most of us experience during the school year. In the short time prior to the start of school, there are several things parents and school personnel can do to ease the transition into the school year. Like most useful strategies, these require time and effort. Setting the tone for the return to school can have tremendously beneficial results.

A significant number of students with ASPERGERS encounter substantial problems adjusting to the school environment. "Although some Aspergers students begin to struggle as early as preschool or kindergarten, almost all will have encountered some degree of difficulty by the upper elementary school grades" (Adreon & Stella, 2001, 268).

1. Address the Issue of School Clothes: If your school requires school uniforms, you may need to give your youngster time to get used to wearing the uniform. In some cases, it may be helpful to wash the uniform several times with fabric softener to lessen the "sensory" challenges. Plan to have your youngster wear his/her uniform for gradually longer periods of time, over the course of several days prior to the start of school. If your school doesn't have uniforms, it is still possible that "appropriate attire" for school may be different than what your youngster chooses to wear during the summer. Have your youngster practice wearing appropriate school attire before the first day of school. If your youngster will be attending a new school and you're not sure what students wear, it's a good idea to ask - so you can help your youngster learn to wear clothing that will be considered "ok" by peers.

2. Establish Homework Routines: Establish "homework" routines by helping your youngster get into the habit of doing quiet activities at a specific time and place every day. This could be time for reviewing previously mastered skills, doing silent reading, journal writing, crossword puzzles and similar activities before school begins. Do be careful that this is not a time to have your youngster engage in his/her most preferred activities, as it is designed to set the stage for homework during the school year.

3. Figure out How to Motivate Your Youngster: Plan on using external motivational systems in order to be able to implement these changes. Students with Aspergers rarely see "our agenda" as necessary or important. This can often involve the use of activities/items we often give away freely (Watching TV shows, playing a favorite game, errand to favorite store, points/tokens exchangeable for something your youngster wants). Remember, the key to motivation is that the reinforcer must be powerful and immediate!

4. Implement Student Orientation Activities: If your youngster will be attending a new
school, see if it's is possible to visit the school several times over the summer. Perhaps your youngster can be provided with opportunities to become acquainted with some of the staff at school as well. The more familiar the Aspergers student is with all aspects of the environment, the more comfortable he/she will be. If your youngster will be returning to the same school, you may not need as extensive an orientation. However, it may still be beneficial to meet his/her new teacher and to see the classroom. One parent indicated that she purchases the school yearbook to acquaint her youngster with the building, pictures and names of key school personnel, as well as information regarding available extracurricular activities (Thanks to Marianne Bryant of Inverness, Florida for sharing this idea).

We often fail to recognize the importance of re-acquainting the youngster with ASPERGERS to familiar routines. Rebekah Heinriches shared an experience with her son, Sam. "Last year, a few days before school officially started, I dropped Sam off at school during the scheduled time so he could find out who was in his class and his teacher assignment for fifth grade. Before dropping him off, he told me he wasn't sure he remembered how to get home. He had walked the same two blocks back and forth to school the year before. I was shocked at his statement even though I was aware of his orientation difficulties. I reassured him of how to get home and told him he could wait for me if he wanted." (Myles & Adreon, 2001, 127).

5. Re-Establish "School-Year" Home Routines: Many students with Aspergers have difficulty adjusting to new routines. Therefore, in the weeks prior to the beginning of school it is helpful to gradually move into the schedule that is necessary during the school year. This might mean shifting bed time to the time your youngster will need to go to sleep during the school year. You may also focus on helping your youngster becomes accustomed to waking up earlier in the morning. For many kids, it is important that they also reestablish morning routines. This may reduce some of the "challenging mornings" many parents report in getting their youngster ready for school. For example, if John has been in the habit of eating breakfast in his pajamas and watching his favorite television show for an hour prior to getting dressed in summer, it would be advisable to modify his routine several weeks prior to the start of school.

6. Set the Stage for a Good Relationship: Make friendly overtures with school personnel to set the stage for a collaborative relationship. When you stop by the school during the summer, consider bringing cookies for all staff working in the front office. Bet yet, when your youngster accompanies you, let your youngster practice the social skill of offering items to others. Remember, in general, school personnel are overworked and under-appreciated!

From the very beginning, look for opportunities to show appreciation and support to all school personnel who go out of their way to help your youngster be successful. Some suggestions include occasional treats (homemade or bought), gift certificates to stores, donations of useful items for the classroom, paid attendance at conference, hosting teacher appreciation lunches or dinners, volunteering to help with various projects at school, and letters of support sent to their supervisor (Wagner, 202, 146).
Meet all educators and relevant school personnel.

Obtain information about school routines and rules (i.e., lunch, going to the bathroom, before/after school, transportation).

Practice route(s) from various classes to the bathroom, counselor’s office, home base, etc.

Practice routines such as finding homeroom from the bus stop, opening locker, going through the cafeteria line, etc.

Practice use of transition to home base through role-play.

Provide a walk-through of the Aspergers student’s daily schedule. In schools where the schedule changes from day to day, the Aspergers student should have the opportunity to practice all possible schedules. If applicable, student “buddies” should be available to walk through the schedule with the student with ASPERGERS. The following are suggestions for the walk-through:

Provide instruction on the procedure for seeking out the safe person and home base.

Provide the Aspergers student the pictures and names of all additional personnel, such as cafeteria workers, school nurse, etc.

Provide the Aspergers student with pictures and names of all educators in advance of orientation.

Provide the Aspergers student with pictures and names of student “buddies.”

Provide visual/written class schedule(s) for the Aspergers student.

Show the Aspergers student where his/her assigned seat in each classroom will be.

Videotape a walk-through school schedule for the Aspergers student to review at home.

7. Plan a Relaxing Day Just for You: As your youngster’s advocate you have a never-ending job! There is always so much to teach and so much to do. Usually, the school year is stressful— not only for the kids with ASPERGERS, but their parents as well. Remember, you have to make some effort to take care of your own needs, if you plan to have the time and energy to attend to the needs of others.

8. Orchestrate a Few Social Gatherings for Your Youngster: The development of all positive social relationships will be helpful for your youngster. Prior to the start of school, you will want to try and target one or two kids who will attend school with your youngster: Usually, successful social experiences are easiest to structure with one youngster at a time, rather than a group. Sometimes, parents experiences more success if they establish a relationship with the parent of a “tolerant” peer and enlist the support of the parent (and the student) in serving as a “peer buddy”.

9. Leave Time In Your Fall Schedule for Phone Calls/Meetings: You will want to remain in close contact with school personnel to identify problems early on in the school year. In particular, you will want to monitor supports/problems in all unstructured situations, monitor your youngster’s stress signals, monitor for teasing and bullying and communicate frequently about homework assignments.

10. Call Your School Contact Person & Review Plans for Staff Training: If this was not previously arranged, do recognize that the week prior to the start of school is an extremely busy time. You may be able to arrange for the team to meet for one hour and arrange for follow-up meetings at the beginning of the school year. The most helpful
information will include simple suggestions to assist educators in reducing your youngster's anxiety. Educators do not need to become an "expert" on Aspergers before your youngster walks into their classroom. If a meeting is not going to be possible, prepare a one page synopsis about your youngster for the educator.

This may include:
(a) Challenges that may not be obvious,
(b) Stress Signs,
(c) Stress Triggers,
(d) Suggestions to reduce anxiety, and
(e) Strengths and interests - how the educator can use them to orchestrate successful experiences.

Ideally, adults throughout the school will know the youngster with ASPERGERS and engage in positive short dialogues to help him/her feel comfortable and supported. Even routine greetings such as "Hi Jerry" said with a smile can be a positive and helpful social exchange for the Aspergers student.

Resources:

How will Asperger’s affect my other (non-Asperger’s) 7 yr old son a...

Question

How will Asperger’s affect my other (non-Asperger’s) 7 yr old son as he grows up? Answer

Living with a sibling who has Asperger’s Syndrome is not always easy. One minute the two are playing a game or sharing a special toy and the next minute, the child with

Asperger’s is in the middle of a meltdown while the sibling sits wondering what happened
to cause it.

Everyone in your home should learn about Asperger’s Syndrome. Even small children can be told why their sibling acts the way he does in a way they can understand. Simple, matter-of-fact explanations will satisfy the younger ones. Allow the children to ask questions. Negative effects on siblings will be diminished if they are informed. Young children do not like personal mysteries.

Here are some additional ideas for you to use to help your other children deal with Asperger’s Syndrome.

* There are books written specifically for the siblings of children with Asperger’s Syndrome. These books are available for all ages and come in the form of non-fiction essays by real children, fictional storybooks, books written by teens with Asperger’s, and personal accounts written by parents or adult siblings to name a few. You should be able to find just what you need for your child’s siblings. A possible choice is “Views from Our Shoes: Growing Up with a Brother or Sister with Special Needs” by Donald Meyer, editor. This book is a collection of essays written by the siblings of children with Asperger’s Syndrome. They range in age from four to eighteen.

* Special attention is a necessity for the siblings of a child with Asperger’s Syndrome. The child with Asperger’s unintentionally demands attention. His behaviors are questionable in his sibling’s eyes; they would never get by with doing some of those things. Schedule regular one-on-one outings or play dates with each child. Give each one your undivided attention and make them feel special as often as possible. They need you and yes, you need them.

* Family counseling can help with all sorts of negative feelings, especially once the siblings get older. The child with Asperger’s can embarrass them. Having a safe place to vent frustrations and negative feelings will keep your household feeling positive while everyone makes the most of having a compassionate listener.

Siblings of a child with Asperger’s should suffer no ill effects when living in a balanced, supportive home. Take steps when they are young to minimize any negatives and help them grow up to be caring, compassionate adults.
Aspergers Teens & Angry Outbursts

Question

My son is 13 years old; he has been previously diagnosed with aspergers disorder, adhd and obsessive compulsive disorder. My son lived with his father for six months while I recovered from a nervous breakdown. When I got custody of him again he was very aggressive, would hit his 6 year old brother and call him names and put him down. My ex gave him no discipline from what I gather from my son, he told me he had to raise his six year old brother for them six months. He blames me for the divorce between me and his father. I have bipolar and he doesn’t seem to understand that I am different too and that I need him to cooperate and help me as much as possible. He’s too focused on his ocd, his adhd and his autism and he uses all of these things for an excuse for all of the negative behaviors he is having.

In the last past year he has changed 3 schools, and moved to a new area, which he says he hates. I’m wondering if he will adjust to the new setting and new rules that I have for him. I think some of it is the teenage years; he uses profanity often and shows aggression to get his way no matter what the consequences. I want to help my son but I don’t know what to do. His brother is totally opposite; he does what I tell him and goes by all of the rules.

How do I get my son to show me respect and work on his attitude without so many angry outbursts which could get me evicted from our apartment? I go with the flow to keep things as quiet as possible but things get worse, if I threaten to take his games he threatens and has went as far as walking out of the door leaving me to find him. Am I dealing with Aspergers, Adhd, compulsive disorder or just an unruly teenager? I think it is all of them. I was wondering if there is an autism training center that could come in and work with my son. I am desperate at this point and will do anything to help my child to stay on the right track, I worry that he is headed for suicide or prison. I am very concerned for him, he’s happy as long as I cater to him, but when I stand up for what I think is right he rebels and I pay dearly. Please help.

Answer

Parents of Aspergers children will face many behavior problems such as aggression and violent behavior, anger, depression and many other inappropriate behaviors.

Part of the problem stems from a conflict between longings for social contact and an inability to be social in ways that attract friendships and relationships.

Focus on prevention and on helping your Aspergers child to develop communication skills and develop a healthy self-esteem. These things can create the ability to develop relationships and friendships, lessening the chances of having issues with anger.

Anger is often prevalent in Aspergers sufferers when rituals can't get accomplished or
when their need for order or symmetry can't be met. Frustration (over little things that usually bother others) can lead to anger and sometimes violent outbursts. This kind of anger is best handled through cognitive-behavioral therapy that focuses on maintaining control in spite of the frustration of not having their needs met.

Rest assured, communication skills and friendship skills can be taught to teens (or even adults), which can eliminate some of the social isolation they feel. This can avert or reverse anger symptoms.

My Aspergers Child: Help for Parents with Angry Aspergers Children/Teens  08:40AM (-07:00)

The World of Aspergers: Advice to Teachers

"I've come to the frightening conclusion that I am the decisive element in the classroom... As a teacher, I possess a tremendous power to make a child's life miserable or joyous... In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or de-humanized." - Haim Ginott

Few could disagree with the sentiments expressed by Ginott, at least in theory. Unfortunately, theory doesn't always translate into practice, at least not for kids with the enigmatic and complex disorder known as Aspergers (AS). Thus, when a crisis occurs, or worse yet escalates, it is often the youngster who is held accountable, and the teacher who is exonerated!

Consultants are rarely asked to look at what the school staff needs to know and do to better understand and address the challenges that accompany Aspergers. Rather, they are all too often directed to focus their efforts on "fixing" the youngster, as though his or her actions are the result of behavioral decisions, rather than the reflection of a neurological impairment.

Could it be that Ginott's words were intended only for educators of typical kids? That is most unlikely. Then what is there about ASPERGERS that "invites" placing the burden of responsibility with respect to aberrant behavior on the kids who manifest the disability, rather than on those who have the wherewithal to operate with far greater freedom and flexibility (i.e., their educators or caregivers)?

One parent's search for answers to a particularly distressing school situation led her to characterize the plight of her 8 1/2 year old son with ASPERGERS thusly: "The good news is he's bright, and the bad news is he's bright!" This revealing description makes a poignant, and sadly accurate statement about an educational system that not only fails to understand the youngster with Aspergers, it fails to recognize that such understanding is in fact necessary if positive change is to occur. An analysis of what this parent meant by her statement gives one a window on the topsy-turvy world of Aspergers.

In most disorders, descriptors such as "more able" and "high functioning" are excellent
prognostic indicators - hence, the good news. How then can intelligence be considered bad news? The answer to this question lies in the paradoxical nature of Aspergers itself.

Individuals with Aspergers are cognitively intact. That is, they possess normal, if not above-average intelligence. This creates an expectation for success. Further, the pursuit of their restricted repertoires of interests and activities often results in the amassing of impressive facts, and in an expertise beyond their years. Therein lies the problem! Given their enormous strengths, and the expectation that they generate, and given the fact that intelligence is a highly-prized trait in our culture, intellectual prowess in the youngster with Aspergers virtually eclipses the social-emotional and other deficits that are at the heart of the unusual behavior and interests are often seen.

Stated more succinctly, unmindful of their neurologically-based weaknesses, educators and/or clinicians get blinded by the strengths of these kids. This situation inevitably leads to a mental set that can be summed up as follows: "If he/she is that smart, shouldn't he/she know better?" The answer to that question is a resounding "no". In fact, because of the social-emotional and communication deficits, as well as the presence of symptomatology unique to Aspergers, these kids can't "know better" until they are taught simply to know (i.e., to understand).

Consequently, in order to create an hospitable environment for kids with Aspergers in a world that is often inhospitable to their needs, it's vital that educators and other caregivers employ direct teaching strategies to address the following specific areas:

- Executive dysfunction (i.e., problems in organizational skills/planning)
- Perspective-taking
- Problem solving
- Reading/language comprehension
- Socio-communicative understanding and expression

Together, these target areas constitute a kind of life skills curriculum for the more able student. Their inclusion in the student's IEP can help to ensure that each of these important skill areas gets the attention it deserves. After all, life skills are far too important to be left to chance!
Teaching Children with Aspergers Syndrome (AS)

Kids with Aspergers (AS) share some of the same characteristics as kids with autism, and there is debate on whether ASPERGERS is an independent diagnostic category or another dimension at the higher end of the autistic continuum (Szatmari, 1995). Although Aspergers shares some characteristics with higher-functioning autism, there are some unique features, and a different developmental progression and prognosis (Myles & Simpson, 1998) for children with ASPERGERS.

According to DSM-IV (1994) criteria, the youngster must meet the criteria for social impairment, repetitive activities and age of onset, but have normal cognitive and language development. ASPERGERS involves fewer symptoms than autism.

Learning and Behavioral Characteristics of Children with Aspergers—

1. Although kids with ASPERGERS usually speak fluently by five years of age, they often have problems with pragmatics (the use of language in social contexts), semantics (not being able to recognize multiple meanings) and prosody (the pitch, stress, and rhythm of speech) (Attwood, 1998).
   - Social communication problems can include standing too close, staring, abnormal body posture and failure to understand gestures and facial expressions.
   - Speech may be characterized by a lack of variation in pitch, stress and rhythm and, as the child reaches adolescence, speech may become pedantic (overly formal).
   - Children with ASPERGERS may have an advanced vocabulary and frequently talk incessantly about a favorite subject. The topic may be somewhat narrowly defined and the individual may have difficulty switching to another topic.
   - They may have difficulties with the rules of conversation. Children with ASPERGERS may interrupt or talk over the speech of others, may make irrelevant comments and have difficulty initiating and terminating conversations.

2. Anxiety is also a characteristic associated with ASPERGERS. It may be difficult for the child to understand and adapt to the social demands of school. Appropriate instruction and support can help to alleviate some of the stress.

3. Aspergers is characterized by a qualitative impairment in social interaction. Children with ASPERGERS may be keen to relate to others, but do not have the skills, and may approach others in peculiar ways (Klin & Volkmar, 1997). They frequently lack understanding of social customs and may appear socially awkward, have difficulty with empathy, and misinterpret social cues.

4. Children with ASPERGERS are poor incidental social learners and need explicit instruction in social skills.

5. Children with ASPERGERS may also be inattentive and easily distracted and many
receive a diagnosis of ADHD at one point in their lives (Myles & Simpson, 1998).

6. Children with ASPERGERS share common characteristics with autism in terms of responses to sensory stimuli. They may be hypersensitive to some stimuli and may engage in unusual behaviors to obtain a specific sensory stimulation.

7. It is estimated that 50%-90% of people with ASPERGERS have problems with motor coordination (Attwood, 1998). The affected areas may include locomotion, ball skills, balance, manual dexterity, handwriting, rapid movements, lax joints, rhythm and imitation of movements.

8. The child with ASPERGERS is of average to above average intelligence and may appear quite capable. Many are relatively proficient in knowledge of facts, and may have extensive factual information about a subject that they are absorbed with. However, they demonstrate relative weaknesses in comprehension and abstract thought, as well as in social cognition. Consequently, they do experience some academic problems, particularly with reading comprehension, problem solving, organizational skills, concept development, and making inferences and judgments. In addition, they often have difficulty with cognitive flexibility. That is their thinking tends to be rigid. They often have difficulty adapting to change or failure and do not readily learn from their mistakes (Attwood, 1998).

Strategies for Teachers—

Many of the strategies for teaching children with autism are applicable for children with ASPERGERS. The professional literature often does not differentiate between high-functioning autism and Aspergers when outlining recommended practices. However, it is important to give consideration to the unique learning characteristics, to provide support when needed, and to build on the child’s many strengths.

The following identifies the specific learning difficulty and suggests a number of possible classroom strategies:

Difficulties with language—

• Comic Strip Conversations (Gray, 1994) can be applied to a range of problems with conversation skills
• difficulty understanding complex language, following directions, and understanding intent of words with multiple meanings
• encourage the child to ask for an instruction to be repeated, simplified or written down if he does not understand
• explain metaphors and words with double meanings
• limit oral questions to a number the child can manage
• pause between instructions and check for understanding
• small group instruction for conversational skills
• teach appropriate opening comments
• teach rules and cues regarding turn-taking in conversation and when to reply, interrupt or change the topic
• teach student to seek assistance when confused
• tendency to interrupt
• tendency to make irrelevant comments
• tendency to talk on one topic and to talk over the speech of others
• use audio taped and videotaped conversations
• watch videos to identify nonverbal expressions and their meanings

Insistence on sameness—

• use pictures, schedules and social stories to indicate impending changes
• wherever possible prepare the child for potential change

Impairment in social interaction—

• difficulty reading the emotions of others
  • difficulty understanding "unwritten rules" and when they do learn them, may apply them rigidly
• difficulty understanding the rules of social interaction
• educate peers about how to respond to the child’s disability in social interaction
• encourage cooperative games
• explicitly teach rules of social conduct
• interprets literally what is said
• lacks tact
• may be naïve
• may need to develop relaxation techniques and have a quiet place to go to relax
• may need to provide supervision and support for the child at breaks and recess
• problems with social distance
• provide clear expectations and rules for behavior
  • structured social skills groups can provide opportunity for direct instruction on specific skills and to practice actual events
• teach flexibility, cooperation and sharing
• teach the child how to interact through social stories, modeling and role-playing
• teach the child how to start, maintain and end play
• teach the children how to monitor their own behavior
• use a buddy system to assist the child during non-structured times
• use other kids as cues to indicate what to do

Restricted range of interests—

• incorporate and expand on interest in activities and assignments
• limit perseverative discussions and questions
  • set firm expectations for the classroom, but also provide opportunities for the child to pursue his own interests

Poor concentration—

• break down assignments
• difficulty sustaining attention
• distractible
• frequent teacher feedback and redirection
• may be disorganized
• often off task
• reduced homework assignments
• seating at the front
• timed work sessions
• use nonverbal cues to get attention

Poor organizational skills—

• help the child to use "to do" lists and checklists
• maintain lists of assignments
• picture cues in lockers
• pictures on containers and locker
• use schedules and calendars

Poor motor coordination—

• consider the use of a computer for written assignments, as some children may be more skilled at using a keyboard than writing
• involve in fitness activities
• may prefer fitness activities to competitive sports
• provide extra time for tests
  • take slower writing speed into account when giving assignments (length often needs to be reduced)

Academic difficulties—

• areas of difficulty include poor problem solving, comprehension problems and difficulty with abstract concepts
• avoid verbal overload
• be as concrete as possible in presenting new concepts and abstract material
• break down tasks into smaller steps or present it another way
• capitalize on strengths, e.g., memory
  • Do not assume that they have understood what they have read. Check for comprehension, supplement instruction and use visual supports
  • don't assume that the child has understood simply because he/she can re-state the information
• good recall of factual information
• May do well at mathematical computations, but have difficulty with problem solving
  • Often strong in word recognition and may learn to read very early, but difficulty with comprehension
• provide direct instruction as well as modeling
• show examples of what is required
• use activity-based learning where possible
• use graphic organizers such as semantic maps
• use outlines to help student take notes and organize and categorize information
• usually average to above average intelligence

Emotional vulnerability—

• easily stressed due to inflexibility
• educate other children
• help the child to understand his/her behaviors and reactions of others
• may be prone to depression
• may have difficulties coping with the social and emotional demands of school
• may have difficulty tolerating making mistakes
• may have rage reactions and temper outbursts
• often have low self-esteem
• provide experiences in which the person can make choices
• provide positive praise and tell the child what she/he does right or well
• teach techniques for coping with difficult situations and for dealing with stress
• teach the child to ask for help
• use peer supports such as buddy systems and peer support network
• use rehearsal strategies

Sensory Sensitivities—

• be aware that normal levels of auditory and visual input can be perceived by the child as too much or too little
• confusing, complex or multiple sounds such as in shopping centers
• having the child listen to music can camouflage certain sounds
• high-pitched continuous noise
• it may be necessary to avoid some sounds
• keep the level of stimulation within the child’s ability to cope
• minimize background noise
• most common sensitivities involve sound and touch, but may also include taste, light intensity, colors and aromas
• sudden, unexpected noises such as a telephone ringing, fire alarm
• teach and model relaxation strategies and diversions to reduce anxiety
• use of ear plugs if very extreme

12:17PM (-07:00)
As moms & dads, few situations are more difficult to deal with than having a youngster who is aggressive toward other kids. It can be embarrassing as well as frightening when your Aspergers youngster bites, hits, scratches or kicks to get his or her way. It's not uncommon for younger Aspergers kids to engage in this type of behavior at various points in their development and in a variety of settings.

However, when it becomes very frequent or seems to be their consistent way of reacting to something they don’t like, it's time to step in and help them change their behavior. The first step is understanding the underlying reasons why your Aspergers youngster is choosing to act out this way. The more you understand what’s happening, the better you'll be able to help them find other, non-aggressive ways to solve their problems.

Initially, between the ages of 18 months to 2 years, Aspergers kids find it extremely hard to communicate their needs to their moms & dads, caregivers, and other kids. Negative behaviors are one way they may choose to get their point across. For older Aspergers kids between the ages of three and six, such behaviors may be the result of never having learned appropriate, non-aggressive ways of communicating when they were faced with a difficult situation. The cause of aggressive behaviors may be due to any or all of the following:

• Being placed in a stressful situation
• Exhaustion
• Extreme frustration or anger
• Inadequate speech development
• Lack of adult supervision
• Lack of routine
• Mirroring the aggressive behaviors of other kids around them
• Over-stimulation
• Self-defense

One place to begin is to watch your youngster for cues to see if any of the situations described above brings about aggressive behavior. Learning as much as you can about the factors that trigger bad behavior is the best way to combat it when it occurs next time. Some questions you should ask yourself:

• How is his aggressiveness expressed? Is it through angry words or through angry
behaviors? Does he become verbally aggressive first and then physically aggressive, or is his first response to strike out and hit?

• What seems to cause your youngster to act out in an aggressive fashion? Is it triggered by frustration, anger, or excitement? Notice if there are patterns. Does he act this way when toys are involved, and he’s frustrated about sharing? Or does he become aggressive when there is too much going on and he’s over-stimulated? If you observe the situations carefully, you will likely notice patterns.

• Who does my youngster hit, bite or kick? Does he do it to one friend in particular? Does he only do it to me? Or does he tend to be aggressive with whomever he is with? If it’s one person in particular, try to find out if there’s a reason why he’s attacking that youngster such as engaging in overly aggressive play, a poor match of temperaments or a lack of clear cut rules before play begins.

By answering these questions, you are on your way to successfully limiting your youngster’s aggressive behavior in the future. In this article, I’ll outline some ways that you can help your youngster become more aware of his aggressive feelings and teach him to calm himself down, or find alternative ways to solve his problems. We’ll also talk about giving consequences to kids when they do lash out and hurt someone. In my experience, consequences are imperative to ending aggressive behavior in young kids.

They teach your youngster that all behaviors have a consequence, whether good or bad, and will help him make better choices in the future when he is with his friends. Once you’ve narrowed down the reasons why your youngster is behaving aggressively, it’s time to intervene.

Step in and Stop it immediately—

At the first sign that your youngster is about to become aggressive, immediately step in and remove him from the situation. Be careful not to give too much attention to your youngster so that you do not give any negative reinforcement for the bad behavior. Too much attention can include trying to “talk through” the problem.

Young kids are not able to hear long explanations of why their behavior was offensive. A simple yet firm statement such as, “We don’t bite” should suffice while you turn your attention to the victim. Other examples of too much attention include yelling at your youngster while attending to the victim, forcing your youngster to apologize immediately or continuing to talk to the other moms & dads around you about how embarrassed or angry you are.

Make a point of consoling the victim and ignoring the aggressor. If your youngster cannot calm down, remove him or her from the situation without getting angry yourself. When they are calm and ready to talk, you can discuss what happened. If it’s physically impossible to remove your youngster, you will have to remove yourself and the victim from the situation.

By walking an age-appropriate distance away from your youngster after he has acted out,
you are sending the message that you will attend to him when he can calm down. In doing so, you are teaching your youngsters that it is his responsibility to learn to calm himself and act appropriately.

Lower Your Voice, Don't Raise It—

As moms & dads, we need to show self-control and use gentle words if we want our kids to do the same. It's easy to respond with yelling or anger, but remember, your youngster is looking to you for cues on how to control his impulses and have good behavior. While it can be terribly embarrassing to have a youngster that continues to act out towards their friends, keep in mind that their negative behavior is most likely happening because they are still navigating their way through their social circles. This can be very difficult for some kids, so try not to over-react or personalize it.

One technique that works very well for some kids is to change the tone and volume of your voice. You can help your youngster stay calm by immediately lowering your voice when attending to the victim as well as to your youngster. If he is unable to calm down, before helping the victim, turn to him and say quietly, “I need you to calm down now. I am going to help Josh and when I am done I want you to be done screaming.”

For some kids this will work, and when your youngster returns to you, calm and collected, feel free to quietly praise him, saying, “Thank you for calming yourself down. We don’t bite. It hurt Josh and he is sad.” Repeat the phrase “We don’t bite” and inform your youngster that if it happens again, the consequence is that you will leave.

If this does not work for your youngster and he simply cannot calm down, leave him where he is (again, at an age-appropriate distance) and ignore the tantrum. Most young kids will not continue to act out if they no longer have an audience.

Practice Ways to De-fuse your Aspergers Child’s Anger—

For younger kids, help them recognize their anger by stating, “I know you’re mad, but we don’t hit. No hitting!” For kids aged 3-7, talk about anger as an important feeling. You can practice ways to de-fuse your youngster's anger during calmer moments. You can say, “Sometimes I get angry too. When that happens, I say ‘I’m angry’ and I leave the room.”

You can also teach your youngster how to count to ten until he is less angry, how to do deep breathing in order to calm down, or how to use his words by making statements such as “I am really, really angry right now!” All of these methods help take the immediate focus off of your youngster’s anger and teach them to recognize this important emotion.

Before you enter into a potentially difficult social situation, review the consequences with your youngster about what will happen if he cannot control his anger. Tell your youngster, “I feel you can handle your anger, but if you can’t, we will have to leave the park and not come back until next week. Do you understand?” Make certain that you follow through with whatever consequences you pose to your youngster.

Teach Aspergers Kids that Aggression is wrong—
It’s also important to talk to your kids about aggression during a calm moment. In a steady voice, explain to your youngster that hitting, biting, kicking, and other aggressive behaviors are wrong. For younger kids, those between 18 months and 2 years, keep it simple. Hold them and explain, “No hitting. It is wrong.”

Remember that you may have to repeat this rule numerous times, using the same words, until your youngster gets it. Be firm and consistent each time your youngster becomes aggressive. Have a plan in place for consequences if aggressive behavior starts.

At home, this can include a time-out chair away from the rest of the family where your youngster can stay until he can calm down. If you are away from home, pick a safe place, such as a time-out in a car seat or another place where your youngster is removed from the fun. This reinforces that you are not tolerating aggression in any form.

For older kids, those between 3 and 7, remember that they may be experimenting with cause and effect. In other words, they want to see what you will do when they act out. It’s your job to provide the consequences for the “effect” to work. Since older kids are more verbal, you can use a variety of phrases when they misbehave.

Examples include, “Biting is not OK,” or “Hitting hurts others. You need to stop.” It is okay to tell your little biter/hitter/kicker that once he misbehaves, he’s lost a privilege for the day. Consequences can include leaving a play date immediately or losing video time.

Tell Your Aspergers Child to “Use Your Words” —

Many times kids who display aggressive behaviors simply lack the communication skills necessary to help them through a stressful situation. For a young youngster, biting or hitting someone is a whole lot easier! Plus, aggressive behaviors often give kids a false sense of power over their peers.

It’s up to you to work diligently with your youngster so that he or she can practice the art of diplomacy in a tough situation. Help your youngster find their voice when they feel like acting out. By explaining and then practicing using their words, you are helping them to trade off aggressive behavior in favor of more socially acceptable behavior. Some examples are:

• Teach your youngster to say “No!” to their peers instead of acting aggressively. Too often a youngster reacts negatively to a friend or sibling instead of asserting themselves. By using the simple word “no,” you are helping your youngster to get his point across verbally, not aggressively.

• Give your youngster a series of phrases to use with their friends when they are feeling angry or frustrated. Some examples are, “No, that’s mine,” “I don’t like that!” or “Stop! That hurts.” This helps your youngster substitute words for striking out.

Before you enter a situation that you know may cause your youngster to act aggressively (i.e., a play date or daycare) remind your youngster to “Use your words.” Repeat this to
your youngster throughout the course of the week when you feel they are getting frustrated.

Recognize Your Aspergers Child’s Limitations—

This means knowing when to leave a potentially volatile situation or choosing to engage your youngster in a different activity to avoid aggressive confrontations. If you know that your youngster targets a particular youngster at play group, you may have to hold off going to play group for a few weeks until he learns to control himself. Or, if certain videos, games, or activities frustrate your youngster, remove them from your daily routine to see if this has a placating effect on your youngster’s behavior.

Finally, if your youngster is exhausted, hungry, or over-stimulated, respect that and engage in low-key, slow-paced activities that will make aggression less likely. With your older, more verbal youngster, talk openly about situations that make him angry and work together to come up with solutions to help him through the problem next time.

Be Appreciative of their Efforts—

When you catch your youngster being good, be sure to praise their hard work and efforts. For instance, if you observe your kids in a power struggle over a toy that ends in them working it out peacefully with their friend, tell them how proud you are that they chose to use their words instead of resorting to aggression to get their way. Look for and continue to praise good behavior as a way to motivate your kids to do better next time.

What Not to Do—

• Do not expose your youngster to violent television or video games. Too often TV and videos portray the most violent character as the hero, which sends the message that violence is a means to an end for problem-solving. This message can easily be avoided if you are on top of their viewing habits. While TV or video violence may not affect some kids, it may greatly influence others who have a tendency to act out aggressively with their friends. By knowing your youngster’s temperament and what he or she can withstand, you are helping them on their way towards their best behavior possible.

• Do not personalize your youngster’s bad behavior. All too often moms & dads get frustrated and angry at their youngster when they are aggressive, because many times we feel that our youngster’s poor behavior is a reflection of our parenting skills. If you have an aggressive youngster, switch your focus towards helping them express themselves in a more appropriate way and follow through when an incident occurs.

• Never bite or hit back. It can be tempting to want to teach your youngster a lesson in how it feels to be the victim of aggression, but when you succumb to a childlike form of communication, you are teaching your youngster that aggression is the answer to resolving a conflict. Even though it’s difficult, try your best to maintain your composure.

When Aggression is Extreme—
While aggression can be normal in many kids, you should be aware of when your youngster’s behavior has gone beyond the scope of what is considered within the normal boundaries for their developmental level. Look for the following signs in your youngster:

- A pattern of defiant, disobedient, or hostile behavior towards you or other authority figures such as teachers or day care providers. A pattern means behavior that is not fleeting, but is chronic and does not respond to the above interventions.
- Acts annoyed or is chronically touchy
- Acts spiteful or vindictive
- Blames others
- Constantly argues with adults
- Deliberately engages in activities that knowingly annoy others
- Exhibits ongoing anger
- Loses their temper easily

It is important to recognize that all young kids may exhibit any or all of the above problems at some point during their development. However, if your youngster persistently displays these behaviors and it affects their daily functioning, such as their ability to behave at school or maintain friendships, contact your pediatrician, as it may indicate that they have other psychological problems that need attention. In this case, you will need to have your youngster evaluated by a mental health professional.

Parenting an aggressive child with Asperger Syndrome can be one of the greatest challenges you will face as you weave your way through the maze of his or her development. Even though it may seem like it at times, it’s not impossible to teach your youngster new and appropriate ways to interact with other kids and the adults around them. The key is developing a clear, uncomplicated, consistent plan and following it in a composed manner. Remember: the best example of appropriate behavior is you, and your young kiddo is watching.

My Aspergers Child: Help for Parents with Aggressive, Violent Aspergers Children  01:27PM (-07:00)

My son with Aspergers tends to be tactless...

Question

My son with Aspergers tends to be tactless, very literal and overly honest and idealistic-is there any way that I can help him to be able to get a long a little better socially?

Answer

Socialization is a necessary component of life. Social communication is how we interact with the people around us. If a child struggles with socialization and communication, he will have problems getting along with his peers.
Asperger’s Syndrome manifests differently in each individual, although all children with Asperger’s have some form of social and communication deficit. There are ways to help turn your concerns into non-issues. You can help your son achieve a more balanced social life. You can start working on this at home where he is most comfortable.

Social stories are stories written about different real-life situations that follow the desired steps to correct problems in social behaviors. You can find books filled with social stories on the Internet or at your local library. You could even write you own, tailoring the stories to fit your son’s specific trouble spots. If you decide to use social stories, you should also pursue other options. A multiple-therapy approach is your best bet for a good outcome.

If your son has a program in place that includes occupational therapy, ask for a consultation with his therapist to add specific social communication goals. When you think of occupational therapy, you tend to think of something other than these types of problems. In reality, these therapists are very good at helping Asperger’s children learn to use correct social skills, as well as most other living skills. Most therapists will offer parent training sessions, as they are usually happy to know that the parent is interested enough to invest the time in their child.

Finally, check with your local Asperger’s support group or your child’s school system for available social skills groups. These groups are usually led by a psychologist or a therapist and provide opportunities for the Asperger’s child to practice social skills in a controlled environment. You can then follow through with extra practice at home.

There are books available that will help you work on social and communication skills completely at home. One such book is “Social Skills Training for Children and Adolescents with Asperger Syndrome and Social-Communication Problems” by Jed E. Baker.

This book is an entire social skills curriculum complete with reproducible handouts and activity sheets. It covers all of the skills that cause most of the problems for children with Asperger’s and is a complete training package for Asperger’s kids of all ages. This program is very user-friendly and very detailed. You are sure to find specific examples of and solutions for the issues you see in your child.

All of these suggestions can be applied at home with a little training. You can help your son develop better social skills, enhancing his perspective and insuring a bright future.
Any tips for stopping the melt downs?

Question

My 16 year old son was just told he has Aspergers. He is also bipolar. He seems to have a lot of melt downs at home when asked to help his father. Any tips for stopping the melt downs?

Answer

We have an entire eBook on preventing meltdowns. The eBook is entitled My Aspergers Child. This digital book also includes a series of instructional videos, which can be viewed online. In addition, you can access an online therapist [via email or chatroom] who specializes in Asperger's Syndrome. Lastly, you will receive 2 audio CDs of Mark Hutten's seminars on How to Parent Out-of-Control Aspergers Children.

11:16AM (-07:00)

15 year old son recently started having more meltdowns...

Question

My 15 year old son recently started having more meltdowns, is there a way to convince my wife that too much information may start these meltdowns. Such as repeating herself too many times when giving him direction for something that he really doesn't want to do?

Answer

Yes. Please refer to the "Anger Management" chapter [in Session #3] in the online version of My Aspergers Child eBook. Be sure to (a) read the text as well as (b) watch the instructional videos on that webpage.

11:32AM (-07:00)

College student needs to interview someone with Asperger's...

For a college course I'm taking, it is required to interview someone with Asperger's or someone who is close to someone who has it. Is there anyone that knows how I would be able to do an email interview. Please let me know @ tammi232@yahoo.com. Thank You

My Aspergers Child
Aspergers, Sensory Integration Disorder, and Anxiety

Question

Hi my question is for Dr. McLaughlin. My son is 8 and has Asperger’s with sensory integration disorder. Recently he was having a LOT of anxiety, biting his nails until they bleed, he worries, etc. His pediatrician prescribed a low dose of Prozac and we had 2 weeks of that. It was a disaster… it really badly affected his sleeping habits. We stopped him cold turkey and now realize that wasn’t the right thing to do. We stopped the medication about 2 weeks ago.

About one week ago he started having real problems in school with paying attention, etc. Now the Dr wants to put him on Concerta and I am just worried. He is very fidgety and has a really hard time sitting still and paying attention. But I fear that once we start on these meds it will be a merry-go-round that we can’t get off of.

Answer

Although parents are often tempted to give up on a medicine when their youngster is having problems with it, since any medicine can cause side effects, it is often better to adjust the dose before switching to a new medicine. This can be especially helpful for kids having side effects from stimulants, with often include aggression, appetite suppression, and insomnia. In many of these situations, decreasing the dosage can eliminate the side effect. Unfortunately, it may also cause the dosage to be so low that it doesn’t control your youngster’s symptoms anymore.

Other times, a change to a different medicine can make a world of difference. Although similar meds have similar side effects, they do seem to affect kids differently. So, Adderall XR might cause one youngster to be very aggressive and moody, while another might do great and not have any side effects at all.

Although Concerta is a long acting form of Ritalin that does usually last for 10 to 12 hours, it only gives about 22 percent of the dose in the morning. If your son’s Concerta isn’t working in the morning, it may be that he needs a higher dose, which would also increase his morning dose. A higher dose would also increase his afternoon dose though, which he may not need if he had been otherwise doing well. In this situation, a different med might work better.
Aspergers Syndrome and Oppositional Defiant Disorder [ODD] Combination

Even the best-behaved Aspergers children can be difficult and challenging at times. Aspergers adolescents are often moody and argumentative. But if your Aspergers child or adolescent has a persistent pattern of tantrums, arguing, and angry or disruptive behaviors toward you and other authority figures, he or she may have oppositional defiant disorder (ODD). As many as one in 10 Aspergers children may have ODD in a lifetime.

Treatment of ODD involves therapy and possibly medications to treat related mental health conditions. As a parent, you don’t have to go it alone in trying to manage an Aspergers child with ODD. Doctors, counselors and child development experts can help you learn specific strategies to address ODD.

Symptoms—

It may be tough at times to recognize the difference between a strong-willed or emotional child and one with ODD. Certainly there’s a range between the normal independence-seeking behavior of Aspergers kids and ODD. It’s normal to exhibit oppositional behaviors at certain stages of a youngster’s development.

However, your Aspergers child’s issue may be ODD if your youngster’s oppositional behaviors:

• Are clearly disruptive to the family and home or school environment
• Are persistent
• Have lasted at least six months

The following are behaviors associated with ODD:

• Defiance
• Disobedience
• Hostility directed toward authority figures
• Negativity

These behaviors might cause your Aspergers child to regularly and consistently show these symptoms:

• Academic problems
• Acting touchy and easily annoyed
• Aggressiveness toward peers
• Anger and resentment
• Argumentativeness with adults
• Blaming others for mistakes or misbehavior
• Deliberate annoyance of other people
• Difficulty maintaining friendships
• Frequent temper tantrums
• Refusal to comply with adult requests or rules
• Spiteful or vindictive behavior

Related mental health issues—

ODD often occurs along with other behavioral or mental health problems such as attention-deficit/hyperactivity disorder (ADHD), anxiety or depression. The symptoms of ODD may be difficult to distinguish from those of other behavioral or mental health problems.

It's important to diagnose and treat any co-occurring illnesses because they can create or worsen irritability and defiance if left untreated. Additionally, it's important to identify and treat any related substance abuse and dependence. Substance abuse and dependence in Aspergers kids or adolescents is often associated with irritability and changes in the Aspergers child or adolescent's usual personality.

Causes—

There's no clear cause underpinning ODD. Contributing causes may include:

• A biochemical or neurological factor
  • A genetic component that when coupled with certain environmental conditions — such as lack of supervision, poor quality child care or family instability — increases the risk of ODD
• The Aspergers child's inherent temperament
  • The Aspergers child's perception that he or she isn't getting enough of the parent's time and attention
• The family's response to the youngster's style

Risk factors—

A number of factors play a role in the development of ODD. ODD is a complex problem involving a variety of influences, circumstances and genetic components. No single factor causes ODD. Possible risk factors include:

• Being abused or neglected
• Exposure to violence
  • Family instability such as occurs with divorce, multiple moves, or changing schools or child care providers frequently
• Financial problems in the family
• Harsh or inconsistent discipline
• Having a parent with a mood or substance abuse disorder
• Lack of supervision
• Moms and dads with a history of ADHD, ODD or conduct problems
• Poor relationship with one or both moms and dads
• Substance abuse in the Aspergers child or adolescent
When to seek medical advice—

If you're concerned about your Aspergers child's behavior or your own ability to parent a challenging youngster, seek help from your doctor, a child psychologist or child behavioral expert. Your primary care doctor or your youngster's pediatrician can refer you to someone.

The earlier this disorder can be managed, the better the chances of reversing its effects on your Aspergers child and your family. Treatment can help restore your youngster's self-esteem and rebuild a positive relationship between you and your Aspergers child.

Tests and diagnosis—

Behavioral and mental health conditions are difficult to diagnose definitively. There's no blood test or imaging technique that can pinpoint an exact cause of behavioral symptoms, though these tests are sometimes used to rule out certain conditions. Physicians and other health professionals rely on:

- Information gained from interviewing the Aspergers child
- Information gathered from moms and dads and teachers, who may fill out questionnaires
- Their clinical judgment and experience

Normal child and adolescent behavior and development can be challenging in their own right, but ODD is distinct due to the frequent and significant disruptions that are caused in the youngster's life at home, school, or in a job where authority figures have clear limits and expectations for behavior.

It can be difficult for doctors to sort and exclude other associated disorders — for example, attention-deficit/hyperactivity disorder versus ODD. These two disorders are commonly diagnosed together.

Complications—

Many Aspergers kids with ODD have other treatable conditions, such as:

- Anxiety
- Attention-deficit/hyperactivity disorder (ADHD)
- Depression

If these conditions are left untreated, managing ODD can be very difficult for the moms and dads, and frustrating for the affected Aspergers child. Kids with ODD may have trouble in school with teachers and other authority figures and may struggle to make and keep friends.

ODD may be a precursor to other, more severe behavioral disorders such as conduct disorder, but this is controversial.
Treatments and drugs—

Ideally, treatment for ODD involves your primary care doctor and a qualified mental health professional or child development professional. It may also help to seek the services of a psychologist specializing in family therapy.

These health professionals can screen for and treat other mental health problems that may be interfering with ODD, such as ADHD, anxiety or depression. Successful treatment of the often-coexisting conditions will improve the effectiveness of treatment for ODD. In some cases, the symptoms of ODD disappear entirely.

Successful treatment of ODD requires commitment and follow-through by you as a parent and by others involved in your youngster's care. Most important in treatment is for you to show consistent, unconditional love and acceptance of your Aspergers child — even during difficult and disruptive situations. Doing so can be tough for even the most patient moms and dads.

Learning or improving parental skills—

A mental health professional can help you learn or strengthen specific skills and parenting techniques to help improve your Aspergers child's behavior and strengthen your relationship with him or her. For example, you can learn how to:

• Avoid power struggles
• Establish a schedule for the family that includes specific meals that will be eaten at home together, and specific activities one or both moms and dads will do with the Aspergers child
• Give effective timeouts
• Limit consequences to those that can be consistently reinforced and if possible, last for a limited amount of time
• Offer acceptable choices to your Aspergers child, giving him or her a certain amount of control
• Recognize and praise your Aspergers child's good behaviors and positive characteristics
• Remain calm and unemotional in the face of opposition

Success requires perseverance, hard work—

Although some parent management techniques may seem like common sense, learning to use them in the face of opposition isn't easy, especially if there are other stressors at home. Learning these skills may require counseling, parenting classes or other forms of education, and consistent practice and patience.

At first, your Aspergers child is not likely to be cooperative or to appreciate your changed response to his or her behavior. Expect that you'll have setbacks and relapses, and be prepared with a plan to manage those times. In fact, behavior often temporarily worsens when new limits and expectations are set. However, with perseverance and consistency,
the initial hard work often pays off with improved behavior and relationships.

Individual and family counseling—

Individual counseling for your Aspergers child may help him or her learn to manage anger. Family counseling may help improve communication and relationships and help family members learn how to work together.

Lifestyle and home remedies—

At home, you can begin chipping away at problem behaviors by practicing the following:

- Assign your Aspergers child a household chore that's essential and that won't get done unless the youngster does it. Initially, it's important to set your youngster up for success with tasks that are relatively easy to achieve and gradually blend in more important and challenging expectations.
- Build in time together. Develop a consistent weekly schedule that involves moms and dads and youngster being together.
- Model the behavior you want your Aspergers child to have.
- Pick your battles. Avoid power struggles.
- Recognize and praise your Aspergers child's positive behaviors.
- Set limits and enforce consistent reasonable consequences.
- Set up a routine. Develop a consistent daily schedule for your Aspergers child.
- Work with your spouse or others in your household to assure consistent and appropriate discipline procedures.

Coping and support—

For yourself, counseling can provide an outlet for your own mental health concerns that could interfere with the successful treatment of your Aspergers child's symptoms. If you're depressed or anxious, that could lead to disengagement from your Aspergers child — and that can trigger or worsen oppositional behaviors. Here are some tips:

- Be forgiving. Let go of things that you or your Aspergers child did in the past. Start each day with a fresh outlook and a clean slate.
- Learn ways to calm yourself. Keeping your own cool models the behavior you want from your Aspergers child.
- Take time for yourself. Develop outside interests, get some exercise and spend some time away from your Aspergers child to restore your energy.

My Aspergers Child: Help for parents with Aspergers children who are also oppositional and defiant.

09:59AM (-07:00)
Preventing Intense Temper Tantrums in Aspergers Children

A meltdown (i.e., intense temper tantrum) is the expression of an Aspergers kid’s frustration with the physical, mental or emotional challenges of the moment. Physical challenges are things like hunger and thirst. Mental challenges are related to an Aspergers kid’s difficulty learning or performing a specific task. Emotional challenges are more open to speculation. Still, whatever the challenge, frustration with the situation may fuel an Aspergers kid’s anger — and erupt in a meltdown.

Consider this: Most 2-year-olds have a limited vocabulary. Moms and dads may understand what a toddler says only 50 percent of the time. Strangers understand even less. When your Aspergers kid wants to tell you something and you don’t understand — or you don’t comply with your Aspergers kid's wishes — you may have a meltdown on your hands.

Do young Aspergers kids have meltdowns on purpose?

It might seem as though your Aspergers kid plans to misbehave simply to get on your nerves, but that's probably giving your Aspergers kid too much credit. Young Aspergers kids don't have evil plans to frustrate or embarrass their moms and dads. A young Aspergers kid's world is right there in sight, at the end of his or her nose. Your Aspergers kid doesn't enjoy throwing a tantrum any more than you enjoy dealing with a meltdown.

Can meltdowns be prevented?

There may be no fool-proof way to prevent meltdowns, but there's plenty you can do to encourage good behavior in even the youngest Aspergers kids:

• Avoid situations likely to trigger meltdowns. If your Aspergers kid begs for toys or treats when you shop, steer clear of “temptation islands” full of eye-level goodies. If your Aspergers kid acts up in restaurants, make reservations so that you won’t have to wait — or choose restaurants that offer quick service.

• Be consistent. Establish a daily routine so that your Aspergers kid knows what to expect. Stick to the routine as much as possible, including nap time and bedtime. It's also important to set reasonable limits and follow them consistently.

• Encourage your Aspergers kid to use words. Young Aspergers kids understand many more words than they're able to express. If your Aspergers kid isn't speaking — or speaking clearly — you might teach him or her sign language for words such as "I want," "more," "enough," "hurt" and "tired." The more easily your Aspergers kid can communicate with you, the less likely you are to struggle with meltdowns. As your Aspergers kid gets older, help him or her put feelings into words.

• Let your Aspergers kid make choices. To give your Aspergers kid a sense of control, let
him or her make appropriate choices. Would you like to wear your red shirt or your blue shirt? Would you like to eat strawberries or bananas? Would you like to read a book or build a tower with your blocks? Then compliment your Aspergers kid on his or her choices.

• Plan ahead. If you need to run errands, go early in the day — when your Aspergers kid isn't likely to be hungry or tired. If you're expecting to wait in line, pack a small toy or snack to occupy your Aspergers kid.

• Praise good behavior. Offer extra attention when your Aspergers kid behaves well. Tell your Aspergers kid how proud you are when he or she shares toys, listens to directions, and so on.

• Use distraction. If you sense a meltdown brewing, distract your Aspergers kid. Try making a silly face or changing location. It may help to touch or hold your Aspergers kid.

What's the best way to respond to a meltdown?

If you can, pretend to ignore the meltdown. If you lose your cool or give in to your Aspergers kid's demands, you've only taught your Aspergers kid that meltdowns are effective.

If your Aspergers kid has a meltdown at home, you can act as if it's not interrupting things. After your Aspergers kid quiets down, you might say, "I noticed your behavior, but that won't get my attention. If you need to tell me something, you need to use your words."

If your Aspergers kid has a meltdown in public, pretending to ignore the behavior is still the best policy. Any parent who witnesses the scene will sympathize with you as you ignore the meltdown. If the meltdown escalates or your Aspergers kid is in danger of hurting himself or herself, stop what you're doing and remove your Aspergers kid from the situation. If your Aspergers kid calms down, you may be able to return to your activity. If not, go home — even if it means leaving a cart full of groceries in the middle of the store. At home, discuss with your Aspergers kid the type of behavior you would have preferred.

Should an Aspergers kid be punished for having a meltdown?

Tempter tantrums are a normal part of growing up. Rather than punishing your Aspergers kid, remind him or her that meltdowns aren't appropriate. Sometimes a simple reminder to "use your words" is adequate. For a full-blown meltdown — or a tantrum that caused you to abandon an activity in public — try a timeout.

During a timeout, your Aspergers kid must sit someplace boring — such as in a chair in the living room or on the floor in the hallway — for a certain length of time, usually one minute for each year of the Aspergers kid's age. You can pretend that you don't even see your Aspergers kid during the timeout, but you can still assure his or her safety. If your Aspergers kid begins to wander around, simply place him or her back in the designated timeout spot. Remind your Aspergers kid that he or she is in timeout, but don't offer any
other attention.

Eventually, your Aspergers kid may even take his or her own timeout at the first sign of a meltdown — before a negative cloud surrounds you both.

When might meltdowns be a sign of something more serious?

As your Aspergers kid's self-control improves, meltdowns should become less common. Most Aspergers kids outgrow meltdowns by age 4. If your older Aspergers kid is still having meltdowns, the meltdowns seem especially severe or the meltdowns have pushed you beyond your ability to cope, share your concerns with your Aspergers kid's doctor. These may be signs that something else is going on. The doctor will consider physical or psychological problems that may be contributing to the meltdowns, as well as give you additional tips to help you deal with your Aspergers kid's behavior.

My Aspergers Child: How to Prevent Temper Tantrums and Melt Downs in Aspergers Children
10:14AM (-07:00)

Aspergers and Poor Concentration

Question

My son was diagnosed last yr with aspergers and i have had no help from his school. He can't concentrate and we spend hrs at night doing work that he could not finish in school. Is there any medication to help him with this? Where should i go from here ? thank you

Answer

There is no one specific medication for Aspergers. Some are on no medication. In other cases, we treat specific target symptoms. One might use a stimulant for inattention and hyperactivity. An SSRI such as Paxil, Prozac or Zoloft might help with obsessions or perseveration. The SSRIs can also help associated depression and anxiety. In children with stereotyped movements, agitation and idiosyncratic thinking, we may use a low dose antipsychotic such as risperidone.

Students with ASPERGERS:

- are distracted by internal stimuli
- have difficulty sustaining focus on classroom activities (often it is not that the attention is poor but, rather, that the focus is "odd"; the individual with ASPERGERS cannot figure out what is relevant, so attention is focused on irrelevant stimuli)
- are off task
- tend to withdrawal into complex inner worlds in a manner much more intense than is typical of daydreaming and have difficulty learning in a group situation
- are very disorganized
Because parents are not in the classroom to assist their Aspergers child with his studies, parents should share the following information with the teachers, which will help them employ educational techniques specific to Aspergers children.

Suggestions that parents of Aspergers children should share with their child’s teachers—

• A tremendous amount of regimented external structure must be provided if the youngster with ASPERGERS is to be productive in the classroom. Assignments should be broken down into small units, and frequent teacher feedback and redirection should be offered.

• Asperger students with severe concentration problems benefit from timed work sessions. This helps them organize themselves. Class work that is not completed within the time limit (or that is done carelessly) within the time limit must be made up during the youngster’s own time (i.e., during recess or during the time used for pursuit of special interests). Students with ASPERGERS can sometimes be stubborn; they need firm expectations and a structured program that teaches them that compliance with rules leads to positive reinforcement (this kind of program motivates the youngster with ASPERGERS to be productive, thus enhancing self-esteem and lowering stress levels, because the youngster sees himself as competent).

• If a buddy system is used, sit the youngster’s buddy next to him or her so the buddy can remind the youngster with ASPERGERS to return to task or listen to the lesson.

• In the case of mainstreamed students with ASPERGERS, poor concentration, slow clerical speed and severe disorganization may make it necessary to lessen his or her homework/class work load and/or provide time in a resource room where a special education teacher can provide the additional structure the youngster needs to complete class work and homework (some students with ASPERGERS are so unable to concentrate that it places undue stress on parents to expect that they spend hours each night trying to get through homework with their youngster).

• Seat the youngster with ASPERGERS at the front of the class and direct frequent questions to him or her to help him or her attend to the lesson.

• The teacher must actively encourage the youngster with ASPERGERS to leave his or her inner thoughts/ fantasies behind and refocus on the real world. This is a constant battle, as the comfort of that inner world is believed to be much more attractive than anything in real life. For young Asperger students, even free play needs to be structured, because they can become so immersed in solitary, ritualized fantasy play that they lose touch with reality. Encouraging a youngster with ASPERGERS to play a board game with one or two others under close supervision not only structures play but offers an opportunity to practice social skills.

• Work out a nonverbal signal with the youngster (e.g., a gentle pat on the shoulder) for times when he or she is not attending.
Be prepared to handle meltdowns (i.e., intense temper tantrums) in the classroom.  10:20AM (-07:00)

07:20AM (-07:00)

Aspergers Children Bullied at School

Question

I have an 11 year old boy diagnosed with Aspergers. He just started middle school and we're having a very difficult time. Academically he is starting to settle in and is in advanced classes with a B average. However, he is having behavior issues particularly in settings like lunch time, PE, etc. He is being bullied but nothing is being done. The school says they don't see any bullying.

Last week the PE teacher left the class to "free play" allowing my son to use metal pole to hit a tennis ball. A large boy (150lbs, my son weighs 60) hit my son in the face with a dodge ball knocking his glasses off (this same child has continuously teased and taunted by son all year), my son ran after him (of course rod still in hand) and there the story gets murky depending on who you talk to - the teacher was still no where around. My son had a skinned up elbow and bruising, apparently so did the other child - not confirmed. The teacher admitted he saw my child with the pole but didn't intervene. Now the school is trying to kick my son out. We have an IEP that might help but this is charter school (still state funded).

Anyone with any suggestions?

--------------------------------------------------------------- Answer

A number of moms & dads have discovered that their Aspergers kids are being bullied, and that a lot of the time this is leading to different types of "exclusion" for their youngster. So as well as the trauma and upset of being bullied - the chances are that the Aspergers youngster is facing sanctions at the school as well.

Bullying is an awful problem with any youngster, but the needs of a youngster on the autistic spectrum make this even worse. The lack of understanding of social cues, difficulties in communicating the problems to others, interests and hobbies that often seem a little "goofy" and make the youngster an easy "target" - to name but a few. So it is so important that this issue is taken seriously by the government and then hopefully some kind of agenda for change will filter down to teachers, classroom assistants, domestic staff and everyone else in the schools.

As we all know, the multi-sensory and often very hectic nature of schools can be difficult enough for kids with Aspergers - so they can really do without having to contend with the extra "attention" of playground bullies.
Obviously, as parents, it is important to ensure that your youngster has some kind of feedback loop to a trusted person so that any signs of bullying can be picked up. Whether this is verbal, through some kind of symbol or PECS board, or more creative like "puppet talk" for youngsters, it needs to be crystal clear for the youngster what is and what isn't acceptable - and then what they should do about it. This is easier for things like physical bullying - as the more subtle types of verbal bullying can be more difficult to explain. But generally your youngster's behaviors will be a key to something being not right, and then you have the [often difficult] task of working out what is happening from there.

If you do have the ear of your youngster's teacher, it is worth raising this issue with them and finding out what mechanisms they have in place for your youngster to communicate if they are being bullied. There is a useful "bullying worksheet" [see below] that you can use to look at the issues around bullying with your Aspergers youngster.

Bullying is sadly something that all moms & dads with an Aspergers child need to think about. This involves looking at different ways in which you can monitor him/her to check if something is going on so that you can take action.

**BULLYING WORKSHEET—**

Here is a list of some of the ways other kids might act around you. Read each act. Is the child being a friend or not? Or are you just not sure? Remember, a friend would be kind to you. If the other child is being mean to you, they are not being a friend, no matter what they say.

A kid in your class at school:

- Asks to sit next to you at lunch, but then hides your lunch when your back is turned and won’t give it back when you tell him the joke is over.

- Asks you to take your clothes off so he can see you naked and says “if you were a real friend, you’d be willing to do what I ask. It’s no big deal.”

- Let’s you be part of his circle of friends as long as you do his homework for him every day, even when you’re tired, because “you’re so much better at it than I am,” while he sits around chatting with his friends.

- Says “hey, let’s be friends,” and begins to play with you, but every time his buddies come around, he acts like he doesn’t know you and says things to make the other kids laugh at you.

- Says “that’s my seat” at lunch and tells you to get out of it, when no one has assigned seats at lunch.

- Says “that’s my seat” in class when the teacher assigned everyone seats, and you have sat in his seat by mistake.
• Says he’ll be your friend for a dollar.

• Says he’s thirsty and asks you to buy him a soda from the store. When you buy it, he says “thanks, you’re a real friend. Tomorrow I’ll buy the sodas.” And tomorrow he buys you one.

• Says he’s thirsty and asks you to steal a soda for him from the store to help him out. When you steal it, he says “thanks, you’re a real friend.” He keeps hanging out with you, but asks you to steal things here and there, from time to time, for him.

• Says he’s your friend, plays with you, and then asks to borrow a dollar, promising to pay it back tomorrow (and he does pay it back).

• Says you can only be in my club if you pick up all these sticks alone while the rest of us watch you. When you do it, he and the other club members sit around telling you what to do and laugh at you. They said the sticks were for a fort, but no fort is ever built.

• Says you can only be in my club if you pick up all these sticks with me, so we can build a fort together. He then joins you picking up the sticks, and builds a fort with you.

• Says you can’t be in the club because it’s for teenagers and you’re only 9.

• Says you can’t be in the club because your name is Michael.

NOTE: If the other kid does any of these things listed above - he is NOT being a friend. He or she will have to earn your trust back before you should trust him/her again.

11:30AM (-07:00)

Aspergers Children with Oppositional Defiant Disorder [ODD]

To meet DSM-IV-TR criteria, certain factors must be taken into account. First, the defiance must interfere with the Aspergers youngster’s ability to function in school, home, or the community. Second, the defiance cannot be the result of another disorder, such as the more serious conduct disorder, depression, anxiety, or a sleep disorder such as DSPS. Third, the Aspergers youngster’s problem behaviors have been happening for at least six months. The diagnostic criteria for this disorder are as follows:
Diagnostic Criteria:

1. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present (Note: consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level):

1. is often angry and resentful
2. is often spiteful or vindictive
3. is often touchy or easily annoyed by others
4. often actively defies or refuses to comply with adults' requests or rules
5. often argues with adults
6. often blames others for his or her mistakes or misbehavior
7. often deliberately annoys people
8. often loses temper

2. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

3. The behaviors do not occur exclusively during the course of a psychotic or mood disorder.

4. Criteria are not met for conduct disorder, and, if the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

If the youngster meets at least four of these criteria, and they are interfering with the youngster’s ability to function, then he or she technically meets the definition of oppositionally defiant.

Prevalence—

The DSM-IV-TR cites a prevalence of 2-16%, "depending on the nature of the population sample and methods of ascertainment."

Prognosis—

Childhood oppositional defiant disorder is strongly associated with later developing conduct disorder. Untreated, about 52% of kids with OPPOSITIONAL DEFIANT DISORDER will continue to meet the DSM-IV criteria up to three years later and about half of those 52% will progress into Conduct Disorder.

Treatment—

There are a variety of approaches to the treatment of oppositional defiant disorder, including parent training programs, individual psychotherapy, family therapy, cognitive behavioral therapy, and social skills training. According to the American Academy of Youngster and Adolescent Psychiatry, treatments for OPPOSITIONAL DEFIANT DISORDER are tailored specifically to the individual Aspergers youngster, and different
treatments are used for pre-schoolers and adolescents.

An approach developed by Mark Hutten, M.A. uses a parent training model and begins by focusing on positive approaches to increase compliant behaviors. Only later in the program are methods introduced to extinguish negative or noncompliant behaviors.

One other type of treatment of this disorder is the prescription of risperidone.

The exact cause of OPPOSITIONAL DEFIANT DISORDER is not known, but it is believed that a combination of biological, genetic and environmental factors may contribute to the condition.

- Biological: Some studies suggest that defects in or injuries to certain areas of the brain can lead to serious behavioral problems in kids. In addition, OPPOSITIONAL DEFIANT DISORDER has been linked to abnormal amounts of special chemicals in the brain called neurotransmitters. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are out of balance or not working properly, messages may not make it through the brain correctly, leading to symptoms of OPPOSITIONAL DEFIANT DISORDER, and other mental illnesses. Further, many kids and adolescents with OPPOSITIONAL DEFIANT DISORDER also have other mental illnesses, such as ADHD, learning disorders, depression or an anxiety disorder, which may contribute to their behavior problems.

- Environmental: Factors such as a dysfunctional family life, a family history of mental illnesses and/or substance abuse, and inconsistent discipline by parents may contribute to the development of behavior disorders.

- Genetics: Many kids and adolescents with OPPOSITIONAL DEFIANT DISORDER have close family members with mental illnesses, including mood disorders, anxiety disorders and personality disorders. This suggests that a vulnerability to develop OPPOSITIONAL DEFIANT DISORDER may be inherited.

Although it may not be possible to prevent OPPOSITIONAL DEFIANT DISORDER, recognizing and acting on symptoms when they first appear can minimize distress to the kid and family, and prevent many of the problems associated with the illness. Family members also can learn steps to take if signs of relapse (return of symptoms) appear. In addition, providing a nurturing, supportive and consistent home environment with a balance of love and discipline may help reduce symptoms and prevent episodes of defiant behavior.

My Aspergers Child: Parenting Aspergers Children with ODD  12:23PM (-07:00)
Oppositional Defiant Behavior in Children and Teens with Aspergers ... 

The American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition (DSM IV), defines oppositional defiant disorder (ODD) as a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months. Behaviors included in the definition include the following:

- actively defying requests
- arguing with adults
- being touchy, easily annoyed or angered, resentful, spiteful, or vindictive.
- blaming others for one's own mistakes or misbehavior
- deliberately annoying other people
- losing one's temper
- refusing to follow rules

OPPOSITIONAL DEFIANT DISORDER is usually diagnosed when an Aspergers youngster has a persistent or consistent pattern of disobedience and hostility toward parents, teachers, or other adults. The primary behavioral difficulty is the consistent pattern of refusing to follow commands or requests by adults. Aspergers kids with OPPOSITIONAL DEFIANT DISORDER are often easily annoyed; they repeatedly lose their temper, argue with adults, refuse to comply with rules and directions, and blame others for their mistakes. Stubbornness and testing limits are common, even in early childhood.

The criteria for OPPOSITIONAL DEFIANT DISORDER are met only when the problem behaviors occur more frequently in the Aspergers youngster than in other Aspergers kids of the same age and developmental level. These behaviors cause significant difficulties with family and friends, and the oppositional behaviors are the same both at home and in school. Sometimes, OPPOSITIONAL DEFIANT DISORDER may be a precursor of a conduct disorder. OPPOSITIONAL DEFIANT DISORDER is not diagnosed if the problematic behaviors occur exclusively with a mood or psychotic disorder.

Prevalence and Comorbidity—

The base prevalence rates for oppositional defiant disorder (ODD) range from 1-16%, but most surveys estimate it to be 6-10% in surveys of nonclinical, non-referred samples of parents' reports. In more stringent population samples, rates are lower when impairment criteria are stricter and when the information is obtained from both parents and teachers, rather than from moms and dads only. Before puberty, the condition is more common in boys; after puberty, it is almost exclusively identified in boys, and whether the criteria are applicable to girls has been discussed. The disorder usually manifests by age 8 years. OPPOSITIONAL DEFIANT DISORDER and other conduct problems are the single greatest reasons for referrals to outpatient and inpatient mental health settings for kids, accounting for at least half of all referrals.
Diagnosis is complicated by relatively high rates of comorbid, disruptive, behavior disorders. Some symptoms of attention deficit hyperactivity disorder (ADHD) and conduct disorder overlap. Researchers have postulated that, in some kids, OPPOSITIONAL DEFIANT DISORDER may be the developmental precursor of conduct disorder. Comorbidity of OPPOSITIONAL DEFIANT DISORDER with ADHD has been reported to occur in 50-65% of affected kids.

In some Aspergers kids, OPPOSITIONAL DEFIANT DISORDER commonly occurs in conjunction with anxiety disorders and depressive disorders. Cross-sectional surveys have revealed the comorbidity of OPPOSITIONAL DEFIANT DISORDER with an affective disorder in about 35% of cases, with rates of comorbidity increasing with patient age. High rates of comorbidity are also found among ODDs, learning disorders, and academic difficulties. Given these findings, kids with significant oppositional and defiant behaviors often require multidisciplinary assessment and may need components of mental health care, case management, and educational intervention to improve.

Risk Factors and Etiology—

The best available data indicate that no single cause or main effect results in oppositional defiant disorder (ODD). Most experts believe that biological factors are important in OPPOSITIONAL DEFIANT DISORDER and that familial clustering of certain disruptive disorders, including OPPOSITIONAL DEFIANT DISORDER and ADHD, substance abuse, and mood disorders, occurs.

Studies of the genetics of OPPOSITIONAL DEFIANT DISORDER have produced mixed results. Under-arousal to stimulation has been consistently found in persistently aggressive and delinquent youth and in those with OPPOSITIONAL DEFIANT DISORDER. Exogenous factors such as prenatal exposure to toxins, alcohol, and poor nutrition all seem to have effects, but findings are inconsistent. Studies have implicated abnormalities in the prefrontal cortex; altered neurotransmitter function in the serotonergic, noradrenergic, and dopaminergic systems; and low cortisol and elevated testosterone levels.

Clinical Course—

In Aspergers toddlers, temperamental factors, such as irritability, impulsivity, and intensity of reactions to negative stimuli, may contribute to the development of a pattern of oppositional and defiant behaviors in later childhood. Family instability, including economic stress, parental mental illness, harshly punitive behaviors, inconsistent parenting practices, multiple moves, and divorce, may also contribute to the development of oppositional and defiant behaviors.

The interactions of an Aspergers youngster who has a difficult temperament and irritable behavior with moms and dads who are harsh, punitive, and inconsistent usually lead to a coercive, negative cycle of behavior in the family. In this pattern, the youngster’s defiant behavior tends to intensify the parents’ harsh reactions. The moms and dads respond to misbehavior with threats of punishment that are inconsistently applied. When the parent punishes the youngster, the youngster learns to respond to threats. When the parent fails
to punish the youngster, the youngster learns that he or she does not have to comply. Research indicates that these patterns are established early, in the youngster's preschool years; left untreated, pattern development accelerates, and patterns worsen.

Developmentally, the presenting problems change with the Aspergers youngster's age. For example, younger kids are more likely to engage in oppositional and defiant behavior, whereas older kids are more likely to engage in more covert behavior such as stealing.

By the time they are school aged, Aspergers kids with patterns of oppositional behavior tend to express their defiance with teachers and other adults and exhibit aggression toward their peers. As kids with oppositional defiant disorder (ODD) progress in school, they experience increasing peer rejection due to their poor social skills and aggression. These kids may be more likely to misinterpret their peers' behavior as hostile, and they lack the skills to solve social conflicts. In problem situations, kids with OPPOSITIONAL DEFIANT DISORDER are more likely to resort to aggressive physical actions rather than verbal responses. Kids with OPPOSITIONAL DEFIANT DISORDER and poor social skills often do not recognize their role in peer conflicts; they blame their peers (e.g., "He made me hit him.") and usually fail to take responsibility for their own actions.

The following 3 classes of behavior are hallmarks of both oppositional and conduct problems:

1. emotional overreaction to life events, no matter how small
2. failure to take responsibility for one's own actions
3. noncompliance with commands

When behavioral difficulties are present beginning in the preschool period, teachers and families may overlook significant deficiencies in the youngster's learning and academic performance. When many Aspergers kids with behavioral problems and academic problems are placed in the same classroom, the risk for continued behavioral and academic problems increases. OPPOSITIONAL DEFIANT DISORDER behavior may escalate and result in serious antisocial actions that, when sufficiently frequent and severe, become criteria to change the diagnosis to conduct disorder. Milder forms of OPPOSITIONAL DEFIANT DISORDER in some kids spontaneously remit over time. More severe forms of OPPOSITIONAL DEFIANT DISORDER, in which many symptoms are present in the toddler years and continually worsen after the youngster is aged 5 years, may evolve into conduct disorder in older kids and adolescents.

Treatment—

Given the high probability that oppositional defiant disorder (ODD) occurs alongside attention disorders, learning disorders, and conduct disturbances, an evaluation for these disorders is indicated for comprehensive treatment. Pharmacologic treatment (e.g., stimulant medication) for ADHD may be beneficial once this is diagnosed. Aspergers kids with oppositional behavior in the school setting should undergo necessary screening testing in school to evaluate for possible learning disabilities. With the multifaceted nature of associated problems in OPPOSITIONAL DEFIANT DISORDER, comprehensive treatment may include medication, parenting and family therapy, and consultation with
the school staff. If kids with OPPOSITIONAL DEFIANT DISORDER are found to have ADHD as well, appropriate treatment of ADHD may help them to restore their focus and attention and decrease their impulsivity; such treatment may enable their social and behavioral interventions to be more effective.

Parent management training (PMT) is recommended for families of Aspergers kids with OPPOSITIONAL DEFIANT DISORDER because it has been demonstrated to affect negative interactions that repeatedly occur between the kids and their moms and dads. PMT consists of procedures in which parents are trained to change their own behaviors and thereby alter their youngster's problem behavior in the home. PMT is based on 35 years of well-developed research showing that oppositional and defiant patterns arise from maladaptive parent-child interactions that start in early childhood.

These patterns develop when moms and dads inadvertently reinforce disruptive and deviant behaviors in a youngster by giving those behaviors a significant amount of negative attention. At the same time, the parents, who are often exhausted by the struggle to obtain compliance with simple requests, usually fail to provide positive attention; often, the moms and dads have infrequent positive interactions with their kids. The pattern of negative interactions evolves quickly as the result of repeated, ineffective, emotionally expressed commands and comments; ineffective harsh punishments; and insufficient attention and modeling of appropriate behaviors.

PMT alters the pattern by encouraging the parent to pay attention to prosocial behavior and to use effective, brief, non-aversive punishments. Treatment is conducted primarily with the moms and dads; the therapist demonstrates specific procedures to modify parental interactions with their youngster. Moms and dads are first trained to simply have periods of positive play interaction with their youngster. They then receive further training to identify the youngster's positive behaviors and to reinforce these behaviors. At that point, parents are trained in the use of brief negative consequences for misbehavior. Treatment sessions provide the moms and dads with opportunities to practice and refine the techniques.

Follow-up studies of operational PMT techniques in which moms and dads successfully modified their behavior showed continued improvements for years after the treatment was finished. Treatment effects have been stronger with younger kids, especially in those with less severe problems. Recent research suggests that less severe problems, rather than a younger patient age, is predictive of treatment success. Approximately 65% of families show significant clinical benefit from well-designed parent management programs.

Regardless of the Aspergers youngster's age, intervention early in the developing pattern of oppositional behavior is likely to be more effective than waiting for the youngster to grow out of it. These kids can benefit from group treatment. The process of modeling behaviors and reactions within group settings creates a real-life adaptation process. In younger kids, combined treatment in which moms and dads attend a PMT group while the kids go to a social skills group has consistently resulted in the best outcome. The efficacy of group treatment of adolescents with oppositional behaviors has been debated. Group therapy for adolescents with OPPOSITIONAL DEFIANT DISORDER is most
beneficial when it is structured and focused on developing the skills of listening, empathy, and effective problem solving.

Obstacles to Treatment—

Oppositional defiant disorder (ODD), and other conduct problems, can be intractable. Despite advances in treatment, many Aspergers kids continue to have long-term negative sequela. PMT requires parental cooperation and effort for success. Existing psychiatric conditions in the moms and dads can be a major obstacle to effective treatment. Depression in a parent, particularly the mother, can prevent successful intervention with the youngster and become worse if the youngster's behavior is out of control. Substance abuse and other more severe psychiatric conditions can adversely affect parenting skills, and these conditions are particularly problematic for the moms and dads of a youngster with OPPOSITIONAL DEFIANT DISORDER.

In situations in which the moms and dads lack the resources to effectively manage their Aspergers youngster, services can be obtained through schools or county mental health agencies. Many states have effective "wrap around" services, which include a full-day school program and home-based therapy services to maintain progress in the home setting. Thus, effective treatment can include resources from several agencies, and coordination is critical. If county mental health or school special education services are involved, one person is usually designated to coordinate services in those systems.

**Are there any articles for fathers that can’t cope with the fact th...**

**Question**

I was wondering if there are any articles for fathers that can’t cope with the fact their children have Asperger’s. I realise that our 2 children are on the spectrum but for 5 years now I cannot get him to deal with it and it is going to break us up.

**Answer**

It can be difficult for a parent to accept a diagnosis of Asperger’s Syndrome or a diagnosis of Autism Spectrum Disorder or Autism. Parents, especially of young children, often do not want a diagnosis and they don’t want to acknowledge that certain behaviors are indicators that a child has Asperger’s. Parents often make excuses for their children and learn to work around their behaviors.

Coming to accept a diagnosis of Asperger’s Syndrome can be a long process. Many parents have trouble thinking of their children as different. Some parents are relieved to finally understand why their child acts or reacts the way he does. But for those parents who have trouble coping with the diagnosis, you need to be patient and persistent.

If you realize that your children are exhibiting behaviors on the autism spectrum, it is in their best interest, as well as yours, to get a diagnosis soon. This means you will need to take them and have them evaluated. Speak to your husband before you do this to see if he agrees with taking this step and wants to participate with you. Encourage him listen to the doctor’s evaluation of your children’s situation. You both may be surprised by what the doctor has to say. It may also be necessary to consider having the children evaluated on your own if your husband does not want to participate.

Once you receive a diagnosis, it would be wise to talk with a therapist or counsellor who is skilled in helping families adapt to new situations such as this. Talking things through with a neutral third party can be very helpful for both you and your husband. Hopefully, this will bring you together so that you can begin to parent your children from the same point of view.
If you can come together and start to work together with the children, getting further advice on how to parent a child with Asperger's can be helpful. Jeffrey Cohen has written a book entitled, "The Asperger Parent: How to Raise a Child with Asperger Syndrome and Maintain Your Sense of Humor."
Jeffrey Cohen is the father of a child with Asperger’s Syndrome and he talks about what it’s like to parent his son. This book is full of humor and is easy to read. It can help you develop insights into your own parenting. It provides great information as well as emotional support.

Counseling Students with Asperger Syndrome

During the past several years, recognition and use of the clinical term Asperger Syndrome have increased dramatically. Thus, although this condition was introduced in 1944, Asperger Syndrome (AS) was virtually unknown worldwide until only recently. Today AS is a relatively common developmental disability whose impact on kids, families, educators and other professionals is profound (Barnhill, 2001b).

Despite recognition of this exceptionality, school- and community-based personnel generally have had little training on how to support the youngster or youth with ASPERGERS. Thus, even though they are now taking an increased role in the lives of children with ASPERGERS, school counselors, school social workers, school psychologists, agency workers, family counselors, and other educational professionals must educate themselves about ASPERGERS in order to best meet student needs. Because of the complexity of the disorder and the need for a comprehensive support system, it is important that counseling and human development professionals become familiar with ASPERGERS and the roles that they may have in the treatment of this population.

CHARACTERISTICS OF ASPERGER SYNDROME—

Nonschool professionals usually diagnose children with ASPERGERS. Clinicians, including psychiatrists, clinical psychologists, and related professionals typically provide a diagnosis of Asperger Syndrome based on criteria provided in the DSM-IV-TR (American Psychiatric Association, 2000). This important resource guides the diagnostic process and also provides a cursory understanding of the disorder and the behaviors that correlate with its diagnosis.

Educators, counselors, school psychologists, and related services professionals are advised to be familiar with DSMIV-TR. Yet, as important as it is, educators must keep in mind that this resource fails to provide an understanding of the salient elements of AS that most directly relate to and affect school performance. Accordingly, school professionals must understand and have working knowledge of the school-related social, behavioral/emotional, intellectual/ cognitive, academic, sensory, and motor
characteristics of children with ASPERGERS so they can effectively meet these children' complex and variable school, home, and community needs.

Social Characteristics of Students with Asperger Syndrome—

As originally noted by Asperger (1944) and confirmed by others (Frith, 1991; Myles & Adreon, 2001; Szatmari, 1991), ASPERGERS is first and foremost a social disorder. In this connection, Barnhill et al. (2001 b) observed that "kids with ASPERGERS are not only socially isolated but also demonstrate an abnormal range or type of social interaction that cannot be explained by other factors such as shyness, short attention span, aggressive behavior, or lack of experience in a given area" (p. 261).

In contrast to most other kids on the autism spectrum, children with ASPERGERS are notable for their lack of motivation to interact with others. Their social difficulties, however, frequently stem from an ineptitude and lack of knowledge and skill in initiating and responding in various situations and under variable conditions. For instance, an adolescent with ASPERGERS may appear odd because of his continuous insistence on sharing with peers an obsessive interest in vacuum cleaners, despite their displays of apathy or abhorrence for this topic.

That the social difficulties of persons with ASPERGERS may range from social withdrawal and detachment to unskilled social activeness is well documented (Church, Alisanski, & Amanullah, 2000; Myles & Simpson, 2001a). Nevertheless, even within this broad range, kids and youth with ASPERGERS are thought to be socially stiff, socially awkward, emotionally blunted, self-centered, and inflexible, and to have difficulty in understanding nonverbal social cues. Preliminary evidence suggests that children with ASPERGERS may be able to infer the meaning of facial expressions as well as match events with facial expression; however, the difficulty arises "when dealing with the simultaneous presentation of facial, voice, body, and situational cues (Koning & McGill- Evans, 2001, p. 32).

Therefore, even when kids and adolescents with ASPERGERS actively try to seek out others, they encounter social isolation because of their lack of understanding of the rules of social behavior, including eye contact, proximity to others, gestures, posture, and so forth (Myles & Southwick, 1999).

Students with ASPERGERS often are able to engage in routine social interactions (e.g., basic greetings) without being able to engage in extended interactions or reciprocal conversations. Families and peers often describe kids and youth with ASPERGERS as lacking an awareness of social standards and protocol, lacking common sense, tending to misinterpret subtle social prompts, cues, and unspoken messages, and displaying a variety of socially unaccepted habits and behaviors (Gagnon & Myles, 1999).

Students with ASPERGERS also typically display emotional vulnerability and stress (Barnhill, 2001a; Myles & Adreon, 2001). For instance, children with ASPERGERS may become upset if they think others are invading their space or when they are in unpredictable and novel social situations. In contrast to most of their peers, however, many kids with ASPERGERS do not reveal stress through voice tone, overt agitation, and
so forth.

As a result, they may escalate to a point of crisis because of others’ unawareness of their excitement or discomfort along with their own inability to predict, control, and manage uncomfortable situations (Myles & Southwick, 1999). From this description, it also should be obvious that kids and youth with ASPERGERS are relatively easy targets for children who are prone to teasing and bullying others.

While they are known by others for their lack of social awareness, many children with ASPERGERS themselves are aware that they are different from their peers. As a result, problems with self-esteem and self-concept are common in children with ASPERGERS. These problems often are particularly significant during adolescence and young adulthood (Myles & Adreon, 2001).

Variable social situations make it difficult for children with ASPERGERS to apply social rules in a rigid and consistent way. Social rules vary with circumstances; there are no inflexible and universal social conventions and rules. This lack of social consistency is especially confusing for kids with ASPERGERS. They often painfully discover that interactions that may be tolerated or even reinforced in one setting are rejected or punished in others (Myles & Simpson, 2001a). For example, one third grader with ASPERGERS could not understand why his calling Mr. Potts, his teacher, “Mr. Poopy-Head” and “Mr. Potty” in unsupervised settings such as the restroom was the source of great delight to his peers, while saying this in the classroom, in the presence of Mr. Potts, drew a much different response.

Kids and youth with ASPERGERS do not acquire greater social awareness and skill merely as a function of age. Rather, children are required to use increasingly sophisticated social skills and to interpret ever more subtle social nuances as they progress through school. Accordingly, children diagnosed with AS may find themselves more and more in conflict with prevailing social norms as they move through adolescence and young adulthood. As a result of these requirements, and the experiences that follow, children with ASPERGERS are vulnerable to developing a variety of problems.

For instance, studies of adolescents diagnosed with ASPERGERS indicated that they often experience increased discomfort and anxiety in social situations along with a continuing inability to effectively interact with peers (Cesaroni & Garber, 1991; Ghaziuddin, Weidmer-Mikhail, & Ghaziuddin, 1998). Depression and anxiety may also appear at this time (Wing, 1981). Clinical reports have revealed that adolescents and young adults with ASPERGERS seem to be at higher risk for depression than others (Barnhill, 2001a; Ghaziuddin et al., 1998).

Behavioral and Emotional Characteristics of Students with Asperger Syndrome—

Based on the information presented, it should come as no surprise that kids and youth diagnosed with AS often have behavioral and emotional problems. These challenges are most often connected to social deficits associated with the disorder, as, for instance, when a youngster fails to take her turn in a playground game because she doesn't understand the social rules or protocol of an activity.
Moreover, these problems and challenges frequently involve feelings of stress or loss of control or inability to predict outcomes (Myles & Southwick, 1999). Thus, children with ASPERGERS typically have behavior problems connected to their inability to function in a world they see as unpredictable and threatening. Hence, there is little support for Aspergers (1944) original description of kids with AS as mean-spirited and malicious. That is, when persons with ASPERGERS do have behavioral difficulties, their problems are most often associated with their social ineptness, an obsessive interest in a particular topic or theme, a defensive panic reaction, and so forth.

In one of the few studies that attempted to identify the nature of behavior problems and adaptive behavior in children with ASPERGERS, Barnhill et al. (2000b) compared behavior rating scale inventories completed by moms and dads, educators, and children. The results revealed that moms and dads had significantly greater concern about the behavior and social skills of their kids than did the students’ educators. The responses also showed that moms and dads perceived their kids to have significant deficits and weaknesses in a variety of socially related areas, including overall behavior, such as conduct problems, aggression, and hyperactivity, as well as internalizing problems such as withdrawal.

Educators, on the other hand, perceived the kids and youth in the study to have both fewer and less significant deficits than did moms and dads, although the educators did view the children to be “at-risk” in the areas of anxiety, depression, attention problems, and withdrawal. Students' self-evaluations revealed that they did not perceive themselves to have significant problems or to be at risk on any of the clinical areas measured by the scale.

Intellectual and Cognitive Characteristics of Students With Asperger Syndrome—

A defining feature of AS is that children with the disorder generally experience normal intellectual and language development (American Psychiatric Association, 2000). Given the diagnostic and educational importance of this variable, however, surprisingly little is known about the cognitive abilities of children diagnosed with ASPERGERS. Some researchers have reported an uneven cognitive profile pattern on individualized IQ tests such as the Wechsler intelligence scales (Wechsler, 1989, 1991) in children with high-functioning autism, including a significantly higher Performance IQ when compared to Verbal IQ scores (Ehlers et al., 1997; Lincoln, Courchesne, Kilman, Elmasian, & Allen, 1988).

Children with high-functioning autism specifically obtained their highest scores on the Block Design subtest and their lowest scores on the Comprehension subtest of the Wechsler scales. Based on their Block Design performance, some have inferred that children with high-functioning autism and AS have relative strength on nonverbal concept-formation tasks, specifically those that require perceptual organization, spatial visualization, abstract conceptualization, and general intelligence.

In contrast, and not surprisingly, relatively poor performance has been reported in areas requiring an understanding of social mores and interpersonal situations, social judgment,
common sense, and grasp of social conventionality. Because of limited research on subjects with AS, much of what is assumed about their intellectual abilities is based on inferences from studies of children with high-functioning autism.

In one of the few studies of cognitive abilities of kids and youth with AS, Barnhill, Hagiwara, Myles, and Simpson (2000) assessed the cognitive profiles of 37 kids and youth with AS, as measured by the Wechsler scales (Wechsler, 1989, 1991). The scores generally fell within the average range of abilities, although the IQs ranged from intellectually deficient to superior. The Verbal IQ and Performance IQ scores showed no significant differences.

Consistent with the findings of others, the study did reveal relatively high Block Design subtest scores. These findings suggest generally strong nonverbal reasoning ability and visual-motor spatial integration skill. The Coding subtest revealed relatively low scores, suggesting that many of the subjects had visual-motor coordination difficulties, were distractible, were disinterested in school-related tasks, and had visual memory weakness. The children also obtained relatively low scores on the Comprehension subtest, suggesting poor social judgment. This and other studies on this topic, however, have generally failed to identify a specific cognitive profile for children diagnosed with ASPERGERS.

Academic Characteristics of Students With Asperger Syndrome—

The vast majority of children with ASPERGERS receive their educational experiences predominantly in general education classrooms. General education educators thus are primarily responsible for the education of these children, albeit frequently with the support of special educators and related service staff.

In many ways, children diagnosed with ASPERGERS are well qualified to benefit from general classroom experiences. They typically have average intellectual abilities, many are motivated to be with their general education peers, and often these children have good rote memory skills and other assets that bode well for their educational success. All too frequently, however, children with AS have significant problems in academic performance, and a number of these students are thought to have learning disabilities (Frith, 1991; Siegel, Minshew & Goldstein, 1996). The reasons for these problems often are related to the social and communication deficits connected to the disorder.

Moreover, these children' obsessive and narrowly defined interests, concrete and literal thinking styles, inflexibility, poor problem-solving skills, poor organizational skills, and difficulty in discerning relevant from irrelevant stimuli often make it difficult for them to benefit from general education curricula and instructional systems without support and accommodations. Further, they frequently have trouble generalizing knowledge and skills, and children with AS often have difficulty attending to salient curricular cues. With suitable support, however, most children with ASPERGERS can be successful in school, and a number of these children are able to attend college and enjoy a variety of successful careers.

Students with ASPERGERS, in general, are thought to have particular difficulty in
comprehending abstract materials (e.g., metaphors, and idioms); understanding inferentially based materials; and applying skills and knowledge to solve problems. Strengths of kids and youth diagnosed with ASPERGERS tend to be in comprehension of factual material (Church et al., 2000).

A study of academic achievement undertaken by Griswold, Barnhill, Myles, Hagiwara, and Simpson (in press) revealed that while children’ mean academic achievement scores were within the average range, their scores ranged from significantly below average to significantly above average. Their strengths generally were in the areas of oral expression and reading recognition. Students who participated in the study revealed relative weakness in comprehending verbally presented information. Their written language scores also were significantly lower than their oral expression scores.

Their mathematics scores were low, too, especially in solving equations and answering mathematical calculation problems. Finally, children who participated in the study had significant difficulties in the areas of problem solving and language-based critical thinking. Predictably, this study reported that in spite of being highly verbal, children with ASPERGERS had significant difficulties in understanding the orally presented messages of others and arriving at logical solutions to routine and real-life problems.

Many educators fail to recognize the special academic needs of kids and adolescents with ASPERGERS because these children often give the impression that they understand more than they do (Myles & Simpson, 2001b). Thus, their pedantic style, seemingly advanced vocabulary, parrot-like responses, and ability to word-call without having the higher-order thinking and comprehension skills to understand what they read may actually mask the deficits of some children with AS.

Sensory Characteristics of Students With Asperger Syndrome—

In his original study of kids with AS, Asperger (1944) observed that his subjects had peculiar responses to sensory stimuli. Today this pattern continues, and just as was the case with Hans Asperger, educators and moms and dads who interact with children who have ASPERGERS often observe atypical sensory responses (American Psychiatric Association, 2000; Myles, Cook, Miller, Rinner, & Robbins, 2000). For example, children with ASPERGERS sometimes are hypersensitive to certain visual stimuli, such as fluorescent lights, and certain sounds, such as the echoing noises in a gym with playing kids. This sensitivity can cause agitation and behavior problems.

In a related fashion, some children with ASPERGERS have been reported to have a high tolerance for physical pain. Further, children with ASPERGERS commonly engage in self-stimulatory responses (e.g., obsessive object spinning, light filtering) and other unusual stereotyped patterns of behavior. These behaviors are most often displayed when the children are under stress or when they experience fatigue, sensory overload, and so forth. The sensory issues of kids and youth with ASPERGERS appear similar to children with autism; however, their reactions to sensory issues seem more overt than those seen in children with autism (Rinner, 2000).

Dunn, Myles, and Orr (in press) conducted one of the few studies on sensory issues with
children who have ASPERGERS. The vast majority of kids and youth with AS who participated in the study had impairments in the following areas: (a) low/endurance tone, (b) oral sensory sensitivity, (c) inattention/distractions, (d) poor registration, (e) sedentary, and (f) emotional reactive. More than 75% of the children demonstrated behavioral problems when sensory issues were violated. The authors concluded that children with AS have a sensory profile distinctive from neurotypical children and are apt to demonstrate disruptive behaviors when they encounter sensory problems.

Motor Characteristics of Students With Asperger Syndrome—

Kids with AS tend to have poor motor skills along with coordination and balance problems (Wing, 1981; Dunn et al., in press; Myles et al., 2000; Smith, 2000; Smith & Bryson, 1994). The implications of these deficits are significant. First, being awkward and clumsy makes it difficult for children with ASPERGERS to participate successfully in games requiring motor skills. Thus, their poor physical abilities and performance exacerbate their social deficits. Because participation in games and related activities is a primary social activity for kids, problems in this area often go well beyond issues of motor coordination.

Second, fine-motor skill difficulties may complicate and interfere with a variety of school activities, such as handwriting, art, and industrial arts (Myles et al., 2000). Although some researchers dispute the presence of motor delays and aberrations in children with AS (Manjiviona & Prior, 1995), sufficient evidence indicates that educators, at the very least, should be mindful of this being a potential problem.

EFFECTIVE INTERVENTIONS—

School personnel must be in a position to provide appropriate and effective supports and accommodations to children with ASPERGERS. In this connection, we offer recommended practices in the areas of social and behavioral supports, academic planning and programming, and sensory accommodations.

Effective Social Interventions and Supports—

Kids and youth with ASPERGERS often have difficulty understanding social situations that can cause stress and anxiety (Barnhill, 2001a; Church, Alisanki, & Amanullah, 2000; Myles, Barnhill, Hagiwara, Griswold, & Simpson, 2001; Wing, 1991). Social situations that seem to be most problematic include:

1. Understanding facial expressions and gestures
2. Knowing how and when to use turn-taking skills, including focusing on the interests of others
3. Interpreting nonliteral language such as idioms and metaphors
4. Recognizing that others’ intentions do not always match their verbalizations
5. Understanding the hidden curriculum—those complex social rules that often are not directly taught.

Even when a student with AS receives effective instruction in social skills, situations will arise that require interpretation. Unless interpreted, these situations become a source of
stress and do not support future learning. With interpretation, however, perceptions of seemingly random actions can be altered into meaningful interactions for children with AS (Myles & Simpson, 2001; Myles & Southwick, 1999). Interpretive strategies include: (a) cartooning, (b) the Situation-Options-Consequences-Choices-Strategies—Simulation (SOCCSS) strategy, (c) social autopsies, (d) explaining the hidden curriculum, and (e) the Power Card.

Cartooning—

The visual area seems to be a strength for children with ASPERGERS (Dunn et al., in press; Rinner, 2000). Thus, visual systems may enhance the ability of kids and youth with ASPERGERS to understand their environment (Gray, 1995; Rogers & Myles, 2001). One type of visual support is cartooning. This technique used generically has been implemented by speech/language pathologists for many years to enhance their clients understanding. Cartoon figures play an integral role in a number of other intervention techniques, including pragmaticism (Arwood, 1991), mind-reading (Howlin, Baron—Cohen, & Hadwin, 1999) and comic strip conversations (Gray, 1995). Each of these techniques promotes social understanding by using simple figures and other symbols, such as conversation and thought bubbles, in a comic strip—like format. This visual representation of a conversation helps children with AS analyze the social exchange (Myles & Simpson, 2001a).

Although cartooning has limited scientific verification, some evidence suggests that learners with ASPERGERS may be good candidates for social learning based on using a comic format to dissect and interpret social situations and interactions (Attwood, 1998; Howlin et al., 1999; Rogers & Myles, 2001). Figure 1 provides a cartoon depicting a social interchange developed by Arwood and Brown (1999).

Situation-Options-Consequences—Choices-Strategies-Simulation—

Another interpretive technique, the Situation, Options, Consequences, Choices, Strategies, Simulation (SOCCSS) strategy, was developed to help children with social interaction problems put interpersonal relationships into a sequential form (J. Roosa, personal communication, June 4, 1997). It helps children understand problem situations and lets them see that they have to make choices about a given situation, with each choice having a consequence. The steps of SOCCSS are:

1. Situation. When a social problem arises, the teacher helps the student to understand the situation by first identifying (a) who was involved, (b) what happened, (c) the date, day, and time of occurrence, and (d) reasons for the present situation.

2. Options. The student, with the assistance of the teacher, brainstorms several options for behavior. At this point, the teacher accepts all student responses and does not evaluate them. This step encourages the student to see more than one perspective and to realize that any one situation presents several behavioral options.

3. Consequences. Then the student and teacher work together to evaluate each of the options generated. The teacher is a facilitator, helping the student to develop
consequences for each option rather than dictating them.

4. Choices. The student selects the option or options that will have the most desirable consequences for him or her.

5. Strategy. Next the student and teacher develop an action plan to implement the selected option.

6. Simulation. Finally the student is given an opportunity to role-play the selected alternative. Simulation may be in the form of (a) role play, (b) visualization, (c) writing a plan, or (d) talking with a peer.

This strategy offers many benefits to the youngster or youth with ASPERGERS. It allows children to (a) understand that many options may be available in any given situation, (b) realize that each option has a naturally occurring consequence, and (c) develop a sense of empowerment by acting on the environment (i.e., children with AS realize that they have choices, and by selecting one they can directly determine the consequences of their actions).

Social Autopsies—

Richard LaVoie (cited in Bieber, 1994) developed social autopsies to help children with severe learning and social problems develop an understanding of social mistakes. An autopsy, in the traditional sense, is the examination and inspection of a dead body to discover the cause of death, determine damage, and prevent recurrence. In this connection, social autopsy is an examination and inspection of a social error to discover the cause of the error, determine the damage, and prevent it from happening again. When a social mistake occurs, the student meets with an educator or caregiver to discuss it. Together, in a nonpunitive fashion, they identify the mistake. Then they discuss who was harmed by the error. The final step of the autopsy is to develop a plan to ensure that the error does not occur again (Myles & Simpson, 2001b).

Explaining the Hidden Curriculum—

The hidden curriculum refers to the set of routines, social rules, tasks, or actions that kids, adolescents, and adults readily understand and use (Bieber, 1994). Often considered to be a matter of common sense, the hidden curriculum is almost never directly taught, yet it is a salient part of everyday life (Myles & Simpson, 2001b; Myles & Southwick, 1999). The hidden curriculum covers a multitude of areas. Thus, it is impossible to generate a comprehensive list that applies to all children with AS in all situations. The following is a brief list of hidden curriculum examples:

- Do not argue with a policeman—even if you are right.
- Do not ask friends to do things that will get them in trouble.
- Do not ask to be invited to someone’s party.
- Do not correct someone’s grammar when he or she is angry.
- Do not draw violent scenes.
- Do not sit in a chair that someone else is sitting in—even if it is “your” chair.
• Do not tell classmates about all of the "skeletons in your moms and dads' closets."
• Do not tell someone that his or her house is much dirtier than it should be.
• Do not tell someone you want to get to know better that he or she has bad breath.
• Do not touch someone’s hair even if you think it is pretty.
  • Do not try to do what actors do on television or the movies. These shows are not the same as real life.
• Never break laws—no matter what your reason.
• Speak to educators in a pleasant tone of voice because they will respond to you in a more positive manner. They also like it if you smile every once in a while.
• Understand that different educators may have different rules for their classes.
  • When your teacher gives you a warning about your behavior and you continue the behavior, realize that you probably are going to get in trouble. If you stop the behavior immediately after the first warning, you will probably not get into trouble.
  • Do not pick flowers from someone’s garden without permission, even if they are beautiful and you want to give them to someone.

The Power Card—

The Power Card is a visual aid that helps kids and youth with AS make sense of social situations, routines, the meaning of language, and the hidden curriculum (Gagnon, 2001). The Power Card uses kids’s special interest to help them make sense of a specific situation and motivates them to engage in a targeted behavior.

In using this intervention, an educator or parent develops a brief script written at the student’s level of comprehension, detailing a problem situation or a target behavior and its relationship to the youngster’s special interest. Power Cards also provide a solution, relying on the youngster’s special interest. This solution then is generalized back to the youngster. A card the size of a business card or trading card, containing a picture of the special interest and a summary of the solution, can be carried with the student to promote generalization.

The Power Card can be carried in a pocket, purse, or wallet, or it can be velcroed inside a book, notebook, or locker. It also may be placed on the corner of a youngster’s desk (Gagnon, 2001). Figure 2 provides an example of a Power Card for a 14-year-old student who had problems with organizational skills. His special interest was Harvard.

Behavioral Interventions and Supports for Students With Asperger Syndrome—

In addition to social interaction difficulties, many kids and adolescents with AS are prone to behavior problems and, on occasion, aggression. As noted earlier, and reflected in the literature (Barnhill et al., 2000b; Frith, 1991), even though frequently motivated to be near to and to socially interact with peers and adults, children with ASPERGERS are deficient in age-appropriate, reciprocal social interaction skills such as those required to participate in cooperative play and related activities.

A propensity for socially unacceptable behavior and insensitivity to or unawareness of verbal and nonverbal social cues makes these children vulnerable to displaying a variety of behavior problems. Accordingly, educators and families must provide appropriate
instruction and supports for these kids and adolescents to progress and experience success at school, at home, and in the community.

Behavior management options for children with ASPERGERS are at the formative stage. That is, effective management practices still are being identified and debated. Hence, there are no clearly defined and generally agreed upon effective practices. Nevertheless, in this section we describe several methods that hold promise and that we have found to be potentially effective with kids and youth diagnosed with ASPERGERS.

We strongly believe that the same basic management model that is used with other kids and youth should also be applied when crafting management supports for children with AS. That is, teams of professionals and moms and dads should cooperatively and prudently (a) target socially valid and pivotal responses for change; (b) ensure careful measurement of targeted responses selected for change; (c) systematically analyze behaviors that are identified for change relative to their functions and environmental and antecedent factors connected to their occurrence; and (d) select and systematically implement and evaluate appropriate interventions and treatments. Related to step (d), we discuss next several environmental supports and behavioral intervention options that we consider appropriate and potentially utilitarian for use with children who have AS.

Environmental Structuring and Support—

A variety of strategies and methods are available to enhance the predictability of and benefits to be gained from the environmental setting. The security that comes from being able to anticipate and understand activities, schedules, and expectations significantly enhances ASPERGERS children' capacity to appropriately respond to various classroom, home, and community demands. Establishing clear behavioral expectations and rules, following routines and schedules, and ensuring physical, environmental, cognitive, and attitudinal support are helpful in creating structure. In this connection, establishing and following clear behavioral expectations is one of the simplest, most effective, and most efficient means of establishing structure for children with AS.

Kids with ASPERGERS clearly benefit from environments that offer explicitly stated and modeled specification and examples of desired behaviors (Myles & Simpson, 2001a). We also hasten to add that it is extremely important that these rules and expectations be reviewed regularly and that children have an opportunity to practice them in multiple settings and with multiple peers and adults.

Another simple and effective method of providing structure for children with ASPERGERS is through routines and schedules. Building on their preference for predictability, order, and consistency, this structuring strategy assists kids and youth with ASPERGERS to respond and adapt more effectively to their ever-changing environment. Group and individual schedules, presented in written, pictorial, or combination formats, are especially useful in communicating the sequence of daily activities and in alerting kids to new activities and schedule changes.

Physical, environmental, cognitive, and attitudinal support means making available adequate resources to effectively sustain, manage, and supervise children with
ASPERGERS in various settings, including classrooms and other school environments such as play areas and school buses, home settings, and community areas such as shopping malls. Paramount in providing these resources are adults and peers who are knowledgeable about and sensitive to children with AS and capable of supporting their needs.

On all too many occasions we have experienced situations in which peers have bullied and provoked students with AS to engage in unacceptable behaviors out of ignorance. Hence, a salient step in preparing supportive environments for children with ASPERGERS is to inform their educators and peers of the characteristics and nature of the disorder, their role in supporting students with the disability, and ensuring appropriate protection of these vulnerable kids and adolescents.

Behavioral Interventions—

Behavioral interventions entail manipulation of antecedent conditions such as curricula, instructional methods, and environments, as well as use of consequences for targeted behaviors. With regard to manipulation of consequences, it is important to recognize that many kids and youth with ASPERGERS do not respond well to typical “top-down” management strategies (Myles & Simpson, 2001a). Approaches that seem to work best with these children give them an opportunity to participate in developing and implementing their own management systems. Whenever possible, then, we strongly recommend that kids and youth with AS be involved in their own program development and implementation.

One specific behavioral technique that we have found to be useful with many children with AS is cognitive behavior modification (Meichenbaum, 1977). This is a technique that teaches children to monitor their own behavior or performance and to deliver self-reinforcement at established intervals. In this strategy, the locus of behavior control is shifted from an external source, such as a teacher or parent, to the student.

Cognitive behavior modification can be used to facilitate a variety of behavior changes, including following various specific classroom rules and attending to assigned classroom tasks. For example, one teenage boy diagnosed with ASPERGERS was assisted in monitoring and changing his "stalking" behavior at school. The student had become a concern to school officials and his moms and dads because of his serial interest in attractive female classmates (and one student teacher) in his school, none of whom he knew personally. His obsession with any one student typically lasted less than a week, but during this time he attempted to walk with these classmates from class to class, sit with them at lunch, and the like at every opportunity.

Even though the young women protested loudly and did not encourage his interest in any way, it had no impact on his behavior! Moreover, negative consequences for this behavior, including suspension, only seemed to aggravate the problem.

The student, however, did respond positively to a cognitive behavior management program. His homeroom teacher and counselor used a videotaped sequence of his stalking behavior to assist him in understanding that his behavior was inappropriate. He
then was (a) instructed to use a selfmonitoring system, structured by the school's bell system for signaling transitions; (b) taught to use a self-recording system related to his contact with other children; and (c) taught to use a self-reinforcement system. The reinforcement he selected was to spend time with peers who agreed to sit with him at lunch and walk with him during class transitions. Social skill instruction related to his behavior during these peer contacts also proved to be beneficial.

Finally, we consider it imperative that adults who work with students with AS recognize and plan for problems related to aggression and violence. These kids and youth do not all have these problems, and children with AS are not inherently aggressive. Nevertheless, we must recognize that problems of aggression in some AS children do arise from time to time.

The social deficits and excesses connected with ASPERGERS, such as difficulty in engaging in age-appropriate reciprocal play, frequently create problems and frustrations that may escalate into aggressive responses and counteractions. For example, a youngster with AS may have difficulty interacting with peers as a result of not understanding commonly known and accepted social rules, thereby giving the appearance of being rude or unwilling to follow generally understood game rules.

Effective Academic Accommodations and Support Strategies—

Academic modifications essential for children with AS are those that increase structure and predictability and also address the multifaceted needs of this population (Attwood, 1998; Myles & Adreon, 2001; Cumine, Leach, & Stevenson, 1998). Specifically, these accommodations take into account some of the manifestations that are like learning disabilities (Griswold, Barnhill, Myles, Hagiwara, & Simpson, in press; Gross, 1994; Happe, 1991; Myklebust, 1995) and gifted-like characteristics (Asperger, 1944; Wing, 1991) that are evident in kids and youth with AS. Appropriate modifications, include: (a) priming, (b) classroom assignment modifications, (c) notetaking, (d) graphic organizers, (e) enrichment, and (f) homework.

Priming—

Wilde, Koegel, and Koegel (1992) devised priming to (a) familiarize kids and youth with academic material prior to its use in school; (b) bring predictability to new tasks and thereby reduce stress and anxiety; and (c) increase the students' success. As discussed by Wilde and colleagues, the actual materials that will be used in a lesson are shown to the student the day, the evening, or even the morning before the activity is to take place. Priming also may occur just prior to an activity. A parent, paraprofessional, resource teacher, or trusted peer can serve as primers (Myles & Adreon, 2001).

It is generally recommended that the actual teaching materials be used in priming. In some instances, however, priming can consist of introducing an upcoming task using a list or a description of the activities, not the actual materials. Priming is most effective when it is built into the student's routine. It should be done in an environment that is relaxing and should be facilitated by a primer who is both patient and encouraging. Finally, priming sessions should be short, providing a brief overview of the day's tasks in
10 to 15 minutes.

Classroom Assignment Modifications—

The amount of reading the student with AS is expected to complete has to be evaluated. Children with AS—who sometimes read slowly and cannot discern relevant from irrelevant information—spend an inordinate amount of time concentrating on facts that will not be tested and are considered unimportant. Highlighted texts and study guides help these children maximize their reading time. Educators also should consider identifying the information the student is responsible to learn for an upcoming assignment or test (Myles & Adreon, 2001; Williams, 2001).

Handwriting is a concern for many kids and youth with AS. Therefore, educators must offer students several ways to demonstrate mastery, including (a) giving verbal responses instead of written essays; (b) using the computer instead of a pen or pencil; (c) completing a multiple-choice rather than a short-answer test, or (d) creating a project rather than writing a report.

Notetaking—

Many children with ASPERGERS have difficulty taking notes in class. Often, motor problems preclude their getting important content onto paper. In addition, some students have difficulty listening and writing at the same time. They can do both but often not at the same time. Depending on the amount of assistance they need, a teacher can provide for the student (a) a complete outline including the main idea and supporting details, (b) a skeletal outline that children can use to fill in details, (c) a peer-constructed outline, and (d) the opportunity to use outlining software (Myles & Adreon, 2001).

Graphic Organizers—

Graphic organizers highlight important concepts and display the relationship between them. They provide abstract or implicit information in a concrete manner. Graphic organizers can be used before, during, or after students read a selection—either as an advanced organizer or as a measure of concept attainment.

Three commonly used graphic organizers are semantic maps, analogy graphic organizers, and timelines. The focal point of the semantic map is the key word or concept enclosed in a geometric figure (e.g., circle or square) or in a pictorial representation of the word or concept. Lines or arrows connect this central shape to other shapes. Words or information related to the central concept are written on the connecting lines or in the other shapes. As the map expands, the words become more specific and detailed. For children who are young or who require additional cues, semantic maps can use pictures for the key words or concepts (Myles & Simpson, 2001a).

An analogy graphic organizer contains two concepts and their attributes. The teacher and students define how the two concepts are alike and how they differ, then draw a conclusion. Often the teacher has to assist children in identifying attributes by presenting choices, either written or pictorial, from which the student can select. This task can be
completed individually, in small groups, or with an entire class (Myles & Simpson, 2001a).

Timelines provide benchmarks for completing tasks and thereby aid students in budgeting their time. Timelines consist of a list of steps needed to complete the task with concomitant due dates. This visual representation enables the student and teacher to monitor progress toward project completion. Ideally, educators enlist the aid of moms and dads in developing and monitoring timelines to ensure student follow-- through at home.

Enrichment—

Research has shown that a greater percentage of children with ASPERGERS have IQs in the superior or very superior range than is found in the general population (Barnhill et al., 2000b). Thus, many kids and youth with ASPERGERS benefit from enrichment activities because they already have mastered ageappropriate academic content (Myles & Adreon, 2001). Enrichment activities can consist of having students with ASPERGERS learn the same content in much more depth and detail than their peers or introducing new topics that usually are presented to older children.

Homework –

Educators and moms and dads or caregivers should work together to determine whether homework should be assigned and, if so, how much. Because students with ASPERGERS need structure, it is often best for educators to assign tasks that the student can complete in the structured school environment (Myles & Simpson, 2001a).

If homework is assigned, an assignment notebook and a parent-teacher communication system will help moms and dads or caregivers monitor the youngster's homework. In some cases, a parent may have to model the task for the student, so educators should ensure that the moms and dads or caregivers understand their youngster's homework. To facilitate home-school communication, some schools have established a "homework line" that children and moms and dads can call to hear an overview of assigned work. This system is ideal for students with AS and their caregivers (Myles & Simpson, 2001a).

Sensory Issues –

As stated previously, sensory issues are replete in kids and youth with AS (Church, Alisanki, Amanullah, 2000; Dunn et al., in press; Rinner, 2000). Similar to the social domain, addressing sensory issues requires looking beyond the behavior to interpret its reason before designing an intervention. As in all interventions, a team approach works best. Moreover, when dealing with sensory issues, an occupational therapist or other professional trained in sensory integration can be a valuable multidisciplinary team member (Myles et al., 2000).

Many of the interventions are easy to implement at school and home. Nevertheless, moms and dads and educators should work together as a team to pinpoint the behavior a youngster exhibits (incident), its cause (interpretation), and practical solutions (intervention) (Dunn et al., in press; Myles et al., 2000).
Programmatic Instruction—

A programmatic strategy for responding to sensory issues is often beneficial to kids and youth with AS. One program, the visually based How Does Your Engine Run: The Alert Program for Self-Regulation (Williams & Shellenberger, 1996), seems particularly well-suited to the needs of these children (Myles et al., 2000). Williams and Shellenberger designed this program to help kids and youth recognize their sensory needs. Specifically, How Does Your Engine Run helps children to recognize their level of alertness and compare it to task demands. If the two do not match, the youngster, after completing a series of lessons, is taught to adjust his or her arousal level to match task demands. To accomplish this, the authors grouped a variety of interventions into five categories: oral, movement, touch, visual, and aural. They designed this program for occupational therapists to use in conjunction with other educators and moms and dads.

Recommendations—

As any one behavior may have many sensory causes, it is difficult to set forth a series of universally applied recommendations that can be implemented at school and home. Intervention is effective when it directly addresses the function of the behavior. Be that as it may, Table I presents some common sensory issues, their causes, and intervention options.

CONCLUSION—

Only recently has ASPERGERS been showing up on the educational "radar screen," and ever-increasing numbers of kids and youth are being identified with the disorder. Moreover—and arguably just as important as the increased prevalence of the disability—educators, administrators, counselors, and other educational professionals are quickly discovering the challenge of serving kids and youth with AS effectively. One principal with whom we have contact observed that "these kids [with AS] are very, very high-maintenance." That they generally will spend most of their educational hours in general education settings further accentuates the challenge they present. That is, their presence in general education means that professionals who do not ordinarily have specialized training for students with disabilities will be their educators for the most part.

Further, their placements in general classrooms means that they will share space and experiences with normally developing and achieving classmates who can be expected to have limited tolerance (at least without instruction and other interventions) for peers who fail to understand and follow the often complex and frequently unstated rules of their classroom and school.

Educational and noneducational professionals alike are struggling to understand the nature and unique qualities of AS (Church et al., 2000; Klin et al., 2000; Myles & Simpson, 2001a). Indeed, myriad unanswered questions related to the nature and characteristics of the disorder daily confront professionals and moms and dads who must diagnose, teach, raise, and otherwise support kids and youth identified as having ASPERGERS.
Educators, moms and dads, and other professionals must accept that we currently lack a clear and definitive description of methods and strategies whose use bodes best for kids and youth with AS. At the same time, we are encouraged by the ever-increasing flow of information related to accommodations, supports, methods, and interventions that can be applied to meet the needs of these children.

The same principal who reminded us of the "high maintenance" of students with AS also observed that his staff was getting much better at providing them a safe, productive, and high-quality educational experience. In spite of the lack of clear consensus on effective practices, a number of potentially useful steps and strategies are available to educators and other professionals who work with kids and adolescents with ASPERGERS.

We recognize that increased availability of methods and strategies for children with AS is no assurance that educators and other professionals will be aware of and effectively use these options. At the same time, however, we accept that we are making significant progress by taking this important first step. Professionals and moms and dads must realize that there will not be a single effective practice for all kids and youth with AS.

Children with this complex disorder seem to have needs that can be addressed effectively only when trained professionals correctly use a variety of appropriate methods in an individualized fashion. That these methods must address multiple domains related to AS-social, behavioral, academic, motor, and sensory-across school, home, and community settings, is very clear.

We optimistically conclude by observing that we have received much inspiration and encouragement from the excitement and progress of the students with whom we have used the strategies and accommodations discussed in this article. Children with AS often appear (and frequently confess) to being overwhelmed, stressed, and frustrated by a complex and dynamic world in which they struggle to understand and be a productive part. In this context, many of these students embrace and enthusiastically use those techniques that functionally assist them in understanding and structuring their perceptions, perspectives, and behavior to fit the demands of their world.

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Press.


Antisocial Behavior in Aspergers Teens

Antisocial behavior is characterized by diagnostic features such as superficial charm, high intelligence, poor judgment and failure to learn from experience, pathological egocentricity and incapacity for love, lack of remorse or shame, impulsivity, grandiose sense of self-worth, pathological lying, manipulative behavior, poor self-control, promiscuous sexual behavior, juvenile delinquency, and criminal versatility among others. As a consequence of these criteria the antisocial individual has the image of a cold, heartless, inhuman being. But do all antisocial individuals show a complete lack of normal emotional capacities and empathy? Like healthy people, many antisocial individuals love their parents and pets in their own way, but have difficulty loving and trusting the rest of the world. Furthermore, antisocial individuals do suffer emotionally as a consequence of separation, divorce, death of a beloved person or dissatisfaction with their own deviant behavior.

Antisocial individuals can suffer emotional pain for a variety of reasons. Like anyone else, antisocial individuals have a deep wish to be loved and cared for. This desire remains frequently unfulfilled, however, as it is obviously not easy for another person to get close to someone with such repellent personality characteristics. Antisocial individuals are at least periodically aware of the effects of their behavior on others and can be genuinely saddened by their inability to control it. The lives of most antisocial individuals are devoid of a stable social network or warm, close bonds.

The life histories of antisocial individuals are often characterized by a chaotic family life, lack of parental attention and guidance, parental substance abuse and antisocial behavior, poor relationships, divorce, and adverse neighborhoods. They may feel that they are prisoners of their own etiological determination and believe that they had, in comparison with normal people, fewer opportunities or advantages in life.

Despite their outward arrogance, inside antisocial individuals feel inferior to others and know they are stigmatized by their own behavior. Although some antisocial individuals are superficially adapted to their environment and are even popular, they feel they must carefully hide their true nature because it will not be accepted by others. This leaves
antisocial individuals with a difficult choice: adapt and participate in an empty, unreal life, or do not adapt and live a lonely life isolated from the social community. They see the love and friendship others share and feel dejected knowing they will never take part in it.

Antisocial individuals are known for needing excessive stimulation, but most foolhardy adventures only end in disillusionment due to conflicts with others and unrealistic expectations. Furthermore, many antisocial individuals are disheartened by their inability to control their sensation-seeking and are repeatedly confronted with their weaknesses. Although they may attempt to change, low fear response and associated inability to learn from experiences lead to repeated negative, frustrating and depressing confrontations, including trouble with the justice system.

As antisocial individuals age they are not able to continue their energy-consuming lifestyle and become burned-out and depressed, while they look back on their restless life full of interpersonal discontentment. Their health deteriorates as the effects of their recklessness accumulate.

Social isolation, loneliness and associated emotional pain in antisocial individuals may precede violent criminal acts. They believe that the whole world is against them, eventually becoming convinced that they deserve special privileges or rights to satisfy their desires. As antisocial serial killers Jeffrey Dahmer and Dennis Nilson expressed, violent psychopaths ultimately reach a point of no return, where they feel they have cut through the last thin connection with the normal world. Subsequently their sadness and suffering increase, and their crimes become more and more bizarre.

Dahmer and Nilson have stated that they killed simply for company. Both men had no friends and their only social contacts were occasional encounters in homosexual bars. Nilson watched television and talked for hours with the dead bodies of his victims; Dahmer consumed parts of his victims' bodies in order to become one with them: he believed that in this way his victims lived further in his body.

For the rest of us it is unimaginable that these men were so lonely -- yet they describe their loneliness and social failures as unbearably painful. They each created their own sadistic universe to avenge their experiences of rejection, abuse, humiliation, neglect and emotional suffering.

Dahmer and Nilson claimed that they did not enjoy the killing act itself. Dahmer tried to make zombies of his victims by injecting acid into their brains after he had numbed them with sleeping pills. He wanted complete control over his victims, but when that failed, he killed them. Nilson felt much more comfortable with dead bodies than with living people -- the dead ones could not leave him. He wrote poems and spoke tender words to the dead bodies, using them as long as possible for company. In other violent antisocial individuals, a relationship has been found between the intensity of sadness and loneliness and the degree of violence, recklessness and impulsivity.

Violent antisocial individuals are at high risk for targeting their aggression toward themselves as much as toward others. A considerable number of antisocial individuals die a violent death a relatively short time after discharge from forensic psychiatric
treatment due to their own behavior (for instance as a consequence of risky driving or involvement in dangerous situations). Antisocial individuals may feel that all life is worthless, including their own.

Treatment Developments—

In the last decade, neurobiological explanations have become available for many of the traits of antisocial behavior. For example, impulsivity, recklessness/irresponsibility, hostility and aggressiveness may be determined by abnormal levels of neurochemicals including monoamine oxidase (MAO), serotonin (5-HT) and 5-hydroxyindoleacetic acid (5-HIAA), triiodothyronine (T3), free-thyroxine (T4), testosterone, cortisol, adrenocorticotropic hormone (ACTH), and hormones of the hypothalamic-pituitary-adrenal and hypothalamic-pituitary-gonadal axes. Other features like sensation-seeking and an incapacity to learn from experiences might be linked to cortical underarousal. Sensation-seeking could also be related to low levels of MAO and cortisol and high concentrations of gonadal hormones, as well as reduced prefrontal grey matter volume. Many antisocial individuals can thus be considered, at least to some degree, victims of neurobiologically determined behavioral abnormalities that, in turn, create a fixed gulf between them and the rest of the world.

It may be possible to diminish traits like sensation-seeking, impulsivity, aggression and related emotional pain with the help of psychotherapeutic, psychopharmacological and/or neurofeedback treatment.

Long-term psychotherapeutic treatment (at least five years) seems effective in some categories of antisocial individuals, in so far as antisocial personality traits may diminish.

Psychotherapeutic treatment alone may be insufficient to improve symptoms. Psycho-pharmacological treatment methods may help normalize neurobiological functions and related behavior/personality traits. Lithium is impressive in treating antisocial, aggressive and assaultive behavior. Hollander (1999) found that mood stabilizers such as divalproex (Depakote), selective serotonin reuptake inhibitors, monoamine oxidase inhibitors (MAOIs) and neuroleptics have documented efficacy in treating aggression and affective instability in impulsive patients. To date there have been no controlled studies of the psychopharmacological treatment of other core features of antisocial behavior.

Cortical underarousal and low autonomic activity-reactivity can be substantially reduced with the help of adaptive neurofeedback techniques.

Conclusions

It is extremely important to recognize hidden suffering, loneliness and lack of self-esteem as risk factors for violent, criminal behavior in antisocial individuals. Studying the statements of violent criminal antisocial individuals sheds light on their striking and specific vulnerability and emotional pain. More experimental psychopharmacological, neurofeedback and combined psychotherapeutic research is needed to prevent and treat antisocial behavior.
Misdiagnosing Aspergers

Aspergers is often misdiagnosed as a Personality Disorder...

Personality disorders cannot be safely diagnosed prior to early adolescence. Still, though frequently found between the ages of 3 and 6, Aspergers is often misdiagnosed as a cluster B personality disorder, most often as the Narcissistic Personality Disorder (NPD).

1. The Aspergers Child

The Aspergers child is self-centered and engrossed in a narrow range of interests and activities. Social and occupational interactions are severely hampered and conversational skills (the give and take of verbal intercourse) are primitive. The Aspergers child's body language - eye to eye gaze, body posture, facial expressions - is constricted and artificial, akin to children with the Schizoid, Schizotypal, and Narcissistic Personality Disorders. Nonverbal cues are virtually absent and their interpretation in others lacking. Yet, Aspergers and personality pathologies have little in common.

2. Narcissistic Personality Disorder and Aspergers

Consider pathological narcissism. The narcissist switches between social agility and social impairment voluntarily. His social dysfunctioning is the outcome of conscious haughtiness and the reluctance to invest scarce mental energy in cultivating relationships with inferior and unworthy others. When confronted with potential Sources of Narcissistic Supply, however, the narcissist easily regains his social skills, his charm, and his gregariousness.

Many narcissists reach the highest rungs of their community, church, firm, or voluntary organization. Most of the time, they function flawlessly - though the inevitable blowups and the grating extortion of Narcissistic Supply usually put an end to the narcissist's career and social liaisons.

The Aspergers child often wants to be accepted socially, to have friends, to marry, to be sexually active, and to sire offspring. He just doesn't have a clue how to go about it. His affect is limited. His initiative - for instance, to share his experiences with nearest and dearest or to engage in foreplay - is thwarted. His ability to divulge his emotions stilted. He is incapable or reciprocating and is largely unaware of the wishes, needs, and feelings of his interlocutors or counterparties.

Inevitably, Aspergers children are perceived by others to be cold, eccentric, insensitive, indifferent, repulsive, exploitative or emotionally-absent. To avoid the pain of rejection, they confine themselves to solitary activities - but, unlike the schizoid, not by choice. They limit their world to a single topic, hobby, or person and dive in with the greatest, all-
consuming intensity, excluding all other matters and everyone else. It is a form of hurt-control and pain regulation.

Thus, while the narcissist avoids pain by excluding, devaluing, and discarding others - the Aspergers child achieves the same result by withdrawing and by passionately incorporating in his universe only one or two people and one or two subjects of interest. Both narcissists and Aspergers children are prone to react with depression to perceived slights and injuries - but Aspergers children are far more at risk of self-harm and suicide.

3. The use of language

Children with most personality disorders are skilled communicators and manipulators of language. In some personality disorders (Antisocial, Narcissistic, Histrionic, Paranoid) the child’s linguistic skills far surpass the average. The narcissist, for instance, hones language as an instrument and uses it to obtain Narcissistic Supply or as a weapon to obliterate his "enemies" and discarded sources with. Cerebral narcissists actually derive Narcissistic Supply from the consummate use they make of their innate loquaciousness.

In contrast, the Aspergers child, though verbose at times (and taciturn on other occasions) has a far more limited range of tediously repetitive topics. Youngsters with Aspergers fail to observe conversational rules and etiquette (for instance, let others speak in turn). The Aspergers child is unaware and, therefore, unable to decipher body language and external social and nonverbal cues and gestures. He is incapable of monitoring his own misbehavior. Psychopaths, narcissists, borderlines, schizotypals, histrionics, paranoids, and schizoids are similarly inconsiderate - but they control their behavior and are fully cognizant of reactions by others. They simply choose to ignore these data.

Aspergers Syndrome and Conduct Disorder

Although several studies have suggested an association between violent crime and Aspergers, few have examined the underlying reasons. All kids display oppositional or aggressive behavior from time to time, especially when they are upset, tired, or hungry. Oppositional behavior, such as arguing, lying, and disobeying, is a normal part of development for kids and early teenagers. When this behavior is frequent or excessive, affects the youngster’s home or school life, or violates the rights of others, a conduct disorder may be present.

Conduct disorder (CD) is the most severe psychiatric disorder in childhood, and occurs more frequently in boys than in girls. According to the U.S. Department of Health and Human Services, the disorder affects an estimated 1-4 percent of teenagers between the ages of 9 and 17 years. Aspergers kids with this disorder repeatedly violate the rights of others, and display aggressive, destructive, and deceitful behavior. Identifying the
and symptoms of CD, and beginning treatment as early in life as possible, is essential in order to prevent the disorder and prognosis from worsening.

What is conduct disorder?

Aspergers kids with CD repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of CD is likely when symptoms continue for 6 months or longer. CD is known as a "disruptive behavior disorder" because of its impact on kids and their families, neighbors, and schools.

Another disruptive behavior disorder, called oppositional defiant disorder, may be a precursor of CD. A youngster is diagnosed with oppositional defiant disorder when he or she shows signs of being hostile and defiant for at least 6 months. Oppositional defiant disorder may start as early as the preschool years, while CD generally appears when kids are older. Oppositional defiant disorder and CD are not co-occurring conditions.

What are the signs of conduct disorder? Symptoms of conduct disorder include:

• Aggressive behavior that harms or threatens other people or animals
• Destructive behavior that damages or destroys property
• Early tobacco, alcohol, and substance use and abuse
• Lying or theft
• Precocious sexual activity
• Truancy or other serious violations of rules

Aspergers kids with CD or oppositional defiant disorder also may experience:

• Academic difficulties
• Difficulty staying in adoptive, foster, or group homes
• Higher rates of depression, suicidal thoughts, suicide attempts, and suicide
• Higher rates of injuries, school expulsions, and problems with the law
• Poor relationships with peers or adults
• Sexually transmitted diseases

How common is conduct disorder?

Conduct disorder affects 1 to 4 percent of 9- to 17-year-olds, depending on exactly how the disorder is defined (U.S. Department of Health and Human Services, 1999). The disorder appears to be more common in boys than in girls and more common in cities than in rural areas.

Who is at risk for conduct disorder?

Research shows that some cases of CD begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing CD. Other factors that may make a youngster more likely to develop CD include:
• Abuse or violence
• Crowding
• Early institutionalization
• Early maternal rejection
• Family neglect
• Large family size
• Parental marital discord
• Parental mental illness
• Poverty
• Separation from parents, without an adequate alternative caregiver

What help is available for families?

Although CD is one of the most difficult behavior disorders to treat, young people often benefit from a range of services that include:

• Community-based services that focus on the young person within the context of family and community influence
• Family therapy
• Training for parents on how to handle youngster or teenager behavior
• Training in problem solving skills for Aspergers kids or teenagers

What can parents do?

Some child and teenager behaviors are hard to change after they have become ingrained. Therefore, the earlier the CD is identified and treated, the better the chance for success. Most Aspergers kids or teenagers with CD are probably reacting to events and situations in their lives. Some recent studies have focused on promising ways to prevent CD among at-risk Aspergers kids and teenagers. In addition, more research is needed to determine if biology is a factor in CD.

Parents or other caregivers who notice signs of CD or oppositional defiant disorder in a youngster or teenager should:

• Find family network organizations.
• Get accurate information from libraries, hotlines, or other sources.
  • If necessary, talk with a mental health or social services professional, such as a teacher, counselor, psychiatrist, or psychologist specializing in childhood and teenager disorders.
  • Pay careful attention to the signs, try to understand the underlying reasons, and then try to improve the situation.
• Talk to other families in their communities.

People who are not satisfied with the mental health services they receive should discuss their concerns with their provider, ask for more information, and/or seek help from other sources.
How to Identify Conduct Disorder in Aspergers Kids—

1. **Step 1**—Learn about the risk factors for developing CD, such as having a parent with a mood disorder, ADHD, substance abuse disorder, or CD. A history of abuse or neglect, exposure to violence, inconsistent or excessively harsh discipline, poverty, and overcrowded living conditions are other risk factors for CD.

2. **Step 2**—Take note of any aggressive behavior, such as bullying, threatening, or intimidating others. Aspergers kids with CD often initiate both verbal and physical fights, and have a history of violence and cruelty toward people and animals. More serious signs of aggressive behavior include the use of weapons and a history of sexual assault.

3. **Step 3**—Consider whether prior destructive acts were intentional or unintentional. While all Aspergers kids have the potential to damage property due to carelessness or reckless play, kids with CD deliberately cause damage to the property of others.

4. **Step 4**—Watch carefully for other signs of CD, such as lying, theft, truancy, substance abuse, serious rule violations, and precocious sexual activity. Aspergers kids with this disorder may also experience symptoms of depression, have poor relationships with family members and peers, and experience significant academic difficulties.

5. **Step 5**—Speak with your youngster’s teacher to get her opinion, and discuss your youngster’s symptoms with a mental health professional who specializes in disorders of childhood. Read all you can about the symptoms of CD so that you are better able to identify the symptoms in your youngster.

My Aspergers Child: Parenting Aspergers Children with Conduct Problems  03:59PM (-07:00)

**Aspergers Students: Tips for Teachers**

Students with Aspergers are unique, and they can affect the learning environment in both positive and negative ways. In the classroom, the Aspergers child can present a challenge for the most experienced teacher. These children can also contribute a lot to the classroom because they can be extremely creative and see things and execute various tasks in different ways. Teachers can learn a lot when they have a child with Aspergers in their class, but the teacher may experience some very challenging days too. Here are some tips for teachers to consider:

Every child with Aspergers is different.

As a teacher you want to take the information you have acquired and apply it, but every Aspergers child is different, so it's difficult to take knowledge you have gained from one
experience, and apply it to a situation with another child with Aspergers. Remember that each child with Aspergers is unique, and strategies that have worked with other students in the past may not work effectively with the Aspergers child because they perceive the world in a unique way, and they sometimes react to their environment in unpredictable ways.

Avoid demanding the student with Aspergers maintain eye contact with you.

Eye contact is a form of communication in American culture; we assume a person is giving us their attention if they look at us. The Aspergers child experiences difficulty with eye contact; it is extremely hard for them to focus their eyes on a person for any extended period of time. Limited eye contact is a part of the disability. Don't demand an Asperger child look you in the eye as you are talking to them--this is extremely difficult for them to do.

Aspergers students frequently are visual learners.

Despite difficulties with eye contact, many Aspergers children are visual learners. Much of the information presented in classrooms is oral, and often children with Aspergers may have difficulty with processing language. Often they cannot take in oral language quickly, and presenting information visually may be more helpful. Many Aspergers children are "hands-on" learners.

Aspergers students and "showing work".

Many teachers require children to "show their work"; in other words, illustrate how they got the answer to a problem."Showing work" is a demand that usually accompanies math homework. This may not be the best strategy with the Aspergers child, and may in fact lead to a big disagreement with the child.

Since many Aspergers children are visual learners, they picture how to solve the problem in their heads. To make them write out how they got the answer seems quite illogical to them. Why would you waste your time writing out something you can see in your head? The requirement of "showing work" simply does not make any sense to them, and it may not be worth the time it would take to convince them to do the requirement anyway.

If the student with Aspergers is staring off into space or doodling, don't assume they're not listening.

Remember the Aspergers child may experience difficulty with communication, especially nonverbal communication. What appears to the teacher to be behavior illustrating a lack of attention on the part of the child may not be that at all. In fact, the Aspergers child who is doodling or staring off may actually be trying to focus him or herself through the act of doodling or staring. The child is unaware that nonverbally s/he is communicating to the teacher that "I'm not listening, or I'm bored." Doodling or staring may actually help the child with Aspergers focus more on what the teacher is presenting. You might simply ask the child a question to check if he or she is listening.
Students with Aspergers may experience difficulties with focusing as well as lack of focus.

Focus involves attention. Sometimes Aspergers children focus all their attention on a particular object or subject; therefore, they fail to focus on what information the instructor is presenting. All their energy is directed toward a particular subject or object. Why? Because that object or subject is not overwhelming to them and they understand it.

To overcome this problem, the teacher can try to establish some connection between the object or subject of interest and the area of study. For example, if a child is fascinated with skateboarding, the child could learn reading and writing skills through researching a famous skateboarder and writing a report. Math skills could be taught by looking at the statistics involving competitive skateboarders. The possibilities for instruction are endless, but it will take some time and creative planning on the part of the teacher.

Sensory issues affect learning for the student with Aspergers.

Often Aspergers children are distracted by something in the environment that they simply cannot control. To them, the ticking of the clock can seem like the beating of a drum, the breeze from an open window can feel like a tremendous gust, the smell of food from the cafeteria can overpower them and make them feel sick, the bright sunshine pouring through the windows may be almost blinding to them.

This sensory overload the Aspergers child experiences may overwhelm them, so focusing can be difficult and frustration occurs. Frustration can then lead to disruptions from the child. To cope with frustration, the child might choose to repeatedly tap a pencil on a desk (or another disruptive behavior) in order to focus because s/he is experiencing sensory overload. What appears disruptive to the teacher and the rest of the class may actually be a way for the Aspergers child to cope with the sensory overload.

Obviously, a teacher does not want disruptions in the classroom. Take time to evaluate the classroom in terms of sensory stimulation, and how the environment affects the child with Aspergers. Perhaps some modifications can be made, or the child can be taught some coping skills that are not disruptive to classmates, like squeezing a squishy ball in their hand or some similar activity.

Don't assume the student with Aspergers is disrupting class or misbehaving to get attention.

More often than not, children with Aspergers react to their environment, and sometimes the reaction can be negative. Sometimes the child may be reacting to a sensory issue, and other times the child may be reacting to a feeling of fear. The Aspergers child feels fear because of a lack of control over his/her response to the environment or because of a lack of predictability. The child with Aspergers does best with clear structure and routine. A visual schedule can be helpful for the child.

Students with Aspergers experience difficulty with transitions.
Often a child with Aspergers gets "stuck" and has difficulty moving from one activity to another. They may need to be coached through the transition, and if a typical school day is loaded with lots of transitions, the child faces increased anxiety. Moving from one activity to another is not a challenge for most children, but for the child with Aspergers transitions can be monumental tasks.

Some possible strategies a teacher, paraprofessional, or parent can use: visual schedules, role-playing or preparing the child by discussing upcoming activities. Appropriate strategies are dependent on the age of the child and his/her abilities.

As a teacher, paraprofessional or parent of a child with Aspergers, it's important to recognize the child's gifts as well as limitations. Children with Aspergers present a challenge for the people who work with them, but these children also enrich our lives. So when you're feeling frazzled, take a deep breath and remember that tomorrow is another day. This child will grow up and make a contribution to our world in some way we can only imagine, and you can help this child.

Aspergers Children and Disruptive Behavior

Aspergers kids with disruptive behavior need a higher level of supervision than other Aspergers kids of the same age. However, supervision does not always have to be by the parent. In fact, because defiant behavior is often directed primarily at parents and teachers, parents may find that alternative caregivers, such as competent babysitters or aides, are able to develop good relationships with the youngster that provide social learning for the youngster and valuable respite for moms and dads.

Find ways to maintain a positive relationship with your Aspergers youngster. Pay attention to his good qualities and find joy in the moments of closeness. We naturally avoid people who cause us anxiety and are angered when they hurt us. But, we love our kids and that drives us forward to seek healing for them and for us. You need an outlet for your own feelings, so seek out support to help you cope. Many moms and dads also find that they need support to maintain a healthy, supportive marriage in difficult situations.

Get a plan and stick with it. Learn all you can about how to effectively manage your Aspergers youngster's behavior; find what works for you; and then use those strategies in
a consistent and structured way. Routines and clear expectations for behavior benefit all kids. They are vital to the healthy development of the disruptive youngster.

Respite and parent support are important because moms and dads need to be in control of their own emotions during difficult episodes with the Aspergers youngster. These kids enjoy making you mad, and they are good at it. Moms and dads need to maintain an emotionally neutral stance when giving instructions or consequences to the disruptive youngster. This skill doesn't come naturally and must be practiced and perfected over time. If moms and dads don't learn to control their own emotions when disciplining the youngster, the result is often violence and escalation of the disorder.

In working with disruptive Aspergers kids, I like to keep in mind the model I learned from Assertiveness Training. When a youngster has a need or desire to communicate, he may present it in one of three ways:

1. Unassertive (passive) communication - I lose, you win.
2. Aggressive communication - I win, you lose.
3. Assertive communication - I win, you win.

It may seem odd that the best thing to do to help disruptive Aspergers kids is the same thing you do to help shy kids, teach assertiveness! Of course you are coming at it from a different angle. The first step in changing the pattern of disruptive behavior in your youngster is to develop a sense of empathy. Observe and discuss with your youngster the emotions of others to help him understand how people feel when they are treated badly. TV and books are useful tools for teaching your youngster to recognize the feelings of others. Treat your youngster with empathy and respect, and he will learn to treat others in the same way.

An ideal opportunity to teach your Aspergers youngster how to handle angry feelings is when you and your spouse have an argument. Your youngster can learn principles of listening well, remaining calm, cooling off, and negotiating a solution by your example. Do you and your spouse often lose control emotionally? Name-calling, hateful words, and, of course, physical aggression by parents are directly modeled by disruptive kids.

Harsh physical punishment and abuse also lead to an aggressive pattern of externalizing painful emotions. Aggression in Aspergers kids is related to Oppositional Defiant and Conduct Disorders. These disorders set the stage for many long years of delinquency, substance abuse, poor relationships, and maladaptation in young adulthood. The destructive cycle is only stopped by learning self-control, a lesson best learned in childhood.

Aspergers kids need to understand the difference between right and wrong. A healthy sense of guilt when they do wrong is a good thing. Feeling "shame" rather than "guilt", however, is associated with disruptive behavior. What is the difference between shame and guilt, and why is it important? Probably because guilt is focused more on the transgression than the self, guilt seems to motivate restitution, confession, and apologizing rather than avoidance. Now you know why experts say condemn the behavior, not the youngster. It's a delicate balance for moms and dads, but an important
one. In the same vein, parents should be realistic in their praise of the youngster. As kids reach the elementary years, they need to have an accurate perception of their abilities and relationships. Some interesting current research suggests that kids who have an unrealistically positive perception of themselves are more disruptive.

Aspergers kids do model aggressive behavior from TV, movies, and games. This has been demonstrated convincingly in the research. If your youngster has a problem with disruptive behavior, you should definitely limit or eliminate his viewing of this type of programming now.

Aspergers son has difficulty picking up on social cues...

Question

Our 10-year-old son is diagnosed with Asperger Syndrome. He is bright and inquisitive, but has great difficulty picking up on social cues and understanding many aspects of friendship. We struggle to coach him in these areas but our explanations often don’t make sense to him. Any suggestions?

Answer

Aspergers presents kids with a variety of social and emotional stumbling blocks. Due to difficulties understanding implied meaning, humor, and other inferential reasoning skills, kids are often confused by the rapidly changing landscape of social interaction. Their tendency toward quick and literal interpretation of words can produce significant problems with establishing and maintaining friendships. Preoccupations with narrow, solitary interests can impede their capacity to converse on the range of topics that typically interest peers.

Moms and dads of kids with Aspergers often help them make sense of their social world, but success can be fleeting and isolated to certain circumstances.

Here are some coaching tips that may increase the success rate:

Think of the social world as a variety of “relationship road maps” that your youngster needs to perceive accurately and use talking tools to be able to follow. On various pieces of paper, draw “roads” of how conversations flow depending upon environmental cues. Cues include who your youngster is with, where it takes place, what the other youngster says and the degree of familiarity your youngster has with a peer. For instance, if your son bumps into an acquaintance at a movie theatre, depict how the initial greeting may lead to a short period of questioning about the movie, and finally to a closing remark.
about the next time he might see the peer again. Be sure to emphasize that what is said is just as important as perceiving the available cues in order to keep comments on target and within the boundaries of the environment.

Refer to boundaries as the lines that keep people within the relationship road they are supposed to be on. Boundaries are a critical piece of the social puzzle but are often ignored by kids with Aspergers since they are subtle and hard to distinguish. Make boundaries visual by depicting the kinds of statements and behaviors that are appropriate to the particular “road” (write them within the road) and examples of responses that are not (write them outside of the road). Explain how behaving within the boundaries protect the feelings of others and tells people that we are aware of what is going on around us. Depict how boundaries are more narrow when first meeting people but gradually widen as they become more familiar. Likewise, display how boundaries are narrow or wide depending upon the people present, situation and other circumstances.

Offer ways of understanding humor or typical childhood banter that uses available environmental cues. Kids with Aspergers can easily get caught in the throes of strong emotional reactions to common antagonistic statements made by peers. The intention of such comments may be to entertain bystanders, self-inflate, or trigger over-reactions by the youngster in question. Yet, no matter the intention, if your youngster reacts with verbal or physical aggression, they are going to pay severe penalties. This makes it especially critical to coach anticipation skills that normalize typical peer baiting. Draw another relationship road that depicts some of the standard comments that kids say to each other in various circumstances. Add a thinking bubble that contains a self-instruction to help your youngster keep their cool.

Parent Management Training [PMT] for Parents of Aspergers Children

Parent management training (PMT) is an adjunct to treatment that involves educating and coaching moms and dads to change their Aspergers child’s problem behaviors using principles of learning theory and behavior modification.

Purpose—

The aim of PARENT MANAGEMENT TRAINING is to decrease or eliminate an Aspergers child’s disruptive or inappropriate behaviors at home or school and to replace problematic ways of acting with positive interactions with peers, moms and dads and such authority figures as teachers. In order to accomplish this goal, PARENT
MANAGEMENT TRAINING focuses on enhancing parenting skills. The PARENT MANAGEMENT TRAINING therapist coaches parents in applying such strategies as rewarding positive behavior, and responding to negative behavior by removing rewards or enforcing undesirable consequences (punishments).

Although PARENT MANAGEMENT TRAINING focuses on specific targeted behaviors rather than on the youngster's diagnosis as such, it has come to be associated with the treatment of certain disorders. PARENT MANAGEMENT TRAINING is used in treating oppositional defiant disorder, conduct disorder, intermittent explosive disorder (age-inappropriate tantrums), and attention deficit disorder with hyperactivity (attention-deficit/hyperactivity disorder). Such antisocial behaviors as fire-setting and truancy can also be addressed through PARENT MANAGEMENT TRAINING.

Description—

In PARENT MANAGEMENT TRAINING, the therapist conducts initial teaching sessions with the parent(s), giving a short summary of foundational concepts in behavior modification; demonstrating interventions for the moms and dads; and coaching parents in carrying out the techniques of PARENT MANAGEMENT TRAINING. Early meetings with the therapist focus on training in the principles of behavior modification, response-contingent learning, and ways to apply the techniques. Moms and dads are instructed to define the behavior(s) to be changed concretely and specifically. In addition, they learn how to observe and identify relevant behavior and situational factors, and how to chart or otherwise record the youngster's behavior.

Defining, observing and recording behavior are essential to the success of this method, because when such behaviors as fighting or tantrums are highlighted in concrete, specific ways, techniques of reinforcement and punishment can be put to use. Progress or its absence is easier to identify when the description of the behavior is defined with enough clarity to be measurable, and when responses to the PARENT MANAGEMENT TRAINING interventions are tracked on a chart. After the Aspergers child's parents grasp the basic interventions as well as when and how to apply them, the techniques that the moms and dads practiced with the therapist can be carried out at home.

Learning theory, which is the conceptual foundation of PARENT MANAGEMENT TRAINING, deals with the ways in which organisms learn to respond to their environment and the factors that affect the frequency of a specific behavior. The core of learning theory is the notion that actions increase or decrease in frequency in response to the consequences that occur immediately after the action. Research in parent-child interactions in families with disruptive, difficult or defiant kids shows that parental responses are unintentionally reinforcing the unwanted behavior. PARENT MANAGEMENT TRAINING trains moms and dads to become more careful in their reactions to a youngster's behavior.

The parents learn to be more discerning: to provide attention, praise and increased affection in reaction to the Aspergers child's behaving in desired ways; and to withdraw attention, to suspend displays of affection, or to withdraw privileges in instances of less desirable behavior.
The most critical element of PARENT MANAGEMENT TRAINING is offering positive reinforcement for socially appropriate (or at least non-deviant) behaviors. An additional component involves responding to any undesired behaviors by removing rewards or applying punishment. These two types of response to the youngster must be carried out with great consistency. Consistent responding is important because erratic responses to unwanted behavior can actually cause the behavior to increase in frequency. For instance, if a youngster consistently throws tantrums in stores, hoping to be given something to end the tantrum, inconsistent parent responses can worsen the situation. If a parent is occasionally determined not to give in, but provides a candy bar or a toy to end the tantrum on other occasions, the youngster learns either to have more tantrums, or to have more dramatic tantrums. The rise in the number or intensity of tantrums occurs because the youngster is trying to increase the number of opportunities to obtain that infrequent parental reward for the behavior.

Planning responses ahead of time to predefined target behaviors by rewarding desired actions and by withdrawing rewards or applying punishment for undesirable behavior is a fundamental principle of PARENT MANAGEMENT TRAINING. Consistent consequences, which are contingent on (in response to) the youngster's behavior, result in behavior change. Moms and dads practice therapeutic ways of responding to their Aspergers child's behavior in the PARENT MANAGEMENT TRAINING sessions with the therapist.

Through PARENT MANAGEMENT TRAINING, parents learn that positive rewards for appropriate behaviors can be offered in a variety of ways. Giving praise, providing extra attention, earning points toward obtaining a reward desired by the youngster, earning stickers or other small indicators of positive behavior, earning additional privileges, hugging (and other affectionate gestures) are all forms of reward. The technical term for the rewarding of desired behavior is positive reinforcement. Positive reinforcement refers to consequences that cause the desired target behavior to increase.

PARENT MANAGEMENT TRAINING instructs moms and dads to cancel rewards or give punishments when the Aspergers child behaves in undesirable ways. The removal of rewards usually entails time away from the circumstances and situations in which the youngster can do desired activities or receive attention. The concept of a "time out" is based on this notion of removal of rewards. Time out from rewards customarily means that the youngster is removed from people and stimulation for a certain period of time; it can also include deprivation of privileges.

Punishment in PARENT MANAGEMENT TRAINING is not necessarily what parents typically refer to as punishment; it most emphatically is not the use of physical punishment. A punishment in PARENT MANAGEMENT TRAINING involves a response to the youngster's negative behavior by exposing the Aspergers child to something he or she regards as unpleasant. Examples of punishments might include having to redo the correct behavior so many times that it becomes annoying; verbal reproaches; or the military standby—"drop and give me fifty"—having to do pushups or sit-ups or laps around a playing field to the point of discomfort.
The least challenging problems, which have the greatest likelihood of successful change, are tackled first, in hope of giving the family a "success experience." The success experience is a positive reinforcement for the family, increasing the likelihood that they will continue using PARENT MANAGEMENT TRAINING in efforts to bring about change. In addition, lower-level behavioral problems provide opportunities for moms and dads to become skilled in intervening and to learn consistency in their responses. After the parents have practiced using the skills learned in PARENT MANAGEMENT TRAINING on the less important problems, more severe issues can be tackled.

In addition to face-to-face sessions with the parents, some PARENT MANAGEMENT TRAINING therapists make frequent telephone calls to the moms and dads between sessions. The purposes of the calls are to remind moms and dads to continue to be consistent in applying the techniques; to answer questions about the work at home; and to praise the parents’ attempts to correct the youngster’s behavior. In addition, ongoing support in sessions and on the telephone helps parents feel less isolated and thus more likely to continue trying to use learning principles in managing their youngster. Troubleshooting any problems that arise regarding the application of the behavioral techniques is handled over the telephone and in the office sessions.

An additional aspect of learning theory is that rewarding subunits of the ultimately desired behavior can lead to developing more complex new actions. The subunits are finally linked together by changing the ways in which the rewards are given. This process is called "chaining." Sometimes, if the youngster shows no elements of the desired response, then the desired behavior is demonstrated for the Aspergers child and subsequent "near hits" or approximations are rewarded. To refine "close but not quite" into the targeted response, rewards are given in a slightly "pickier" manner. Rewarding successive approximations of the desired behavior is also called "shaping."

Risks—

The best way to learn to alter parental responses to Aspergers child behaviors is with the support and assistance of a behavioral health professional (psychologist, psychiatrist, clinical social worker). As noted earlier, moms and dads often inadvertently reinforce the problem behaviors, and it is difficult for a parent to see objectively the ways in which he or she is unintentionally supporting the defiant or difficult behavior. Furthermore, inappropriate application of such behavioral techniques as those used in PARENT MANAGEMENT TRAINING can actually make the problem situation worse. Families should seek therapists with valid credentials, skills, training and experience in PARENT MANAGEMENT TRAINING.

Normal results—

Typically, the parents should notice a decrease in the unwanted behaviors after they implement the techniques learned in PARENT MANAGEMENT TRAINING at home. Of the various therapies used to treat childhood disorders, PARENT MANAGEMENT TRAINING is among those most frequently researched. PARENT MANAGEMENT TRAINING has shown effectiveness in changing Aspergers kid’s behavior in very well-designed and rigorous studies. PARENT MANAGEMENT TRAINING has a greater effect
on behavior than many other treatments, including family therapy or play therapy.

Furthermore, the results—improved child behavior and reduction or elimination of undesirable behavior—are sustained over the long term. When a group of kids whose families had used PARENT MANAGEMENT TRAINING were examined one to fourteen years later, they had maintained higher rates of positive behavior and lower levels of problem behavior.

My Aspergers Child: Parent Management Training
for Parents with Strong-willed, Out-of-Control Aspergers Children  10:00AM (-07:00)

How to Discipline Aspergers Children

Disciplining kids displaying Aspergers characteristic behavior will often require an approach which is somewhat unique to that of other kids. Finding the balance between understanding the needs of a youngster with Aspergers and discipline which is age appropriate and situationally necessary is achievable when applying some simple but effective strategies. These strategies can be implemented both at home and in more public settings.

General Behavior Problems—

Traditional discipline may fail to produce the desired results for kids with Aspergers syndrome, primarily because they are unable to appreciate the consequences of their actions. Consequently, punitive measures are apt to exacerbate the type of behavior the punishment is intended to reduce, whilst at the same time giving rise to distress in both the youngster and parent.

At all times the emotional and physical well-being of your youngster should take priority. Often this will necessitate removing your youngster from a potentially distressing situation as soon as possible. Consider maintaining a diary of your youngster's behavior with a view to ascertaining patterns or triggers. Recurring behavior may be indicative of a youngster taking some satisfaction in receiving a desired response from peers, parents or teachers.

For example, a youngster with Aspergers may come to understand that hurting another youngster in class will result in his being removed from class, notwithstanding the associated consequence to his peer. The solution may not be most effectively rooted in punishing the youngster for the behavior, or even attempting to explain the situation from the perspective of their injured peer, but by treating the root cause behind the motivation for the misbehavior...for example, can the youngster be made more comfortable in class so that they will not want to leave it?

One of the means to achieve this may be to focus on the positive. Praise for good behavior, and reinforcement by way of something like a Reward Book, can assist. The
use of encouraging verbal cues delivered in a calm tone are likely to elicit more beneficial responses than the harsher verbal warnings which might be effective on kids who are not displaying some sort of Aspergers characteristic. If necessary, when giving directions to cease a type of misbehavior, these should also be couched as positives rather than negatives. For example, rather than telling a youngster to stop hitting his brother with the ruler, the youngster should be directed to put the ruler down.

Obsessive or Fixated Behavior—

Almost all kids go through periods of development where they become engrossed in one subject matter or another, but kids with Aspergers often display obsessive and repetitive characteristics, which can have significant implications for behavior.

For example, if an Aspergers youngster becomes fixated upon reading a particular story each night, they may become distressed if this regime is not adhered to, or if the story is interrupted. Again, the use of a behavior diary can assist in identifying fixations for your youngster. Once a fixation is identified, it is important to set appropriate boundaries for your youngster. Providing a structure within which your youngster can explore the obsession can assist in then keeping the obsession within reasonable limits, without the associated angst which might otherwise arise through such limitations. For example, tell your youngster that they may watch their favorite cartoon for half an hour after dinner, and make clear time for that in their routine.

It is appropriate to utilize the obsession to motivate and reward your youngster for good behavior. Always ensure any reward associated with positive behavior is granted immediately to assist the youngster recognizing the nexus between the two.

A particularly useful technique to try to develop social reciprocity is to have your youngster talk for five minutes about a particularly favored topic after they have listened to you talk about an unrelated topic. This serves to help your youngster understand that not everyone shares their enthusiasm for their subject matter.

Bridging the Gap between Aspergers and Discipline and Other Siblings—

For siblings without Aspergers syndrome, the differential and what at times no doubt appears to be preferential treatment received by an Aspergers sibling can give rise to feelings of confusion and frustration. Often they will fail to understand why their brother or sister apparently seems free to behave as they please without the normal constraints placed upon them.

It is important to explain to siblings or peers of Aspergers kids and encourage open discussion about the disorder itself. Encouragement should extend to the things siblings can do to assist the Aspergers youngster, and this should be positively reinforced through acknowledgement when it occurs.

Sleep Difficulties—

Aspergers Kids are renowned for experiencing sleep problems. Kids with Aspergers may
have lesser sleep requirements, and as such are more likely to become anxious about sleeping, or may find they become anxious when waking during the night or early in the morning.

Combat your youngster's anxiety by making their bedrooms a place of safety and comfort. Remove or store items which might be prone to injure your youngster if they decide to wander at night. Include in the behavioral diary a record of your youngster's sleep patterns. It may assist your youngster if you keep a list of their routine, including dinner, bath time, story and bed, in order to provide structure. Include an image or symbol of them waking in the morning to provide assurance as to what will happen. Social stories have proven to be a particularly successful tactic in decreasing a youngster's anxiety by providing clear instructions on how part of their day is likely to play out.

At School—

Another Aspergers characteristic is that kids will often experience difficulty during parts of the school day which lack structure. If left to their own devices their difficulties with social interaction and self management can result in anxiety. The use of a buddy system can assist in providing direction, as can the creation of a timetable for recess and lunch times. These should be raised with class teachers and implemented with their assistance.

Explain the concept of free time to your youngster, or consider providing a separate purpose or goal for your youngster during such time, such as reading a book, or helping to set up paint and brushes for the afternoon tasks.

In Public—

Kids with Aspergers can become overwhelmed to the point of distress by even a short sourjourn in public. The result is that many parents with Aspergers simply seek to avoid as much as possible situations where their youngster is exposed to the public. Whilst expedient, it may not offer the best long term solution to your youngster, and there are strategies to assist with outings.

Consider providing your youngster with an ipod, or have the radio on in the car to block out other sounds and stimuli. Prepare a social story or list explaining to the youngster a trip to the shops, or doctor. Be sure to include on the list your return home. Consider giving your youngster a task to complete during the trip, or having them assist you. At all times, maintaining consistency when dealing with Aspergers and discipline is key. It pays to ensure that others involved in your youngster's care are familiar with your strategies and techniques, such as those outlined above, and are able to apply them.

Most importantly, don't hesitate to seek support networks for parents with Aspergers syndrome, and take advantage of the wealth of knowledge those who have dealt with the disorder before you have developed. The assistance you can gain from these and other resources can assist you in developing important strategies to deal with problems with Aspergers in a manner most beneficial to your youngster.
Knowing when, how, and how much to discipline your youngster with Aspergers can be quite challenging. You may be filled with worry for your youngster and her future. You may be learning more about becoming her strongest advocate. In so doing, you will need to find balance in your role as a parent and disciplinarian. There may be a fine line between being an effective parent and being perceived as zealous or coddling of your youngster.

Your youngster’s diagnosis is a label that describes a sliver of who that individual is as a human being. Your youngster is many other things; her diagnosis does not exclusively define her (remember the self-fulfilling prophecy). In valuing your youngster’s gifts and talents concurrent with understanding her diagnosis, be cautious about going to extremes. You have every reason to be a strong advocate on behalf of your youngster and in protection of her rights. But this does not exempt her from being disciplined by you or, where appropriate, by youngster care or day care providers, or educators.

Over protectiveness—

Some moms and dads can become overprotective. They may make frequent excuses for their youngster’s words or actions. And they may not discipline where most others agree it to be warranted. When this occurs—regardless of the youngster’s way of being—the balance of authority shifts. The youngster gains more and more control while being protected in a sheltered environment with little to no discipline.

The Latin root of the word discipline means “to teach.” Moms and dads who are overprotective and do nothing to discipline their youngster are teaching some very artificial life lessons that will significantly hinder their youngster in the real world. One mother openly despaired that she envisions caring for her son with Aspergers for the rest of her life. This may indeed be the case if she micromanages every aspect of his life.

The Dignity of Risk—

There is what is known as the “dignity of risk.” It speaks to the luxury we must allow persons with different ways of being to make long- and short-term mistakes, but not without support and guidance. This will be a great challenge to you as a parent who is naturally protective of your youngster. But it is the only way your youngster will be able to learn and prepare for greater independence in the future. Disciplining your youngster should be a teaching and learning opportunity about making choices and decisions. When your youngster makes mistakes, assure him that he is still loved and valued. In other words, focus on the issue at hand, not the person (i.e., yelling, “How could you be so stupid?” is not an option).

For example, the parents of the adolescent who drove the uninsured car should demonstrate their discipline by first discussing his great error in judgment in addition to entering into a dialogue about good, better, and best choices in the future. It will be especially helpful—and will maximize the learning opportunity—if, in partnership with the boy, they write it all down to make it as concrete as possible. They may also decide that another form of discipline (such as withholding allowance or grounding him) is an entirely appropriate way to reinforce the seriousness of his actions.
This is not to suggest that they should not have intervened if they had had prior knowledge of his intentions; they certainly should have! But, where possible, look for small opportunities to deliberately allow your youngster to mess up and make mistakes for which you can set aside discipline-teaching time. It will be a learning process for you and your youngster.

An Aspergers youngster may throw tantrum or behave aggressively when he is disappointed or frustrated as other kids do. But he is not doing it intentionally, because as an Aspergers youngster, he is unable to understand that other people have thoughts and feelings. He doesn’t know that other people hurt when he hit them. He may learn this as he gets older, but it may take sometimes. So how do parents of Aspergers kids tell them not to hit other people? How can they handle their misbehavior? Here are a few short but helpful pointers to help parent in disciplining an Aspergers youngster.

Discipline is about teaching your youngster good and appropriate behavior. Discipline is about helping them to become an independent and responsible people. Regardless, your youngster is special need or not, you still need to discipline him with the consideration of his special needs. In particular, you need to keep in mind of his unusual perception of pain. Therefore, hitting them or any physical punishment is big no-no. The hitting will not teach that their behavior is unacceptable. In contrast, it may encourage them that hitting others is an acceptable behavior. It may even encourage self injurious behavior. In fact many experts strongly agree to not use physical punishment on autistic kids and advised them to find alternative methods of discipline method.

The best method is through positive discipline, where you focus on his acceptable behavior and provide rewards so that your youngster would be encouraged to repeat the behavior. To do that, first you need to establish ground rules. The ground rules must states specifically of what is consider as an acceptable behavior and what is not. You must catch and reward them when they are well-behaved and following the rules. A reward need not necessarily be a physical or expensive reward. It can be a genuine praise or word of encouragement. Most importantly, the reward must be clear and specific. The youngster should be able to know exactly the behavior that earned the reward. Rather than saying "Good job," say "Thank you for cleaning up your room."

Some Aspergers kids are not able to generalize information. They are usually not able to apply what they learn in one learning context to another learning context. For example, he may learn that hitting his friend at school is not acceptable, but he may not necessarily understand that he cannot hit his sister at home. That is, once the situation change, it will be a totally a new learning experience for him. Be consistent and provide many repetitions in disciplining them. If there is punishment, make sure that the punishment is always the same for the bad behavior. Consistent environment and many repetitions will help your Aspergers youngster to learn and remember the differences between right and wrong.

Disciplining an Aspergers youngster is not easy, but with your loving care and understanding of him will make the task much easier to fulfill. I feel by accommodating his special needs and the loved he feel, he takes discipline a lot better. Be persistent and
enjoy every small success. He may not be the captain of a football team, but he is taking small steps to become an independent and responsible person.

My Aspergers Child: How to Discipline Aspergers Children 10:20AM (-07:00)

Aspergers Teens and Dating

My son is 17 ...he has Aspergers and dating is now becoming an issue - he likes girls but struggles with what to do next. Can you help?

Aspergers dating can be a bit more complicated than typical teen dating. The onset of dating is a big step for teens with Aspergers, just as it is for all teens. Like any other teen, your son wants to develop those special friendships and be a part of the crowd. The socialization struggles brought about by Aspergers calls for some advanced planning. Here are some tips to get you started.

Social skills—

Social skills are necessary to form friendships. Unfortunately, this skill area causes problems for people with Aspergers. Dating calls for the ability to notice social cues, body language, and gestures. You can help your son by identifying and practicing necessary skills. Many schools or community Autism support organizations have social skills group therapy classes. By attending these group activities, your son can learn socialization skills in a controlled and supported environment.

Personal Hygiene—

Sometimes personal hygiene is all but forgotten by people with Aspergers. Dating definitely requires good personal hygiene. It is difficult to attract the attention of the opposite sex if you forget to bathe and brush your teeth. Help your son create a schedule for his personal hygiene. A visual checklist can keep him on a regular schedule.

Interest-led activities—

One way to meet people is through a shared interest. For example, if your son's special interest is computers, he could join a computer club or take a class. Now is the chance to put to good use those obsessive interests that are so commonly held by people with Aspergers. Dating someone who loves the same things you do makes for a more natural relationship.

Therapy—

It is not easy to make your way through the teen years with Aspergers. Dating is expected and desired. If your son is struggling, he may benefit from individual therapy. A private counselor can help him work through his issues, concerns, and fears. A counselor
can give him strategies that will make life easier and more pleasant.

With a little planning, your son can tackle his socialization struggles. With a bit of organization, some social skills practice, and possibly some therapy, your son can begin to overcome some of the weaknesses of Aspergers. Dating will then become his reality. With a little practice, he will become comfortable with himself in social situations.

03:17PM (-07:00)

Aspergers and Friendship Problems

My son is 13 with Aspergers and friends are a big problem. He never has anyone call or come over. Should I push on this issue or let it play out as he is happy and content so far?

What do most parents want the most for their kids with Aspergers? Friends. We are social beings and because of that, we desire friendships. Some people are more social, needing to be surrounded by other people constantly, while some of us are much less social, preferring to spend some of our time alone.

Socialization is difficult for kids with Aspergers. Friends are hard to come by. Other kids do not understand the characteristics of Aspergers and may think your son is awkward, aloof, or conceited. There are things your son can do to improve his chances for friendships, if he so desires. Here are a few suggestions.

* Social skills classes help kids with Aspergers learn ways to interact with their peers. Some schools offer these classes to their special needs students through the speech and language therapy department.

* Peer mentoring picks up where social skills classes leave off. Typically developing peers are matched with students with Aspergers. Friends are made while these peers act as social guides. This can be quite effective at opening dialogue between peers while a protective peer mentor is in control.

* Special interest groups or clubs, both at school and in the community, will give your son opportunities to practice his newly acquired social skills with kids that share his special interest or topic. For example, your son could join a computer club or band at school while enjoying bird watching or local history meetings on the weekends.

* Personal hygiene is sometimes a forgotten concept in kids with Aspergers. Friends may not be so accepting if your son has poor hygiene habits. Create a visual schedule to help
him remember the basics to cleanliness.

There is another thought to keep in mind regarding Aspergers. Friends are not the most important thing to some people with Aspergers. Some people truly are more comfortable with very few friends and spending most of their time alone. If your son is obviously happy and content, as you say, there may not be an issue here at all. If you notice your son struggling with who he is, or with depression or anxiety, you may want to intervene. For now, make sure he is learning proper social skills and interacting with people appropriately. As long as he is happy and productive, take your cues from him.

03:33PM (-07:00)

How do I help my son with Aspergers in his social skills?

How do I help my son with Aspergers in his social skills? He needs to interact with other kids and deal with people in the near future once he start's working.

Even though there are several areas of weakness caused by Aspergers, social skills problems are probably the most important. Good social skills mean more than friendships and peer relationships. Social skills are necessary for interaction on the job, dating, and dealing with out people in all aspects of life. Your son can find help with social skills in many different places.

Help at school—

When there is no Aspergers, social skills are taught naturally in the classroom. However, kids with Aspergers fail to grasp the concept in this manner. Social skills must be taught systematically with much practice. Speech therapists in the schools are able to teach social skills along with other types of communication skills. This therapy may or may not involve a group of kids and will mainly focus on education related issues.

Help at home—

You are a vital player in your son with Aspergers social skills therapy. The skills that are taught at school or in private therapy must be practiced at home. In addition, you should practice all forms of therapy at home and encourage your son to complete therapy homework whenever it is given.

Help in private therapy—
For kids with Aspergers, social skills can be taught through private therapy. Private therapists are usually associated with a hospital or medical group in your area. These therapists focus on all of a person's weaknesses where school therapists can only work on education related weaknesses.

Help in autism support groups—

Autism support groups can also help kids with Aspergers. Social skills groups may be available within the support group's membership. Check with the support group owner or leader for information on social skills groups or classes for your son. Even if your group does not have social skills classes, the members can supply information on other resources in your community.

Help in focused interest with clubs and outings—

Intense special interests are a part of life with Aspergers. Social skills can be learned through these special interests. Find clubs or community groups that share a common interest with your son. These clubs will supply opportunities for your son to practice his social skills in an environment that feels comfortable to him. Club outings will allow further practice and a bit of independence.

With some planning on your part, and hard work on the part of your son with Aspergers, social skills can be learned and practiced on a daily basis. It may not come natural, but it is possible for people with Aspergers to discover the basic ability of socialization.

03:34PM (-07:00)

What can I do to help my son with Aspergers function better in the outside world (places other than home)?

Answer

We expect the people around us to look and act a certain way. Acting civilized is desired of all ages, young and old. Sometimes this is just too much to expect. People are individuals with their own agendas. What seems civilized to one family may be over the top in another household. What seems barely acceptable in one place is normal behavior.
Nevertheless, we all want to be accepted and we want our children to be accepted. We teach and train from the earliest point in time to the best of our ability and our expectations, only to be told we aren’t quite reaching the bar in other’s eyes. Then add in Asperger’s Syndrome. How can we succeed?

Make sure that your son recognizes appropriate behavior for public places. The younger you start, the more time you’ll have to cement the skills in his mind. Manners, personal cleanliness, and appropriate conversation are a few that are not only important at home but can mean acceptance in public.

You should make lists that are very straight-forward with simple language. An example of a list subject could be as follows:

This is how I act at a restaurant:

- I sit quietly and stay in my chair
- I speak calmly and place my order
- I eat my food using my manners

Picture charts are similar to lists, but use pictures instead of words. For example, a picture of a restaurant logo could be used as the title. The following pictures could be a car, people walking into a door, people sitting as a table, and so on.

Reading social stories is another good option. Choose a story about a boy going to eat in a restaurant. It is possible to write your own story. Make sure the story includes many examples of proper behavior. Read the story several times before the trip to the restaurant.

Use every possible opportunity to remind your son about his lists, charts, and stories. This will help him become more aware of how he should present himself. Children with Asperger’s Syndrome do not always see the importance of good behavior because of their lack of social skills. The good thing is that they want to do what is right and acceptable and will work hard to follow the rules.

Utilize the Internet to find books and videos that will model proper behavior for him. This video can be used for older kids through adult: “Manners for the Real World: Basic Social Skills” (DVD).

Your son can watch and emulate actual demonstrations of appropriate behavior by using this video. There are many topic areas covered, from table manners to public conversations and everything in between. All topics are discussed during the segment and then reviews are captioned on the screen. He’ll see it, hear it and read it.

As your son grows, you will need to add new rules to his lists. The body is always changing. There will be added personal hygiene issues, as well as new social situations in which he’ll begin to participate. The goal is to show him how to tackle the issues of
public behavior himself as he becomes an adult. Because of your diligence over the years, your son will know what he needs to do to function appropriately in public.

Teaching Kids with Aspergers: Tips for Educators

Aspergers is a neurological disease typically diagnosed in kids ages two to four. It is a form of functional autism that largely affects a person's communication and social skills.

Some kids with Aspergers (AS) must be placed in special education classrooms, while others function relatively well in standard education classes.

In my tenure of teaching, I have taught sixteen kids with Aspergers, and it has been both a challenging and rewarding experience. Kids with ASPERGERS often have discipline problems and have trouble interacting with other kids, but they are usually quite bright. In fact, their IQ's are sometimes approaching genius level, and many are youngster prodigies in one area or another. Many take to memorizing facts, which has earned them the affectionate nickname of "little professors."

The complications with working with kids who have Aspergers are two-fold. On the one hand, many teachers are uncomfortable with the quirks and idiosyncrasies of ASPERGERS kids, and they have trouble communicating with the students beyond their limitations. At the same time, teachers must also deal with other students' reactions to a youngster with Aspergers.

Characteristics of Kids with Aspergers—

As with many other behavioral disorders, symptoms of ASPERGERS vary among those who have it. Here are some common behaviors that you might notice:

1. An extremely reliable memory.
2. Avoiding eye contact.
3. Clumsiness
4. Consistent adherence to routines and schedules.
5. Constant reiteration of facts and figures related to subjects that interest them.
6. Higher comfort level with adults than with peers.
7. Inability to grasp implied meanings.
8. Lack of control of facial expression.
10. Over-eagerness to answer questions or participate in classroom activities.
12. Preoccupation with a specific subject
13. Taking expressions literally.

A youngster with Aspergers may have only one of these symptoms, or he or she might suffer from them all. ASPERGERS can be diagnosed in a wide range of severity.

Research—

The first time a youngster with Aspergers was placed in my classroom, I was informed about it during the summer by my Assistant Principal. He called to let me know a little bit about the youngster, and gave me a few brochures about the disease. He wanted to be sure that I was comfortable with the arrangement - which I was - and I thought that he handled the situation very professionally.

If you are not given the same courtesy, or if you are concerned about teaching a youngster with Aspergers, do your research. Understanding the disorder is foremost in learning how to most effectively teach a student.

You might also speak to your school guidance counselor and see if he or she has any literature on the subject. Your local library should have books about Aspergers, as should your local bookstore.

Parents—

In any situation like this, your best resource is the youngster's parents. They shouldn't mind your calling or requesting a meeting to discuss their youngster's specific symptoms of Aspergers, and to pick their brains about what works best. They will invariably have little tidbits of information to share that will assist in everyday activities with their youngster, and they will be grateful for your concern and attention.

Classroom Activities—

You are likely to discover that kids with Aspergers are not dim-witted at all, but actually rather intelligent. In this respect, they are easier to handle than kids with other disorders. They invariably understand that they have a condition, and might even be aware of their uncommon habits, but are simply unable to control it themselves. Knowing this, you can work with them in the classroom to maintain order.

1. Preoccupation—I had one student four years ago who was quite intelligent and also quite sweet, but had a habit of shouting out statistics about car crashes at random. He had researched car crashes, crash test ratings and safety reports, and knew everything there was to know about the subject. I loved his enthusiasm, but it wasn't helpful when he would blurt out statistics in the middle of English class. If you observe this behavior, be kind but firm. Every time he or she goes off-topic or talks out of turn, ask him or her a question related to the subject you are teaching. For example, every time my student would shout out a statistic, I would ask him to list the main characters in the book we were reading. It worked quite well.
2. Other Kids—This is a decision that must be made with the youngster and parents, but I have found it enormously helpful if the youngster with ASPERGERS explains to the class what Aspergers is. Twelve of my sixteen ASPERGERS students have agreed to stand in front of the class and take questions about their condition. This works only in high school age kids - not elementary or junior high, because of maturity - but it is highly effective. Using this method, the other students become comfortable with Aspergers and are unlikely to tease or to be mean to the student. At the same time, it helps the student with ASPERGERS to become comfortable talking about his or her condition, and to feel confident when interacting with his or her peers.

3. Misunderstandings—If you find that the student has trouble understanding what other people are saying - taking literal interpretations of expressions, for example - be proactive in explaining things to him or her. You might discover that other students in the classroom are put off by this behavior, but simply step in if you see a problem. Take control of your classroom in this way, and be there when assistance is needed.

4. Impulsiveness—Many kids with Aspergers are very impulsive, and want very much to participate. They will eagerly raise their hand in class, blurt out answers and insist they have turns before other students. To counteract this, work out a signal that only you and the student knows. For example, when you walk in front of their desk, they know that they should calm down. Or if you scratch your ear, they understand that they should give someone else a turn. This has proved highly effective.

Teaching kids with Aspergers can be a rewarding experience if approached in the right mindset. Remember to encourage positive behavior, discourage negative behavior, and to do your best to that student as much as the others.

My Aspergers Child: Highly Praised Program for Preventing Meltdowns and Tantrums at Home and in the Classroom

Aspergers Children and Sexual Fetishism

Overall he has always been a good kid. Loves going to school (but all through elementary school had bullying issues). Seems better this year in high school (he chose a new school). He has Asperger's syndrome (terrible social skills...yet loves to be social, but can't fit in). He has always been extremely "strong willed". I am at my wits end....he lies to me (minor things), he is disrespectful to myself and his dad, he starts and will not give in to numerous arguments (until we tell him he is right and we are wrong....this can go on for hours). The worse thing is that now he seems to have developed a fetish...he is stealing diapers and I don't know what is going on. This last thing has now distanced myself from him....I cannot deal with this, nor do I know how..He looks up pictures of diapers on internet (when he is supposed to be doing internet homework projects), then he lies about it when I ask him why he is on these sights. It is him, because there is no one else. Therapists are out, unless we know something about them, they can mess you up more
than help, unless they are good.

Can you help? Desperate mom

Sexual fetishism, or erotic fetishism, is the sexual arousal brought on by any object, situation or body part not conventionally viewed as being sexual in nature. Sexual fetishism may be regarded, e.g. in psychiatric medicine, as a disorder of sexual preference or as an enhancing element to a relationship. The sexual acts involving fetishes are characteristically depersonalized and objectified, even when they involve a partner. Body parts may also be the subject of sexual fetishes (also known as partialism) in which the body part preferred by the fetishist takes a sexual precedence over the owner.

Psychologists and medical practitioners regard fetishism as normal variations of human sexuality. Even those orientations that are potential forms of fetishism are usually considered unobjectionable as long as all people involved feel comfortable. Only if the diagnostic criteria presented in detail below are met is the medical diagnosis of fetishism justified. The leading criteria are that a fetishist is ill only if he or she suffers from the addiction, not simply because of the addiction itself.

The diagnostic criteria for fetishism are as follows:

• Unusual sexual fantasies, drives or behavior occur over a time span of at least six months. Sometimes unusual sexual fantasies occur and vanish by themselves; in this case any medical treatment is not necessary.

• The affected person, her object or another person experience impairment or distress in multiple functional areas. Functional area refers to different aspects of life such as private social contacts, job, etc. It is sufficient for the diagnosis if one of the participants is being hurt or mistreated in any other way.

There are two possible treatments for fetishism: cognitive therapy and psychoanalysis, though treatment is not usually necessary. Both may be complemented by additional treatments.

Cognitive therapy—

Cognitive therapy seeks to change a person's behavior without analyzing how and why it has shown up. It is based on the idea that fetishism is the result of conditioning or imprinting.

One possible therapy is aversive conditioning, in which the person is confronted with his fetish and as soon as sexual arousal starts, is exposed to a displeasing stimulus. It is reported that in earlier times painful stimuli such as electric shocks have been used as
aversive stimulus. Today a common aversive stimulus are photographs that show unpleasing scenes such as penned in genitals. In a variant called assisted aversive conditioning, an assistant releases abominable odors as an aversive stimulus.

Another possible therapy is a technique called thought suppression, in which the therapist asks the patient to think of the fetish and suddenly cries out "stop!". The patient will be irritated, their line of thought broken. After analyzing the effects of the sudden break together, the therapist will teach the patient to use this technique by him or herself to interrupt thoughts about the fetish and thus avoid the undesired behavior.

Psychoanalysis—

Psychoanalysis tries to find the traumatic unconscious experience that has caused the fetish. Bringing this unconscious knowledge to a conscious state and, by enabling the person to work out the trauma rationally and emotionally, may relieve the person from the problems. Unlike cognitive therapy, psychoanalysis tackles the cause itself.

There are various techniques available for the analyzing process, including talk therapy, dream analysis and play therapy. Which method will be chosen depends upon the problem itself, the person's attitude and reactions to certain methods and the therapist's education and preference. This type of treatment is rarely used.

Medication—

Various pharmaceutical drugs are available that inhibit the production of sex steroids, especially male testosterone and female estrogen. By cutting down the level of sex steroids, sexual desire is diminished. Thus, in theory, a person might gain the ability to control their fetish and reasonably process their own thoughts without being distracted by sexual arousal. Also, the application may give the person relief in everyday life, enabling them to ignore the fetish and get back to daily routine. Other research has assumed that fetishes may be like obsessive-compulsive disorders, and has looked into the use of psychiatric drugs (serotonin uptake inhibitors and dopamine blockers) for controlling paraphilias that interfere with a person's ability to function.

Although ongoing research has shown positive results in single case studies with some drugs, e.g. with topiramate, there is not yet any medicament that tackles fetishism itself. Because of that, physical treatment is only suitable to support one of the psychological methods.
Classroom Strategies for Aspergers Students

Since the 1960's there have been numerous legislative acts intended to protect the rights of kids with disabilities. One key piece of legislation, the Individuals with Disabilities Act (IDEA), provides that kids be placed in the least restrictive environment possible for their education. Anderson, Chitwood, and Hayden (1997), state, "before IDEA, our schools almost always segregated kids with disabilities from kids without disabilities. Now, however, our nation has legislation that requires all pupils to have equal access to education. As a result, increasing numbers of kids with disabilities are being integrated into regular education classrooms. Under IDEA, pupils with disabilities are guaranteed services in the least restrictive environment." (p. XV).

One disability that is becoming more prevalent is Aspergers. Asperger's Disorder or Aspergers (AS) is defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (2000) as, "The essential features of Aspergers are severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interests, and activities. This disturbance must cause clinically significant impairment in social, occupational, or other important areas of functioning. In contrast to Autistic Disorder, there are no clinically significant delays or deviance in language acquisition (e.g., single non-echoed words are communicatively by age 2 years, and spontaneous communicative phrases are used by age 3 years), although more subtle aspects of social communication (e.g., typical give-and-take in conversation) may be affected." (p. 80).

Although this legislation is necessary and does protect a youngster's rights to the best public education possible, it poses a challenge for educators. With classroom enrollment limits rising, teachers are spread thin. Inclusion laws require educators to instruct kids at many different places developmentally. In addition to being in different places, the addition of kids with learning disabilities such as Asperger's requires the instructor to use a variety of teaching strategies in order to reach each individual.

According to Cumine, Leach and Stevenson (1998), many teachers feel they have not received training to instruct kids with these kinds of learning disabilities. Additionally, Strosnider, Lyon, & Gartland (1997) express the pressure regular education instructors feel to carry out educational plans. The authors address the issues of the scarcity of time to collaborate and the shortage of special education instructors. These difficulties magnify the fact regular education instructors are ultimately responsible for implementing strategies in the classroom. The review of the literature will explore strategies of instruction valuable for educators who are not familiar with AS pupils and their special needs.

Review of Related Literature

In reviewing the significant research related to ASPERGERS it is necessary to clarify that, although ASPERGERS differs from Autism in regards to language acquisition and
early cognitive development, they do have similarities. These similarities in the areas of social impairment, impairment in reading social non-verbal language, inflexibility, and persistent preoccupation allow for some of the research involving teaching strategies for Autistic pupils to be applied to ASPERGERS pupils as well.

Both qualitative and quantitative research has been conducted regarding ASPERGERS. For the purpose of clarity, the literature review will be categorized. The categories will include the theories associated with ASPERGERS, strategies for curriculum education, and strategies for social education.

Theories Associated With ASPERGERS

There are several theories associated with ASPERGERS. The predominant premise is the Behaviorist Theory. "By means of relatively few basic concepts, the behavioral perspective attempts to explain the acquisition, modification, and extinction of nearly all types of behavior. Maladaptive behavior is viewed as essentially the result of (1) a failure to learn necessary adaptive behaviors or competencies, such as how to establish satisfying personal relationships, and/or (2) the learning of ineffective or maladaptive responses." (Butcher, Mineka, & Hooley, 2004, p. 82).

The first explanation for maladaptive behavior fits ASPERGERS pupils particularly well. ASPERGERS individuals are impaired socially and often do not detect social clues. It is common for them to be unaware that someone is irritated if the only clue is a frustrated facial expression. If they miss a social clue then they miss the lesson associated with the experience. They will likely repeat the irritating behavior because they are unaware of its effects.

The idea of reinforcement is useful with individuals with ASPERGERS. Dr. Bryna Siegel (1996) states that, "Although autistic kids have difficulty figuring out most principles of human interaction, they are usually pretty astute about cause-and-effect principles, especially in instrumental contexts." (p.232). This indicates that although a pupil with ASPERGERS might be unaware of another individual's desires or emotions he or she is aware of his/hers. This can be useful in education if the instructor takes the time to ascertain what is pleasing to the youngster. Once this pleasure has been determined the teacher can request the desired behavior and reinforce the behavior with the object of desire.

A further teaching technique that finds its roots in behavioral conditioning is the implementation of applied behavior analysis and discrete trial training (ABA/DTT). Siegel, describes ABA/DTT as "a science that studies how principles of behavioral conditioning can be applied to learning. Discrete trial training is a method of training that is consistent with the principles of applied behavior analysis." (Siegel, 2003, p. 312). Siegel explains the design of DTT suggests learning can be broken down into small steps, building upon each other, and ultimately leading to the overall concept.

ABA/DTT is highly recommended for pupils with Autism. The principles of the strategy are affective for ASPERGERS pupils as well. Shore's (2002) research explains the difficulties ASPERGERS pupils have with sensory perception. It is problematical for these pupils to
sort through the different stimulus occurring throughout the school day. Applying ABA/DTT allows the pupil to focus on smaller quantities of information and possibly the opportunity to complete an assignment rather than becoming overwhelmed. Understanding the theories associated with ASPERGERS aids in the appropriate evaluation of the pupil but specific strategies are still necessary for instruction.

Teaching Strategies for Curriculum Education

Initially it is necessary to understand the nature of the ASPERGERS pupil in regards to curriculum education. Safran (2002) indicates many of the characteristics of ASPERGERS can be "masked" by "average to above average IQ scores." (p. 284). This can result in the ASPERGERS being misunderstood by instructors. Safran (2002) explains that adults often presume the pupil is capable of more than is being produced. Lack of understanding of the ASPERGERS pupil in this way can significantly impede the desire of the instructor to search for strategies useful in overcoming the hindrances caused by the disability.

Another misunderstanding is the relationship between curriculum and social education. For example, a youngster with ASPERGERS might find a social setting overwhelming and distracting. If kids are placed in a small group for project work this might predominantly become a social setting to an ASPERGERS pupil. It is possible the pupil would be so over stimulated by the social aspect that it would be extremely challenging to focus on the curriculum aspect of the group.

Strosnider, et al., (1997) recognize this overlap between curriculum and social education. The researchers suggest that when considering modifications the most important aspect is considering all the elements involved in public education and not just deciding which area to modify. These authors propose that three areas effect education. The areas in review are academic, physical and interpersonal. These are all areas of difficulty for the ASPERGERS pupil. Strosnider, et al., (1997) compiled The Academic, Physical and Interpersonal Inclusion Plan (API Inclusion Plan). This plan assists the regular education instructor in brainstorming strategies for each of the three mentioned areas of education. This is particularly useful when considering the potential unavailability of a special education instructor for collaboration purposes.

The overlap between social and curriculum education is also expressed by Bashe and Kirby (2001). They report, "if asked to design an environment specifically geared to stress a person with ASPERGERS, you would probably come up with something that looked a lot like a school. You would want an overwhelming number of peers; periods of tightly structured time alternating with periods lacking any structure; regular helpings of irritating noise from bells, schoolmates, band practice, alarms, and crowded, cavernous spaces; countless distractions; a dozen or so daily transitions with a few surprises thrown in now and then; and finally, the piece de resistance: regularly scheduled tours into what can only be described as socialization hell (a.k.a. recess, lunch, gym, and the bus ride to and from school). It's a wonder that so many kids with ASPERGERS manage to do so well." (p. 365).

All of these types of stressors must be taken into consideration when evaluating what
Types of strategies will be beneficial to the ASPERGERS youngster. Kluth (2003) addresses the idea that the learning environment itself is a strategy.

In creating the right environment Kluth (2003) suggests one aspect to be considered is that of sounds. This researcher uses the familiar example of nails on a chalkboard. Just imagining it can send a chill down the spine. Kluth (2003) explains that to a youngster with ASPERGERS every day sounds can have a similar affect.

Kluth (2003) advocates the important of an instructor taking inventory to determine sounds difficult for the pupil to listen to. Also offered is the solution of allowing the pupil to listen to soft music with headsets during class times including excessive noise. Earplugs are another solution suggested.

Williams (2001) supports the proposal of Kluth. According to Williams (2001), minimizing the stress and worry ASPERGERS pupils face is crucial to education. The researcher offers the notion of minimizing transitions and insuring the environment is predictable to the pupil. When there are changes in the routine, it is recommended the pupil be prepped ahead of time so excessive anxiety will not arise. In addition to alleviating stress, the researcher notes that frequent changes in routines make it difficult for the pupil to focus on the curriculum due to preoccupation concerning what will come next in the day.

Although all of these suggestions provide a better environment for the ASPERGERS pupil, a public school is not a static environment. ASPERGERS pupils, like all others, change teachers each year. Additionally, there is the requirement of moving from elementary, middle, and high school. These transitions are considered by Adreon and Stella (2001). These researchers recommend a "transition-planning meeting" be scheduled prior to such transitions taking place. (p. 271). This meeting allows the previous instructor to educate the incoming teacher on successful strategies as well as provide general education on the characteristics of ASPERGERS. The pupil should be orientated as well. Allowing the pupil extra time to become familiar with a new environment will prevent unnecessary stress during transition.

Once the environment has been considered, other instructional strategies can be implemented. One approach to education widely used is the Treatment and Education of Autistic and related Communication-handicapped Kids program. It is referred to as TEACCH. Ozonoff, Dawson, & McPartland (2002) describe this method as a way to build upon the ASPERGERS youngster’s memory strengths. Many pupils display these memory skills in their ability to remember large quantities of information on subjects they are interested in. A youngster may, for example, become fascinated with trains and be able to offer as much detail as an expert in the field.

Cumine et al., (1998) indicate that TEACCH has 4 main elements. These elements include the physical structure of the classroom, a visual schedule of the day's activities, an explanation of the type and length of the work expected, and instructions presented visually in addition to verbally. These strategies are considered by the researchers to provide "scaffolding" for the ASPERGERS pupil. (p. 35).

Ozonoff, et al., (2002), elaborate on the suggestion of visual signs for the ASPERGERS
The research claims that visual instructions and schedules help the pupil to feel more secure and less stressed so the mind can direct its attention to learning.

Because these pupils have difficulty learning in a traditional manner, depression can ensue. The capability to acquire information is present but performance is hindered. A depressed pupil will undoubtedly have some kind of academic struggles. For these pupils, depression is just one more barrier to education.

Just as Ozonoff et al., (2002) suggest that the pupil's strengths be maximized, Shevitz, Weinfeld, Jeweler, and Barnes-Robinson (2003) suggest a program that accomplishes the idea of maximizing pupil's strengths as well as increasing self esteem by using the pupil's preoccupation with one individual topic.

Shevitz et al., (2003) describe a mentoring program called "Wings Mentor Program". The authors explain how current statistics show there is approximately one Gifted/Learning Disabled (G/LD) pupil in each classroom. This was the motivation to establish the Mentor Program. The program was piloted in 1989. The results indicate, "that the mentor program improves pupils' self-concept, positively changes others' perceptions of them, and promotes their overall motivation in the classroom." (Shevitz, et al., 2003, p. 42).

"These are the pupils who, also able to participate actively in a class discussion, are unable to write a complete sentence. They are the pupils who rarely have homework completed, or if done, cannot find it. They are light years ahead in math, but reading below grade level. These same pupils may not only be able to program the computer, but they may be able to take it apart completely and put it back together again. Ask them about the Civil War, DNA cloning, lasers, or ancient civilizations and you might be bombarded with information and unique insights. Ask them to write about the same topic and they may produce little or nothing." (Shevitz, et al., 2003, p. 37).

The program attempts to remedy this problem by coupling a mentor with a pupil. A topic is selected and for 8 weeks the mentor meets with the pupil for one hour each week. The pupils can choose to study an area that is a source of preoccupation. At the end of the 8 weeks the class or school hosts a show-off night where the pupils share their project. This could also replace the traditional research projects that are done at the elementary school level. Pupils are filled with pride in the ability to impress moms and dads and peers with presentations.

This program is a very effective method of instruction for pupils with ASPERGERS. It is effective because these kids are usually bright but frustrated with traditional education environments. This program offers the opportunity to be excited about learning as well as the chance to learn about individual abilities and how these abilities can be applied to the classroom environment in which they learn.

Barnhill (2001) provided further encouragement for programs allowing pupils to exhibit knowledge. This research elucidates such opportunities give the ASPERGERS pupil's peers a reason to appreciate and respect ASPERGERS classmates. This argument is valuable from a social and educational perspective.
Similar to the mentor program, Safran (2002) recommends a one-to-one aide or shadow. The assistance of a shadow can keep the ASPERGERS pupil on task as well as serving as an interpreter in social settings. It is noted in the report there is no real evidence to support the notion this type of aide is effective. Like most strategies, it works for some pupils and is less effective with others.

Strategies for Social Education

As previously mentioned, curriculum education is not the only education a AS pupil encounters in the public school system. Social behaviors are not only necessary for successful playground interaction, they are necessary for successful acquisition of educational curriculum. This was previously mentioned in the example of group projects being problematic for an ASPERGERS pupils due to the social element involved. Myles and Simpson (2001) have entitled this aspect of education "The Hidden Curriculum". (p. 279).

The "Hidden Curriculum" suggests an aspect of learning that is not obvious to pupils with ASPERGERS. This aspect of learning includes the basic how-to’s of living. These are things that other pupils seem to just know. The social know-how that tells most people what is inappropriate conversation material may be foreign to an ASPERGERS pupil. The investigators (2001) put forward teachers instructing pupils struggling in this realm through the use of "scope and sequence, direct instruction, social stories, acting lessons, and self-esteem building." (p. 283). Social stories and acting lessons give examples of proper actions in given public settings.

Middle school and high school settings present new social challenges for the ASPERGERS pupil. Gagnon and Robbins (2001) address the craziness these pupils encounter during classroom transitions. Passing periods are a desirable time of socializing for most pupils. For the ASPERGERS pupil, passing periods are a social zoo. The researchers advocate allowing the pupil to leave 5 minutes early in order to avoid the overwhelming social interaction. Without such options, the ASPERGERS pupil could possibly spend most of the next class trying to recover from the distressing sensory overload experience.

Often frustration can develop from a lack of understanding that these pupils are unable to generalize the skills that they learn. For example, a parent or instructor might work at teaching the pupil how to respectfully address a teacher. Typically this skill would then be generalized to any person in a position of authority. A pupil with ASPERGERS is likely to only apply the skill to the person initially used as the target of respect in the learning process. He or she will probably not apply this behavior to a yard supervisor, principal, or law enforcement officer. Understanding this inability to generalize will elevate frustration on the part of instructors.

There are additional techniques that have used in assisting pupils to learn to generalize. Myles and Simpson (2001) suggest that modes of instruction such as "scope and sequence" (p. 283) can be useful in equipping pupils with the skills that assist in social and academic learning as well as generalization.
The authors (2001) define scope and sequence training as teaching the pupil about the basics prior to expecting the generalized rules to be learned. They give the example of teaching a pupil the tone of a person’s voice sends a message prior to teaching the youngster they should use a tone that is respectful to others. Due to the difficulty these pupils have with generalization, failing to teach the basics will further enhance their inability to generalize.

The inability to generalize can also pose a problem in classroom assignments. According to Jackson (2002), a youth author with ASPERGERS, giving the direction to open a math book to a certain page does not communicate to additionally begin solving the problems. The author instructs educators to verbally give all the steps necessary to complete an assignment rather than assuming ASPERGERS pupils will know what comes next.

It is clear from the teaching strategies outlined in this project, that similar to pupils without ASPERGERS, pupils with this pervasive developmental disorder are unique and require different techniques and approaches in their educational experience. Every pupil has unique abilities and struggles. This is true of ASPERGERS pupils as well.

There are two conclusions that can be drawn from the research done in this project. First, it is of the utmost importance that the instructor understands what ASPERGERS is and how it hinders pupils. Without a clear understanding of this disorder, the instructor will not understand the pupil. Actions that are clearly a part of the syndrome can be confused with behavioral issues and dealt with inappropriately.

Secondly, the instructor must educate his/herself on effective teaching strategies. An outstanding method of continuing education is collaboration among educators. In research conducted by Hunt, Soto, Maier, and Doering (2003), a Unified Plans of Support (UPS) team is studied. At risk pupils who had a UPS team meeting once a month to strategize and reevaluate existing plans intended to assist each pupil climbed in measured test scores.

The IDEA Act is clear in its declaration that pupils must be placed in the least restrictive environment possible in an effort to provide them with the best education possible. This can only be achieved by means of evaluation by instructors as to the effectiveness of their chosen teaching strategies and a willingness on the part of educators to continue to learn new techniques of instruction.

All of these strategies are helpful and potentially vital to the education of ASPERGERS pupils. Inclusive classrooms give them the opportunity to have their intellectual capacity challenged and nurtured. With this opportunity comes the responsibility for educators to learn the strategies necessary for the success of these pupils. "Inclusion is more than a set of strategies or practices, it is an educational orientation that embraces differences and values the uniqueness that each learner brings to the classroom." (Kluth, 2003. p. 23-24). With the diversity existing in the classroom, knowledge of these strategies will better prepare the educator to meet the academic and social needs of all pupils.

The basic principles that prove effective with pupils outside the ASPERGERS group work for those within. Every youngster needs to be evaluated, have a plan established
addressing areas of weakness, and most importantly have an instructor that believes in the pupil and expects him/her to reach appropriate grade level requirements. Instructors who are willing to learn and implement new strategies will provide the best education for all pupils.

Seven Characteristics of Aspergers & Accompanying Classroom Strategies—

Kids diagnosed with Aspergers (AS) present a special challenge in the educational milieu. Typically viewed as eccentric and peculiar by classmates, their inept social skills often cause them to be made victims of scapegoating. Clumsiness and an obsessive interest in obscure subjects add to their "odd" presentation. Kids with ASPERGERS lack understanding of human relationships and the rules of social convention; they are naive and conspicuously lacking in common sense. Their inflexibility and inability to cope with change causes these individuals to be easily stressed and emotionally vulnerable. At the same time, kids with ASPERGERS (the majority of whom are boys) are often of average to above-average intelligence and have superior rote memories. Their single-minded pursuit of their interests can lead to great achievements later in life.

Aspergers is considered a disorder at the higher end of the autistic continuum. Comparing individuals within this continuum, Van Krevelen (cited in Wing, 1991) noted that the low-functioning youngster with autism "lives in a world of his own," whereas the higher functioning youngster with autism "lives in our world but in his own way" (p.99).

Naturally, not all kids with ASPERGERS are alike. Just as each youngster with ASPERGERS has his or her own unique personality, "typical" AS symptoms are manifested in ways specific to each individual. As a result, there is no exact recipe for classroom approaches that can be provided for every youngster with ASPERGERS, just as no one educational method fits the needs of all kids not afflicted with ASPERGERS.

Following are descriptions of seven defining characteristics of Aspergers, followed by suggestions and classroom strategies for addressing these symptoms. (Classroom interventions are illustrated with examples from my own teaching experiences at the University of Michigan Medical Center Child and Adolescent Psychiatric Hospital School.) These suggestions are offered only in the broadest sense and should be tailored to the unique needs of the individual pupil with ASPERGERS.

Insistence on Sameness

Kids with ASPERGERS are easily overwhelmed by minimal change, are highly sensitive to environmental stressors, and sometimes engage in rituals. They are anxious and tend to worry obsessively when they do not know what to expect; stress, fatigue and sensory overload easily throw them off balance.

Programming Suggestions

• Allay fears of the unknown by exposing the youngster to the new activity, teacher, class, school, camp and so forth beforehand, and as soon as possible after he or she is informed of the change, to prevent obsessive worrying. (For instance, when the
youngster with ASPERGERS must change schools, he or she should meet the new teacher, tour the new school and be apprised of his or her routine in advance of actual attendance. School assignments from the old school might be provided the first few days so that the routine is familiar to the youngster in the new environment. The receiving teacher might find out the youngster's special areas of interest and have related books or activities available on the youngster's first day.)

- Avoid surprises: Prepare the youngster thoroughly and in advance for special activities, altered schedules, or any other change in routine, regardless of how minimal
- Minimize transitions
  - Offer consistent daily routine: The youngster with ASPERGERS must understand each day's routine and know what to expect in order to be able to concentrate on the task at hand
- Provide a predictable and safe environment

Impairment in Social Interaction

Kids with ASPERGERS show an inability to understand complex rules of social interaction; are naive; are extremely egocentric; may not like physical contact; talk at people instead of to them; do not understand jokes, irony or metaphors; use monotone or stilted, unnatural tone of voice; use inappropriate gaze and body language; are insensitive and lack tact; misinterpret social cues; cannot judge "social distance;" exhibit poor ability to initiate and sustain conversation; have well-developed speech but poor communication; are sometimes labeled "little professor" because speaking style is so adult-like and pedantic; are easily taken advantage of (do not perceive that others sometimes lie or trick them); and usually have a desire to be part of the social world.

Programming Suggestions

- Although they lack personal understanding of the emotions of others, kids with ASPERGERS can learn the correct way to respond. When they have been unintentionally insulting, tactless or insensitive, it must be explained to them why the response was inappropriate and what response would have been correct. Individuals with ASPERGERS must learn social skills intellectually: They lack social instinct and intuition
- Emphasize the proficient academic skills of the youngster with ASPERGERS by creating cooperative learning situations in which his or her reading skills, vocabulary, memory and so forth will be viewed as an asset by peers, thereby engendering acceptance
- In the higher age groups, attempt to educate peers about the youngster with ASPERGERS when social ineptness is severe by describing his or her social problems as a true disability. Praise classmates when they treat him or her with compassion. This task may prevent scapegoating, while promoting empathy and tolerance in the other kids
- Kids with ASPERGERS tend to be reclusive; thus the teacher must foster involvement with others. Encourage active socialization and limit time spent in isolated pursuit of interests. For instance, a teacher's aide seated at the lunch table could actively encourage the youngster with ASPERGERS to participate in the conversation of his or her peers not only by soliciting his or her opinions and asking him questions, but also by subtly reinforcing other kids who do the same.
- Most kids with ASPERGERS want friends but simply do not know how to interact. They
should be taught how to react to social cues and be given repertoires of responses to use in various social situations. Teach the kids what to say and how to say it. Model two-way interactions and let them role-play. These kids’s social judgment improves only after they have been taught rules that others pick up intuitively. One adult with ASPERGERS noted that he had learned to "ape human behavior." A college professor with ASPERGERS remarked that her quest to understand human interactions made her "feel like an anthropologist from Mars" (Sacks, 1993, p.112)

- Older pupils with ASPERGERS might benefit from a “buddy system.” The teacher can educate a sensitive nondisabled classmate about the situation of the youngster with ASPERGERS and seat them next to each other. The classmate could look out for the youngster with ASPERGERS on the bus, during recess, in the hallways and so forth, and attempt to include him or her in school activities.

- Protect the youngster from bullying and teasing

Restricted Range of Interests

Kids with ASPERGERS have eccentric preoccupations or odd, intense fixations (sometimes obsessively collecting unusual things). They tend to relentlessly "lecture" on areas of interest; ask repetitive questions about interests; have trouble letting go of ideas; follow own inclinations regardless of external demands; and sometimes refuse to learn about anything outside their limited field of interest.

Programming Suggestions

- Do not allow the youngster with ASPERGERS to perseveratively discuss or ask questions about isolated interests. Limit this behavior by designating a specific time during the day when the youngster can talk about this. For example: A youngster with ASPERGERS who was fixated on animals and had innumerable questions about a class pet turtle knew that he was allowed to ask these questions only during recesses. This was part of his daily routine and he quickly learned to stop himself when he began asking these kinds of questions at other times of the day

- For particularly recalcitrant kids, it may be necessary to initially individualize all assignments around their interest area (e.g., if the interest is dinosaurs, then offer grammar sentences, math word problems and reading and spelling tasks about dinosaurs). Gradually introduce other topics into assignments

- Pupils can be given assignments that link their interest to the subject being studied. For example, during a social studies unit about a specific country, a youngster obsessed with trains might be assigned to research the modes of transportation used by people in that country

- Some kids with ASPERGERS will not want to do assignments outside their area of interest. Firm expectations must be set for completion of classwork. It must be made very clear to the youngster with ASPERGERS that he is not in control and that he must follow specific rules. At the same time, however, meet the kids halfway by giving them opportunities to pursue their own interests

- Use of positive reinforcement selectively directed to shape a desired behavior is the critical strategy for helping the youngster with ASPERGERS (Dewey, 1991). These kids respond to compliments (e.g., in the case of a relentless question-asker, the teacher might consistently praise him as soon as he pauses and congratulate him for allowing
others to speak). These kids should also be praised for simple, expected social behavior that is taken for granted in other kids.

- Use the youngster's fixation as a way to broaden his or her repertoire of interests. For instance, during a unit on rain forests, the pupil with ASPERGERS who was obsessed with animals was led to not only study rain forest animals but to also study the forest itself, as this was the animals' home. He was then motivated to learn about the local people who were forced to chop down the animals' forest habitat in order to survive.

Poor Concentration

Kids with ASPERGERS are often off task, distracted by internal stimuli; are very disorganized; have difficulty sustaining focus on classroom activities (often it is not that the attention is poor but, rather, that the focus is "odd"; the individual with ASPERGERS cannot figure out what is relevant [Happe, 1991], so attention is focused on irrelevant stimuli); tend to withdrawal into complex inner worlds in a manner much more intense than is typical of daydreaming and have difficulty learning in a group situation.

Programming Suggestions

- A tremendous amount of regimented external structure must be provided if the youngster with ASPERGERS is to be productive in the classroom. Assignments should be broken down into small units, and frequent teacher feedback and redirection should be offered.
- If a buddy system is used, sit the youngster's buddy next to him or her so the buddy can remind the youngster with ASPERGERS to return to task or listen to the lesson.
- In the case of mainstreamed pupils with ASPERGERS, poor concentration, slow clerical speed and severe disorganization may make it necessary to lessen his or her homework/classwork load and/or provide time in a resource room where a special education teacher can provide the additional structure the youngster needs to complete classwork and homework (some kids with ASPERGERS are so unable to concentrate that it places undue stress on moms and dads to expect that they spend hours each night trying to get through homework with their youngster).
- Kids with severe concentration problems benefit from timed work sessions. This helps them organize themselves. Classwork that is not completed within the time limit (or that is done carelessly) within the time limit must be made up during the youngster's own time (i.e., during recess or during the time used for pursuit of special interests). Kids with ASPERGERS can sometimes be stubborn; they need firm expectations and a structured program that teaches them that compliance with rules leads to positive reinforcement (this kind of program motivates the youngster with ASPERGERS to be productive, thus enhancing self-esteem and lowering stress levels, because the youngster sees himself as competent).
- Seat the youngster with ASPERGERS at the front of the class and direct frequent questions to him or her to help him or her attend to the lesson.
- The teacher must actively encourage the youngster with ASPERGERS to leave his or her inner thoughts/fantasies behind and refocus on the real world. This is a constant battle, as the comfort of that inner world is believed to be much more attractive than anything in real life. For young kids, even free play needs to be structured, because they can become so immersed in solitary, ritualized fantasy play that they lose touch with.
reality. Encouraging a youngster with ASPERGERS to play a board game with one or two others under close supervision not only structures play but offers an opportunity to practice social skills.

- Work out a nonverbal signal with the youngster (e.g., a gentle pat on the shoulder) for times when he or she is not attending.

Poor Motor Coordination

Kids with ASPERGERS are physically clumsy and awkward; have stiff, awkward gait; are unsuccessful in games involving motor skills; and experience fine-motor deficits that can cause penmanship problems, slow clerical speed and affect their ability to draw.

Programming Suggestions

- Do not push the youngster to participate in competitive sports, as his or her poor motor coordination may only invite frustration and the teasing of team members. The youngster with ASPERGERS lacks the social understanding of coordinating one’s own actions with those of others on a team.
- Individuals with ASPERGERS may need more than their peers to complete exams (taking exams in the resource room not only offer more time but would also provide the added structure and teacher redirection these kids need to focus on the task at hand).
- Involve the youngster with ASPERGERS in a health/fitness curriculum in physical education, rather than in a competitive sports program.
- Kids with ASPERGERS may require a highly individualized cursive program that entails tracing and copying on paper, coupled with motor patterning on the blackboard. The teacher guides the youngster’s hand repeatedly through the formation of letters and letter connections and also uses a verbal script. Once the youngster commits the script to memory, he or she can talk himself or herself through letter formations independently.
- Refer the youngster with ASPERGERS for adaptive physical education program if gross motor problems are severe.
- When assigning timed units of work, make sure the youngster’s slower writing speed is taken into account.
- Younger kids with ASPERGERS benefit from guidelines drawn on paper that help them control the size and uniformity of the letters they write. This also forces them to take the time to write carefully.

Academic Difficulties

Kids with ASPERGERS usually have average to above-average intelligence (especially in the verbal sphere) but lack high level thinking and comprehension skills. They tend to be very literal: Their images are concrete, and abstraction is poor. Their pedantic speaking style and impressive vocabularies give the false impression that they understand what they are talking about, when in reality they are merely parroting what they have heard or read. The youngster with ASPERGERS frequently has an excellent rote memory, but it is mechanical in nature; that is, the youngster may respond like a video that plays in set sequence. Problem-solving skills are poor.

Programming Suggestions
• Academic work may be of poor quality because the youngster with ASPERGERS is not motivated to exert effort in areas in which he or she is not interested. Very firm expectations must be set for the quality of work produced. Work executed within timed periods must be not only complete but done carefully. The youngster with ASPERGERS should be expected to correct poorly executed classwork during recess or during the time he or she usually pursues his or her own interests
• Capitalize on these individuals' exceptional memory: Retaining factual information is frequently their forte
• Do not assume that kids with ASPERGERS understand something just because they parrot back what they have heard
• Emotional nuances, multiple levels of meaning, and relationship issues as presented in novels will often not be understood
• Kids with ASPERGERS often have excellent reading recognition skills, but language comprehension is weak. Do not assume they understand what they so fluently read
• Offer added explanation and try to simplify when lesson concepts are abstract
• Provide a highly individualized academic program engineered to offer consistent successes. The youngster with ASPERGERS needs great motivation to not follow his or her own impulses. Learning must be rewarding and not anxiety-provoking
• The writing assignments of individuals with ASPERGERS are often repetitious, flit from one subject to the next, and contain incorrect word connotations. These kids frequently do not know the difference between general knowledge and personal ideas and therefore assume the teacher will understand their sometimes abstruse expressions

Emotional Vulnerability

Kids with Aspergers have the intelligence to compete in regular education but they often do not have the emotional resources to cope with the demands of the classroom. These kids are easily stressed due to their inflexibility. Self-esteem is low, and they are often very self-critical and unable to tolerate making mistakes. Individuals with ASPERGERS, especially adolescents, may be prone to depression (a high percentage of depression in adults with ASPERGERS has been documented). Rage reactions/temper outbursts are common in response to stress/frustration. Kids with ASPERGERS rarely seem relaxed and are easily overwhelmed when things are not as their rigid views dictate they should be. Interacting with people and coping with the ordinary demands of everyday life take continual Herculean effort.

Programming Suggestions

• Affect as reflected in the teacher's voice should be kept to a minimum. Be calm, predictable, and matter-of-fact in interactions with the youngster with ASPERGERS, while clearly indicating compassion and patience. Hans Asperger (1991), the psychiatrist for whom this syndrome is named, remarked that "the teacher who does not understand that it is necessary to teach kids [with ASPERGERS] seemingly obvious things will feel impatient and irritated" (p.57); Do not expect the youngster with ASPERGERS to acknowledge that he or she is sad/depressed. In the same way that they cannot perceive the feelings of others, these kids can also be unaware of their own feelings. They often cover up their depression and deny its symptoms
• Be aware that adolescents with ASPERGERS are especially prone to depression. Social skills are highly valued in adolescence and the pupil with ASPERGERS realizes he or she is different and has difficulty forming normal relationships. Academic work often becomes more abstract, and the adolescent with ASPERGERS finds assignments more difficult and complex. In one case, teachers noted that an adolescent with ASPERGERS was no longer crying over math assignments and therefore believed that he was coping much better. In reality, his subsequent decreased organization and productivity in math was believed to be function of his escaping further into his inner world to avoid the math, and thus he was not coping well at all.

• It is critical that adolescents with ASPERGERS who are mainstreamed have an identified support staff member with whom they can check in at least once daily. This person can assess how well he or she is coping by meeting with him or her daily and gathering observations from other teachers.

• Kids with ASPERGERS must receive academic assistance as soon as difficulties in a particular area are noted. These kids are quickly overwhelmed and react much more severely to failure than do other kids.

• Kids with ASPERGERS who are very fragile emotionally may need placement in a highly structured special education classroom that can offer individualized academic program. These kids require a learning environment in which they see themselves as competent and productive. Accordingly, keeping them in the mainstream, where they cannot grasp concepts or complete assignments, serves only to lower their self-concept, increase their withdrawal, and set the stage for a depressive disorder. (In some situations, a personal aide can be assigned to the youngster with ASPERGERS rather than special education placement. The aide offers affective support, structure and consistent feedback.)

• Prevent outbursts by offering a high level of consistency. Prepare these kids for changes in daily routine, to lower stress (see "Resistance to Change" section). Kids with ASPERGERS frequently become fearful, angry, and upset in the face of forced or unexpected changes.

• Teach the kids how to cope when stress overwhelms him or her, to prevent outbursts. Help the youngster write a list of very concrete steps that can be followed when he or she becomes upset (e.g., 1-Breathe deeply three times; 2-Count the fingers on your right hand slowly three times; 3-Ask to see the special education teacher, etc.). Include a ritualized behavior that the youngster finds comforting on the list. Write these steps on a card that is placed in the youngster's pocket so that they are always readily available.

• Teachers must be alert to changes in behavior that may indicate depression, such as even greater levels of disorganization, inattentiveness, and isolation; decreased stress threshold; chronic fatigue; crying; suicidal remarks; and so on. Do not accept the youngster's assessment in these cases that he or she is "OK"

Kids with Aspergers are so easily overwhelmed by environmental stressors, and have such profound impairment in the ability to form interpersonal relationships, that it is no wonder they give the impression of "fragile vulnerability and a pathetic childishness" (Wing, 1981, p. 117). Everard (1976) wrote that when these youngsters are compared
with their nondisabled peers, "one is instantly aware of how different they are and the enormous effort they have to make to live in a world where no concessions are made and where they are expected to conform" (p.2).

Teachers can play a vital role in helping kids with ASPERGERS learn to negotiate the world around them. Because kids with ASPERGERS are frequently unable to express their fears and anxieties, it is up to significant adults to make it worthwhile for them to leave their safe inner fantasy lives for the uncertainties of the external world. Professionals who work with these youngsters in schools must provide the external structure, organization, and stability that they lack. Using creative teaching strategies with individuals suffering from Aspergers is critical, not only to facilitate academic success, but also to help them feel less alienated from other human beings and less overwhelmed by the ordinary demands of everyday life.

General Points to Consider—

1. An increase in unusual or difficult behaviors probably indicates an increase in stress for the Aspergers pupil. Sometimes stress is caused by feeling a loss of control. Many times the stress will only be alleviated when the pupil physically removes himself from the stressful event or situation. If this occurs, a program should be set up to assist the pupil in re-entering and/or staying in the stressful situation. When this occurs, a "safe-place" or "safe-person" may come in handy.

2. Do not take misbehavior personally. The high-functioning person with Aspergers is not a manipulative, scheming person who is trying to make life difficult. They are seldom, if ever, capable of being manipulative. Usually misbehavior is the result of efforts to survive experiences which may be confusing, disorienting or frightening. People with Aspergers are, by virtue of their disability, egocentric. Most have extreme difficulty reading the reactions of others.

3. People with Aspergers have problems with abstract and conceptual thinking. Some may eventually acquire abstract skills, but others never will. When abstract concepts must be used, use visual cues, such as drawings or written words, to augment the abstract idea. Avoid asking vague questions such as, "Why did you do that?" Instead, say, "I did not like it when you slammed your book down when I said it was time for gym. Next time, put the book down gently and tell me you are angry. Were you showing me that you did not want to go to gym, or that you did not want to stop reading?" Avoid asking essay-type questions. Be as concrete as possible in all your interactions with these pupils.

4. People with Aspergers have trouble with organizational skills, regardless of their intelligence and/or age. Even a "straight A" pupil with Aspergers who has a photographic memory can be incapable of remembering to bring a pencil to class or of remembering a deadline for an assignment. In such cases, aid should be provided in the least restrictive way possible. Strategies could include having the pupil put a picture of a pencil on the cover of his notebook or maintaining a list of assignments to be completed at home. Always praise the pupil when he remembers something he has previously forgotten. Never denigrate or "harp" at him when he fails. A lecture on the subject will not only NOT
help, it will often make the problem worse. He may begin to believe he cannot remember to do or bring these things. These pupils seem to have either the neatest or the messiest desks or lockers in the school. The one with the messiest desk will need your help in frequent cleanups of the desk or locker so that he can find things. Simply remember that he is probably not making a conscious choice to be messy. He is most likely incapable of this organizational task without specific training. Attempt to train him in organizational skills using small, specific steps.

5. Use and interpret speech literally. Until you know the capabilities of the individual, you should avoid:

- "cute" names (e.g., Pal, Buddy, Wise Guy)
- double meanings (most jokes have double meanings)
- idioms (e.g., save your breath, jump the gun, second thoughts)
- nicknames
- sarcasm (e.g., saying, "Great!" after he has just spilled a bottle of ketchup on the table)

6. Assume nothing when assessing skills. For example, the individual with Aspergers may be a "math whiz" in Algebra, but not able to make simple change at a cash register. Or, he may have an incredible memory about books he has read, speeches he has heard or sports statistics, but still may not be able to remember to bring a pencil to class. Uneven skills development is a hallmark of Aspergers.

7. Avoid verbal overload. Be clear. Use shorter sentences if you perceive that the pupil does not fully understand you. Although he probably has no hearing problem and may be paying attention, he may have difficulty understanding your main point and identifying important information.

8. Be aware that normal levels of auditory and visual input can be perceived by the pupil as too much or too little. For example, the hum of florescent lighting is extremely distracting for some people with Aspergers. Consider environmental changes such as removing "visual clutter" from the room or seating changes if the pupil seems distracted or upset by his classroom environment.

9. Behavior management works, but if incorrectly used, it can encourage robot-like behavior, provide only a short term behavior change or result in some form of aggression. Use positive and chronologically age-appropriate behavior procedures.

10. Consistent treatment and expectations from everyone is vital.

11. If the pupil does not seem to be learning a task, break it down into smaller steps or present the task in several ways (e.g., visually, verbally, and physically).

12. If your class involves pairing off or choosing partners, either draw numbers or use some other arbitrary means of pairing. Or ask an especially kind pupil if he or she would agree to choose the individual with Aspergers as a partner before the pairing takes place. The pupil with Aspergers is most often the individual left with no partner. This is unfortunate since these pupils could benefit most from having a partner.
13. If your high-functioning pupil with Aspergers uses repetitive verbal arguments and/or repetitive verbal questions you need to interrupt what can become a continuing, repetitive litany. Continually responding in a logical manner or arguing back seldom stops this behavior. The subject of the argument or question is not always the subject which has upset him. More often the individual is communicating a feeling of loss of control or uncertainty about someone or something in the environment. Try requesting that he write down the question or argumentative statement. Then write down your reply. This usually begins to calm him down and stops the repetitive activity. If that doesn't work, write down his repetitive question or argument and ask him to write down a logical reply (perhaps one he thinks you would make). This distracts from the escalating verbal aspect of the situation and may give him a more socially acceptable way of expressing frustration or anxiety. Another alternative is role-playing the repetitive argument or question with you taking his part and having him answer you as he thinks you might.

14. Prepare the pupil for all environmental and/or changes in routine such as assembly, substitute teacher and rescheduling. Use a written or visual schedule to prepare him for change.

15. Remember that facial expressions and other social cues may not work. Most individuals with Aspergers have difficulty reading facial expressions and interpreting “body language”.

16. Since these individuals experience various communication difficulties, do not rely on pupils with Aspergers to relay important messages to their moms and dads about school events, assignments, school rules, etc., unless you try it on an experimental basis with follow-up or unless you are already certain that the pupil has mastered this skill. Even sending home a note for his moms and dads may not work. The pupil may not remember to deliver the note or may lose it before reaching home. Phone calls to moms and dads work best until the skill can be developed. Frequent and accurate communication between the teacher and parent (or primary care-giver) is very important.

Bullet Points—Definition of Aspergers

- Language, self-care skills and adaptive behavior and curiosity about environment show normal development up to 3 years of age.
- Qualitative abnormality in reciprocal social interaction and circumscribed interests and repetitive, stereotyped patterns of activities.

In Summary

- Anxiety increases quickly
- Have narrow interests
- Perfectionist
- Rule and routine bound
- Sensory Issues
• They are smart
• They do not know what to say
• Uncoordinated
• Want things their way

Evaluation

• Academic Skills
• Medical Evaluation
• Motor and Sensory Skills
• Social and Play Skills
• Speech and Language Skills

Academic Evaluation

• Clumsy
• Handwriting is often poor
• Knowledge based subjects may be a strength
• Math may or may not be weak
• Organization skills are weak
• Writing creative sentences is difficult.

Classroom Accommodations

• Put the following in the binder: Assignment Notebook, Take-Home folder, Give to the Teacher folder, Homework folder, Extra's pocket, labels, reinforcements, paper.
• Pupils with AS need more time than other pupils to learn how to keep track of work, due dates, notes, etc.
• Take to school and home every day!

The Assignment Notebook

• Establishes a routine
• Everyone checks it!!!!!
• Informs moms and dads
• Keeps the pupil organized
• Notifies of schedule changes
• Provides for planning ahead
• Teaches responsibility

Homework

• Amount
• Busy work
• Check for understanding
• Divide into sections
• Purpose
• Written directions
Tests

- Copy of test
- List of topics and terms
- Multiple choice
- No Fill-in or T/F
- Nothing NEW!
- Oral exams
- Practice test
- Teacher-provided outline

Handwriting

- Ability to formulate ideas and transfer to written form may be impaired
- Print
- Reduce emphasis on neatness
  - The best way to assess your youngster’s actual knowledge of a subject or proficiency in self-expression may be to write for him/her or use assistive technology
- Try Handwriting Without Tears program

Writing is difficult

- Fine motor problems and difficulty creating language make writing creative sentences difficult
- Use Assistive Technology

1. Be his secretary
2. Use tape recorders or computers
3. Alphasmart
4. Co Writer
5. Write: Out Loud
6. Voice activated problems

Cut & Enlarge

- Attach to graph paper
- Cut into sections
- Don’t do all at once
- Enlarge worksheets

Home-School Communication

- Change in Routine Notification
- Communication Notebook
- Picture Charts
- Support Services
Speech and Language Evaluation

- Language skills - syntax and vocabulary
- Pragmatics
- Speech-articulation, voice and fluency

Pragmatic Disorder

- Decreased understanding and use of gestures
- Decreased use of questions
- Difficulty maintaining a conversation
- Lack of understanding about the reciprocity of verbal and nonverbal communication

Language Disorder

- Sometimes language learning is precocious
  - Style of learning language may be like an autistic youngster: echolalia, difficulty learning pronouns, difficulty understanding verbal explanations
- There must be words by 2 years and phrases by 3 years

Tests

- Preschool Language Scale-4
- Clinical Evaluation of Language
- The Test of Language Development
- Expressive One Word Vocabulary Test
- Peabody Picture Vocabulary Test

Language Test Scores Show an Unusual Profile

- Highest scores are in expressive vocabulary
- Next highest are in receptive vocabulary
- Next are in grammatical structures
- Often below average are tests of problem solving
- Lowest area is in pragmatic language skills

Difficulty with Higher Level Language Functions

- Understanding idioms, figurative language
- Understanding sarcasm
- Understanding verbal explanations
- Understanding what is being asked in When, Why, How, What if questions

Speech Disorders

- Articulation disorders – same as in all kids
- Fluency – same as in all kids
- Often there is a prosody difference in the melody and intonation and pitch
Do Speech Therapy If the youngster with Aspergers:

• Does not understand what is being asked by “where,” “who,” and “when”
• Has difficulty carrying on a reciprocal conversation
• Has low language scores

Effective Strategies to Teach Higher Level Language Skills

• Traditional language therapy to teach specific language skills including questions, pronouns, and direction concepts
• Use Fast ForWord to speed up auditory processing
• Use materials such as Linguisystems to teach idioms, problem solving, etc

Effective Strategies to Teach Pragmatic Language

• Carol Gray’s Social Language Stories
• Coaching During Social Times
• Reciprocal Conversation with Therapist
• Role Playing
• Social Language Groups
• Videotaping

Techniques That Work in Social Language Groups

• Coaching
• Give Visual Prompts
• Keep Anxiety Low
• Scripting and Rehearsal
• Teach Flexibility
• Teach Question Asking
• Use Their Interests

Scripting and Rehearsal

Give the youngster the exact words to say:

• Say, “Dad, I want to go to the store”
• Say, “Joe, it’s my turn”
• Say, “Teacher, I need help”

Coaching

• Have the youngster practice
• Show and tell the youngster what to do
• Teach the protocol of the activity

Getting Points: Make it very clear what he is to work on in the group such as:
Asking questions
Be explicit about getting points means you are doing it right
Following someone else’s rule
Give compliments
Sharing

Teach Flexibility:

“I HAVE TO BE RED!”

• Let him be red and explain to the others that maybe next time he can let someone else be red, but it is too hard to change today.
• If two want RED, let them share turns
  • If the argument persists then you can either give in or let him wait until it is his turn to be RED.

“I have to win!”

• Make losing, fun.

“I HAVE TO HAVE IT MY WAY!”

• Announce that we can either argue for a long time or play. Which would you rather do?
• Are you having fun yet?
• Whoever “compromises” gets a star.

COMPROMISING

• Teach the rule: If you compromise, you are doing right.
• Compromise means letting the other guy have his way.
• If you let the other guy have his way, you get a point.

BEING BOSSY

• They turn the other kids off by being bossy, controlling and judgmental.
• They lose a point (or a turn) for teasing criticizing another youngster.
• They get extra points for saying something nice.

If the youngster starts out saying several nice things, he is not teased as much. Use Visual Aids

• Be Sure To Include “Things might change.”
• Get Them Hooked On Lists
• Plan It Together
• This Takes Away The Unexpected
• Visual Charts
• Written Lists

What To Do with Anxiety

• STOP the activity
• Ensure safety
• BROADEN HIS INTERESTS AND SKILLS
• Decrease the causes of the anxiety
• Medication
• Reestablish calmness
• Then REHEARSE it using coaching, enticing, and “sweeten it up.”

Social Language Groups
Goal: Engage in Reciprocal Communication

• HAVE FUN!
• Make friends
• Play together
• Talk to each

SETTING UP SOCIAL LANGUAGE GROUPS

• Find a time to meet regularly, usually once a week.
• Have the youngster participate in the decisions.
• Rehearse game protocol in individual sessions.
• Select 3 or 4 kids who are compatible in age and language level and interests.

Beginning the Groups

• Start by saying that we will make a list of activities for the day.
• First they sit at the table.
• Then the list is written (or pictured) and activities are crossed off as they are finished.
• At the end we often summarize the activities emphasizing the good behaviors they displayed.

Determine the Level of Social Communication What Do They Do When They Play?

• Argue and are bossy and gives commands
• Difficulty understanding feedback
• Has to win
• Monologues
• Play by themselves or next to each other

Level One

• They Start Out With Parallel Play
• Use Scripting and Rehearsal
Teach Rule: Take Turns.

Level Two

- They Start With Simple Turn Taking Games
- Use Activities With Simple Winning

Teach Rule: Sometimes You Win, Sometimes You Lose. Level Three

- They Have To Control, Argue, Are Bossy
- Use Activities That Need A Little Discussion

Teach Rule: Say Things That Invite A Response – Talk To Make Friends. Level Four

- They Monologue
- Use Structured Conversation

Teach Rule: Say Two Things and Then Ask A Question. Level Five

- They Do Not Give Or Get Feedback
- Use Conversation

Teach Rule: Look At Your Listener. Learn What The Other Person Is Feeling. Tasks that will need adaptation

- Breaks
- Circle of friends
- Communication with moms and dads
- Lunch
- Organization
- Recess
- Staying on task
- Verbal explanations

BE A TEAM PLAYER

- The key to academic and social success for pupils with Aspergers is TEAM WORK!

References—
What is the best way of effectively communicating things to my child with Aspergers?

Question

Communicating with a child with ASD can be a delightful experience. It can just as often be a frustrating experience. Children with ASD can have a wide range of communication skills, so it's important to tailor any communication specifically to your child. Many times, you'll have to try some communication techniques to see if they're effective.

Be sensitive when speaking with a child with Asperger's. Understand that your child might not be able to maintain eye contact or that he might not want you sitting close to him or touching him. Understand that you will need to teach him how to communicate
Using a tool such as Interactive Training Cards, created by Joan Green, can help you teach your child about communication. Interactive Training cards were developed by special educators specifically to help facilitate communication with people with communication delays or difficulties. Each set of communication cards comes with 120 2”x2” laminated cards that relate to the topic of the set. The set also includes four sentence and cards containing common words, such as yes, no, thank you, no thank you, and more. Words are printed on the front and back of each picture.

These Interactive Training Cards come in several sets, each set having a different theme. The Food Set includes foods for each meal, snacks, condiments and kitchen materials and utensils. The Home and Health Set include chores, hygiene activities, body parts and physical ailments. Another set contains Elementary and High School Activities.

Understand that communicating with a child with ASD will be repetitive and time consuming. It can often be frustrating. Be patient. Often children with ASD are slower to process things they hear, so expect the pace of conversation to be different than in a standard conversation. Give your child time and space to respond appropriately and to formulate a response.

When working on communication skills with your child, try to engage him in a topic of interest to him. This will help extend the conversation and give him a chance to feel confident while talking to you. He will be excited and will be more willing to engage when the topic piques his interest.

Communicating effectively with children with ASD can be a challenge. But the rewards and benefits are tremendous. Your child will reap the benefits of your efforts, as he is able to understand the world a bit better and to learn more effective communication skills.

Aspergers Students: Dealing with Tantrums, Rage and Meltdowns in th...

Tantrums, rage, and meltdowns (terms that are used interchangeably) typically occur in three stages that can be of variable length. These stages and associated interventions are described below. The best intervention for these behavioral outbursts is to prevent them through the use of appropriate academic, environmental, social, and sensory supports and modification to environment and expectations.
The Cycle of Tantrums, Rage, and Meltdowns and Related Interventions

During the initial stage, children with Aspergers exhibit specific behavioral changes that may appear to be minor, such as nail biting, tensing muscles, or otherwise indicating discomfort. During this stage, it is imperative that an adult intervene without becoming part of a struggle.

Intervention

Effective interventions during this stage include: antiseptic bouncing, proximity control, support from routine and home base. All of these strategies can be effective in stopping the cycle of tantrums, rage, and meltdowns and can help the youngster regain control with minimal adult support.

Rage

If behavior is not diffused during the rumbling stage, the child may move to the rage stage. At this point, the youngster is disinhibited and acts impulsively, emotionally, and sometimes explosively. These behaviors may be externalized (i.e., screaming, biting, hitting, kicking, destroying property, or self-injury) or internalized (i.e., withdrawal). Meltdowns are not purposeful, and once the rage stage begins, it most often must run its course.

Intervention

Emphasis should be placed on youngster, peer, and adult safety, as well as protection of school, home, or personal property. Of importance here is helping the child with Aspergers regain control and preserve dignity. Adults should have developed plans for (a) obtaining assistance from educators, such as a crisis teacher or principal; (b) removing the student from the area [removing the upset student from the peer group is far less memorable for the peers than is moving the entire peer group away from the upset student]; or (c) providing therapeutic restraint, if necessary. Especially in elementary and middle school, every effort should be made to prevent allowing a student to have a meltdown in view of peers as this behavior tends to “define” the student in the peers' minds in years ahead.

Recovery

Following a meltdown, the youngster with Aspergers often cannot fully remember what occurred during the rage stage. Some may become sullen, withdraw, or deny that inappropriate behavior occurred. Other children are so physically exhausted that they need to sleep.

Intervention

During the recovery stage, kids are often not ready to learn. Thus, it is important that
adults work with them to help them to once again become a part of the routine. This is often best accomplished by directing the youth to a highly motivating task that can be easily accomplished, such as an activity related to a special interest. If appropriate, when the student has calmed sufficiently, “process” the incident with the student. Staff should analyze the incident to identify whether or not the environment, expectations, or staff behavior played a role in precipitating the incident.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom
12:27PM (-07:00)

Classroom Challenges for Asperger Students

The characteristics of Aspergers translate into challenges to learning, behavior, and socialization for the youngster with the disorder and pose just as significant difficulties for the teacher in terms of teaching, controlling behaviors, and maintaining a classroom environment that is conducive to learning by all students, including the youngster with Aspergers. The list below provides a quick reference guide for some of the common difficulties kids with Aspergers have in the classroom.

Common difficulties in the classroom:

- Academic difficulties
- Appear “normal” to other people
- Difficulties with abstract concepts
- Difficulty with learning in large groups
- Difficulty with reciprocal conversations
- Emotional vulnerability
- Inability to make friends
- Insistence on sameness/difficulty with changes in routine
- Interests limited to specific topics
- Low frustration tolerance
- Motor clumsiness
- Pedantic speech
- Poor concentration
- Poor coping strategies
- Poor organization skills
- Poor writing skills (fine-motor problems)
- Problem-solving abilities tend to be poor
- Restricted range of interests
- Sensory issues
- Socially naïve and literal thinkers
- Tend to be reclusive
Vocabulary usually great; comprehension poor

Because these kids have so many strengths, it is often easy to overlook their weaknesses. Also, some of their behaviors may be misinterpreted as “spoiled” or “manipulative,” resulting in the mistaken impression that kids with Aspergers are being defiant and “troublemakers.”

It is important for teachers to recognize that inappropriate behaviors are usually a function of poor coping skills, low frustration tolerance, and difficulty reading social cues. Most teaching strategies that are effective for students with autism (structure, consistency, etc.) also work for students with Aspergers. However, because these kids are often aware that they are different and can be self-conscious about it, teachers may need to be subtler in their intervention methods.

My Aspergers Child: Highly Praised Program for Preventing Meltdowns and Tantrums at Home and in the Classroom

12:40PM (-07:00)

Asperger Child Interviews Parents

After reading questions and answers to Mark Hutten, I was so sad to hear all the problems parents are having. I know I’m only 10 but I decided to interview my parents what they thought about my aspergers and how they helped me so that I could share with you:

Me: When did you first think I was different?

My parents: We noticed when you were about 3 years old, when you decided to stop eating.

Me: What did you do?

My parents: Well we went to the pediatrician who told us this was normal, and not to force you to eat, that you would eat when you decided to. Well that was a mistake still to this day you won’t touch a lot of foods.

Me: What did you think when the psychologist told you I had aspergers?

My parents: We were torn. We were happy in a way that we finally found out why you were acting differently, but sad thinking how can we help you?
Me: I don’t understand?

My parents: Every parent’s first impulse is thinking “what did I do wrong?” When we found out it was aspergers, and it was not our fault, this made us feel a little better. But now knowing that you have Aspergers Syndrome it made us feel helpless thinking how can we help you. Matthew, every parent wants to help his or her child live a happy life.

Me: Is there anything you think helped me get this far?

My parents: Yes. I made sure ever since you started school I asked you four simple questions. Tell me something good, something bad, something happy something sad. This made you talk about your day and we could elaborate on a specific topic, which was most important to you. Now every day we talk about all different topics.

Me: Yes we still do it today, but I call it debriefing now. Me: How did you get me to try new things?

My parents: The one that best works for you is reward and consequence. Do you remember when you would not ride your bike for the whole summer?

Me: Yes

My parents: Well it was not until I purchased a computer game and told you, that you could not play it until you rode your bike. You learned to ride a bike in 2 hours.

Me: Is there anything else you think that helps me?

My parents: Matthew it’s all trial and error. There have been times a strategy may work but the next day fails completely. We find its one step forward and 2 steps back. I get told a lot of the time that I’m a pessimist.

Me: What does that mean?

My parents: It means I look for the worst things in life. I do this to try to look ahead on what problems could arise for you. Everything I try to teach you now is not to learn for today but 2 years from now. I have always tried to teach you some problem solving of situations that may arise as you get older. Hopefully with constant repetition when this time comes, it would have sunk in and you would be ready.

Me: Are you tired of having a son with aspergers?

My parents: If you mean tired as exhausted, there are times, but I get the same exhaustion from telling your brother to pick up his clothes. Matt I’m a mom. I’m tired all the time. It goes with the territory. If you mean am I tired of you… NEVER. I wanted two boys and I was blessed with two wonderful boys, so to that answer no!!!! You are a wonderful son with so many gifts to offer and I love you and will always love you.
I hope that this may help parents. As my mom and dad said, “it all trial and error” and if these worked for me maybe they may be able to help your kids with Aspergers.

My Aspergers Child: Highly Praised Program for Preventing Meltdowns and Tantrums at Home and in the Classroom
07:27AM (-08:00)

Aspergers Students: IEP and ARD Documents

Although these documents were prepared specifically for use during an IEP process, they will be useful to moms and dads and professionals who seek a better understanding of kids with Aspergers.

Sample Letter to IEP Committee from Parents—

[Date]

IEP Committee [name of school] [address]

Re: IEP of [name of Aspergers student] Dear Members of the IEP Committee:

I am writing this letter to set forth the concerns/issues that we, as [name of Aspergers student] parents, would like addressed in [name of Aspergers student] annual "individualized education program" or IEP.

[Continue with some background information: the following paragraph is a sample]

[name of Aspergers student] has been in a self-contained classroom for the majority of his course work since he entered middle school ([name of Aspergers student] was also in a self-contained classroom for four years of elementary school; for further information, please see the document, attached hereto, I submitted as an Addendum to the two page document entitled "Information from Moms and dads"). His teacher in that self-contained classroom is [name of teacher] and the instructional aide in the classroom is [name of aide]. Both [name of teacher] and [name of aide] have been very willing to educate themselves on autism and its ramifications in the school setting and have made many
adaptations to allow [name of Aspergers student] to succeed in school. However, [name of teacher] will be leaving [name of school] to accept a teaching position at another middle school in the [name of school district]. The fact that she will be unavailable as [name of Aspergers student] teacher in a self-contained classroom next year, coupled with the fact that [he/she] has a difficult time adjusting to change, and the fact that we are planning for his last year in middle school, we, as his moms and dads believe [name of Aspergers student] should be mainstreamed in the 96-97 school year as provided under statutory law.

The Individuals with Disabilities Act ("IDEA") provides that states receiving funding under the act must ensure that kids with disabilities are educated in the regular classroom with nondisabled kids "to the maximum extent appropriate." 20 U.S.C. Section 1412(5)(B); see also, Oberti v. Bd. of Education, 995 F.2d 1204, 1206 (1993). Federal courts have construed IDEA's mainstreaming requirements to prohibit schools from placing kids with disabilities outside of the regular classroom if educating the youngster in the regular classroom, with supplementary aids and support services, can be achieved satisfactorily. See e.g., Oberti, 995 F.2d at 1207; Greer v. Rome City School Dist., 950 F.2d 688 (11th Cir. 1991), opinion withdrawn on other points of law, 956 F.2d 1025, reinstated in part 967 F.2d 470; Daniel RR v. State Bd. of Educ., 874 F.2d 1036, 1048 (5th Cir. 1989). "The Act [IDEA] requires states to provide supplementary aids and services and to modify the regular education program when they mainstream handicapped kids." Daniel RR at 1048. The Fifth Circuit goes on to state that if the school makes no effort to take such accommodating steps, the inquiry ends, because the school is in violation of the Act's express mandate to supplement and modify regular education. Id. "If the state is providing supplementary aids and services and is modifying its regular education program, we must examine whether its efforts are sufficient. The Act does not permit states to make mere tokens gestures to accommodate handicapped Aspergers students; its requirements for modifying and supplementing regular education is broad." Id. Indeed, the United States Court of Appeals for the 11th Circuit states that "the school district must consider the whole range of supplemental aids and services, including resource rooms and itinerant instruction, for which it is obligated under the Act and the regulations promulgated hereunder to make provision." Greer, 950 F.2d at 696. "We emphasize here that the school district's consideration of whether education in the regular classroom may be achieved satisfactorily with supplemental aids and services must occur prior to and during the development of the IEP." Id.

After reviewing federal law construing IDEA, I also believe the school district is required to notify moms and dads (1) that mainstreaming of Aspergers students with disabilities is required under IDEA, if such mainstreaming can be accomplished by modifying the regular education program and by providing supplementary aids and services, and (2) what supplementary aids and services and modifications it is required to provide under law. See, Greer, 950 F.2d at 698. [continue with your situation, outline any problems you have had with the school's failure to meet the law; what follows is an example] I have never received such notification from the school. However, this letter is not about placing blame on the school for its failures in the past. This letter is meant to address the future and insure that all mainstreaming issues are adequately addressed. I am attaching several documents I would like the ARD Committee to complete and to include as part of [name of Aspergers student] IEP. The first document, which is 10 pages long, is intended
to:

1. identify [name of Aspergers student] strengths and interests
2. identify environmental challenges faced by a student with autism spectrum disorder that may lower an autistic student's ability to function competently
3. identify possible sensory challenges and risk factors faced by an autistic student
4. identify potential social skills that may present a problem in an educational setting
5. identify those behaviors that may be a personal challenge for a student with autism spectrum disorder

These forms were taken from the "Technical Assistance Manual on Autism for Kentucky Schools."

The second document I would like the committee to consider is entitled, "Specially Designed Instructions for Educators: IEP Modifications/Adaptations/Support Checklist." Again, I obtained the basic format for this document from the "Technical Assistance Manual on Autism for Kentucky Schools". However, this form has been revised to more accurately describe the modifications and adaptations necessary for a youngster who is on the higher functioning end of the autism spectrum. The changes are based on professional writings, most particularly the recent article by Karen Williams and a paper entitled "Tips for Teaching High Functioning People with Autism" by Susan Moreno and Carol O'Neal, both of which are attached hereto. The third is proposed goals for [name of Aspergers student] for the next IEP period.

In addition to the above, we request the following for the 1996-97 school year: [nos. 1 through 6 are examples]

1. That [name of Aspergers student] be mainstreamed into regular classes for every eighth grade class except math
2. That a circle of friends be established in [name of Aspergers student] [name of class] in conjunction and cooperation with the instructor of that course
3. That all of [name of Aspergers student] instructors be given a copy of the goals, modifications, special considerations, etc. prepared as part of this IEP
4. That both the instructional aide and [name of Aspergers student] educators in the regular classroom be allowed to consult as necessary with the special education teacher and the District's autism specialist
5. That education on autism be provided by the school district to the instructional aide as well as all regular instructors who teach [name of Aspergers student]
6. That the school provide [name of Aspergers student] with a one-on-one aide to assist him as necessary in the integrated classes

Thank you for considering our concerns and comments. We look forward to working with the school district to integrate [name of Aspergers student] into regular classes and make the transition to high school easier and more understandable for [name of Aspergers student]

Sincerely,
This is a checklist form designed for moms and dads to provide to teachers and other educators to help them understand the strengths and challenges faced by a youngster with an autism spectrum disorder. It includes sections on environmental challenges, sensory challenges, behaviors, and social skills.

Behaviors That May Be Personal Challenges for a Student with an Autism Spectrum Disorder—

Qualitative Impairments in Social Interaction:

- ___ engaging in stereotypical question asking as interaction pattern
- ___ impaired imitation - not engaging in simple games of childhood
- ___ inability to respond to social cues
- ___ inability to understand how someone else might feel
- ___ inappropriate giggling or laughing
- ___ inappropriate use of eye contact, avoidance or extended staring
- ___ inappropriately intrusive in social situations
- ___ lack of socially directed smiles when young
- ___ little sense of other people's boundaries
- ___ mimicking actions from TV, but not in reciprocal manner
- ___ not accepting cuddling, hugging, touching unless self initiated
- ___ poor use of non-verbal gestures
- ___ trouble with back and forth social interactions
- ___ trouble with competition, i.e., winning, losing, being first
- ___ wanting and needing to be left alone at times

Restricted Repetitive & Stereotyped Patterns of Behavior, Interests & Activities:

- ___ defensive to touch that isn't self initiated
- ___ difficulty waiting
- ___ difficulty with unstructured time
- ___ excessive fearfulness of some harmless objects or situations
- ___ exploring environment through licking, smelling, touching
- ___ fascination with movement (spinning wheels, fans, door & drawers)
- ___ history of eating problems
- ___ history of sleeping problems
- ___ impaired response to temperature or pain
- ___ insistence on routines, resisting change
- ___ lack of fear of real danger
- ___ lining up and/or ordering objects
- ___ negative reaction to change in environment
• pacing or running back and forth, round and round
• perfectionist, problems with correction or "mistake"
• repeatedly watching videos or video segments
• staring at patterns, lights, or shiny surfaces
• strong attachment to inanimate objects (strings, bottles)
• very sensitive to sounds (may have acted as if deaf as baby)

Qualitative Impairments in Communication:

• difficulty understanding abstract concepts
• difficulty when verbalizations are too fast
• difficulty with concepts that are time bound or lack concreteness
• difficulty with long sentences
• echoing what is said directly, later, or in a slightly changed way
• low spontaneously initiated communication
• problems answering questions
• problems getting the order of words in sentences correct
• problems responding to directions
• problems understanding jokes
• problems understanding multiple meaning of words
• problems understanding sarcasm, idioms, and figurative speech
• problems using speed, tone, volume appropriately
• problems with pronouns
• problems with reciprocal conversations

Learning Characteristics:

• ability to manipulate items better than paper-pencil abilities
• delayed response time
• good visual skills
• hyperactivity
• impulsivity
• needs help to problem solve
• over and under generalization of learning
• problems organizing
• sequential learner
• short attention span to some activities and not to others
• uneven profile of skills
• well developed long term memory

Observe Problem Behaviors:

• aggression - biting, hitting, kicking, pinching
• eating problems
• low motivation
• non-compliance and refusal to move, to do things
• screaming, yelling
• self-injurious behaviors - biting, hitting, pinching, banging parts of body
• sleeping problems
• temper tantrums
• toileting problems

Possible Motor Problems:

• balance
• clumsiness
• initiation - can't seem to be started in motor acts
• motor fatigue - tired easily
• motor planning - can't seem to make body do what it needs to do
• perceptual motor, spacing, sequencing, printing, writing
• stiffness
• strength

Some Environmental Challenges that Lower a Student's Ability to Function Competently Internal-

• being hungry
• being sick
• being tired
• being touched
• making a mistake
• not being understood
• not having adequate skills for job
• not having choices
• not having enough information
• not understanding

Major Changes-

• activity location changes
• alterations at school, work, home, community
• anticipating an event or activity
• cancellation of an event or activity
• family member or friend is late or not coming
• friend or buddy absent
• having to wait too long
• small schedule changes
• staff or teacher absent
• time changes

Environmental Confusion-

• being off the pace of others
• crowds
• losing things of value
• noise
• not having enough space
• surrounded by competing visual stimuli
• surrounded by too much movement

Relationships-

• being corrected
• being denied
• being ignored
• being interrupted
• being late
• being left out
• being scolded
• being teased
• fear of losing people who are valuable

Possible Sensory Challenges: Risk Factors Sound/Auditory-

• confused about direction of sounds
• distracted by certain sounds
• fears some noises
• has been diagnosed with hearing problem at some time
• likes sounds that are constant and mask outside sounds
• making self-induced noises
• reacts to unexpected sounds

Sight/Vision-

• arranges environment in certain ways and can tell if out of order
• avoids eye contact
• becomes excited when confronted with a variety of visual stimuli
• closely examines objects or hands
• enjoys patterns
• enjoys watching moving things/bright objects
• has been diagnosed with a visual problem
• has difficulty tracking
• has trouble with stairs, heights
• is distracted by some or too much visual stimuli
• is sensitive to light
• likes TV, VCR
• makes decisions about food, clothing, objects by sight
• upset by things looking different

Smell/Olfactory-
• sensitive to smells
• explores environment by smelling
• ignores strong odors
• reacts strongly to some smells
• smells objects, food, people

Touch/Tactile-

• appears to have depth perception problems
• becomes irritated if bumped or touched by peers
• dislikes having hair, face, or mouth touched
• dislikes the feel of certain clothing
• doesn't like showers
• explores environment by touching
• has to know someone is going to touch ahead of time
• initiates hugs, cuddling
• is defensive about being touched
• is sensitive to certain clothing
• likes to play in water
• mouths objects or clothing
• over or under dresses for temperature
• prefers deep touching rather than soft
• refuses to touch certain things
• refuses to walk on certain surfaces
• upset by sticky, gooey hands

Taste-

• dislikes certain foods/textures
• explores environment by tasting
• has an eating problem
• tastes non-edibles
• will only eat a small variety of foods

Movement/Vestibular-

• appears clumsy, bumping into things
• arches back when held or moved
• avoids balancing activities
• climbs a lot and doesn't fall
• likes rocking, swinging, spinning
• moves parts of body a great deal
• seems fearful in space
• spins or whirls self around
• walks on toes

Perceptual/Perceptual Motor-
• difficulty with body in space
• distracted by door, cupboards being open, holes, or motion
• has difficulty with time perception
• has trouble with paper/pencil activities
• problems organizing materials and moving them appropriately
• problems with use of some tools
• relies on knowing location of furniture

Social Skills That May be Personal Challenges Personal Management/Self Control-

• accepting correction
• accepting that mistakes can be fixed
• being prepared and organized for activities and lessons
• being quiet when required
• changing activities
• finishing work
• taking care of personal and school belongings
• talking when spoken to, especially if asked a question
• turning in assignments on time
• waiting
• working independently without bothering others

Reciprocal Interactions-

• asking for a favor
• asking for feedback, recruit praise
• asking for help, seek comfort
• asking someone to play or do an activity
• caring when someone is hurt or sick, not laughing
• complimenting
• gaining joint attention (point, look, talk)
• getting attention in specific way, raising hand, waiting
• greeting
• imitating
• initiating social interactions
• inviting others to join
• letting someone know that you are hurt or sick
• negotiating
• offering help, comfort
• playing
• sharing
• sitting and participating in group
• social chat
• taking turns

Reciprocating Social Interactions Appropriately-
• accepting help
• accepting that some things aren't possible
• answering questions
• commenting on a topic
• giving a reliable yes/no
• giving eye contact appropriately
• listening
• making a choice
• responding to teasing
• sharing other's enjoyment

Manner of Interaction-

• being considerate
• being honest
• being kind
• being polite
• keep a specified distance from a person
• looking at person talking appropriately
• not being a tattler
• not hitting, kicking, saying bad words
• not walking away while someone is talking

Learning Situation Specific Behaviors-

• at a sports event
• in a store
• in church, school, home
• what and where are private
• with authority figures
• with peers, no adults
• with strangers

Abstract Social Concepts-

• being good
• caring
• doing one's best
• fairness
• friendship
• humor
• kindness
• lying
• politeness
• timing

Group Behaviors-
• come when called to group
• stay in certain places
• participate with group
• follow group rules:

1. get out
2. pick up, clean up, straighten up
3. put away
4. talk one at a time
5. voting - majority rules
6. walk, stand still, stay to right
7. winning and losing

Questions to Ask About INCREASING MOTIVATION

When these questions are answered, remember to address and analyze the Aspergers student's entire day and week across all environments to assure these motivational strategies are addressed systematically.

• Are attempts towards goals and objectives reinforced?
  • Are environmental and instructional cues utilized instead of relying on constant adult verbal and physical cues?

• Are experiences shared rather than constantly instructed?

• Are familiar, acquired activities kept in the program as new ones are added?

• Are likes, interests, and strengths; questions minimized?

• Are naturally occurring reinforcers used?

• Are reciprocal social interactions reinforced and shared rather than corrected?
  • Are student preferences used and attempts made to update these and use reinforcers that the Aspergers student REALLY likes?

• Are the activities useful and meaningful for the Aspergers student?

• Are the options for choice expanded through meaningful experiences and successes?
  • Are the reinforcing stimuli varied, are there choices of reinforcers, and is the schedule of reinforcement varied?

• Are there cooperative experiences?

• Are typical social reinforcers (smile, pat, praise) really motivating?
• Is choice making encouraged, invited, accepted and taught?
• Is feedback provided immediately so the connection between the reinforcer and event is clear?
• Is information given so person understands; questioning developed & utilized?
• Is intrinsic motivation utilized?
• Is natural initiation encouraged and invited?
• Is reciprocal communications encouraged and is there ample opportunity?

This is a checklist form designed for moms and dads to provide to teachers and other educators. It incorporates "teaching tips" and modifications/adaptations often necessary to enable a youngster with an autism spectrum disorder to thrive and succeed in the school setting.

Specially Designed Instructions for Educators: IEP Modification/Adaptations/Support Checklist—

SPECIALY DESIGNED INSTRUCTIONS FOR EDUCATORS: IEP MODIFICATION/ADAPTATIONS/SUPPORT CHECKLIST

FOR __________________________ DATE ______
GRADE __________________________

Communicating to the Aspergers student-
• Avoid idioms, double meanings, and sarcasm____________
• Avoid using vague terms like later, maybe, "why did you do that?" ______________
• Be concrete and specific____________
• If necessary for understanding, break tasks down into smaller steps____________
• Provide accurate, prior information about change____________
• Provide accurate, prior information about expectations____________
• Slow down the pace____________
• Specifically engage attention visually, verbally, or physically____________
• Use gestures, modeling, and demonstrations with verbalization____________

Encouraging Communication with the Aspergers student-
• Encourage input and choice when possible____________
• Model correct format without correction____________
• Pause, listen, and wait____________
• Respond positively to attempts
• Watch and listen to attempts to respond

Social Supports-
• Build in time to watch, encourage watching and physical proximity
  • Create cooperative learning situations where can share his/her proficiencies
• Establish a "buddy system" in each class
• Focus on social process rather than end product
• Practice on specific skills through natural activities with a few peers
• Practice on specific skills through natural activities with one peer
• Praise classmates when they treat with compassion
• Protect the youngster from bullying and teasing
• Structured activities with set interaction patterns and roles
  • Specific teaching, rehearsal, practicing, and modeling in natural settings of the following skills:
    1. accepting answers of others
    2. accepting success of others
    3. complimenting
    4. Concentrate on changing unacceptable behaviors and ignore those that are simply "odd"
    5. following ideas of others
    6. greeting
    7. Individualize social stories giving specific situations emphasizing descriptions and perspectives
    8. inviting
    9. joining others
   10. joking and teasing
   11. negotiating
    12. responding
    13. repairing breakdowns
    14. Shared interests using interests and strengths
    15. taking the lead
    16. Teacher or school personnel advocate who will problem-solve and facilitate
    17. turn-taking
    18. waiting

Environment and Routine-
• Allow modifications as needed to deal with sensitivity to touch issues, such as immersing hand in gooey liquid
• Avoid surprises, prepare thoroughly and in advance for special activities, altered schedules, or other changes, regardless of how minimal
• Minimize transitions
• Offer consistent daily routine
• Provide a predictable and safe environment
• Provide personal space in resource or other room for relaxation
• Reduce distractions and sensory overloads
  - noise
  - vision
  - smell
• Talk through stressful situations or remove him/her from the stressful situation

Presentation of Material:

• Presented visually

1. calendars/maps/charts/diagrams
2. computers
3. demonstration
4. objects
5. pictured and written
6. pictured
7. video
8. written

• Consistent use of expectations
• Divide instruction into small, sequential steps
• Peer tutoring
• Provide needed prompts and cues
• Provide repeated opportunities to practice
• Use established routines

Assessment and Assignments:

• Allow extra time
• Alter activity
• Apply learning to real situations
• Highlight text
• Learn format ahead of time through rehearsal
• Modify difficulty
• Modify questions format
• Provide choice of activity
• Provide visual cues as a way of teaching how to summarize/write
• Shorten

Self Management/Behavior:

• Analyze the purpose of behavior from student perspective
• Avoid pressure to "be good" or other abstract expectations
  - Avoid punitive measures that lower self esteem, increase anxiety, and are not understood (e.g., taking away set routines, free time, exercise, sending home, lecturing or yelling at)
• Encourage choices and decision making where appropriate
• Incorporate strengths and interests into daily plan
• Individualized contract
• Provide reinforcement that is individualized, immediate and concrete
• Teach use of timer or other visual cues
• Translate purpose into skills to be taught
• Avoid disciplinary actions for behaviors that are part of the disorder, i.e.:
  1. anxious
  2. avoidance of eye contact
  3. lack of "respect" for others
  4. perseverating on topic of interest
  5. repeating words or phrases
  6. slow response time
  7. talking to self
  8. upset by change
  9. upset in crowds or with noise

Homework-
• Individualized
• More help
• More time
• No more than one hour per evening
• Shortened

Staying on Task-
• Break assignments down into small units
• Provide frequent teacher feedback and redirection
  • Provide time in resource or special education room for completion of homework and class work
  • Sit next to buddy so buddy can remind to return to task or listen to lesson
• If necessary, lessen homework expectations

This document is an example of some IEP Goals. Proposed IEP Goals—

The following sample document is a list of goals for an IEP period. GOALS FOR INDIVIDUALIZED EDUCATION PLAN (IEP)

FOR _________________________ DATE______
GRADE________________

A: To Improve Communication and Socialization
1. Accept the success of peers without making negative comments.
2. Ask for help from teachers or aides when needed.
3. Attempt to learn the interests of peers.
4. Be positive in communicating with teachers and peers.
5. Be respectful of peer's opinions.
6. Compliment peers when appropriate.
7. Establish and maintain eye contact when speaking to teachers and peers.
8. Initiate discussions with peers.
9. Respond appropriately to peers in social situations.
10. Share expertise and special interests with peers.

B: To Succeed in the Regular Classroom

1. Be positive as you approach your work and new tasks.
2. Establish method by which ___________ can organize and keep organized.
3. Establish method by which ___________ can help himself/herself control anxiety.
4. Notify the teacher/aide if you are distracted by sensory input.
5. Notify the teacher/aide if you do not understand the material.
6. Notify the teacher/aide if you find yourself becoming overly agitated or anxious and your own efforts to control the anxiety have not been successful.
7. Participate appropriately in class.
8. Stay focused on the instruction in the classroom.
9. Understand that, though teachers and aides will attempt to let you know of potential changes in schedule, etc., there will be times when such notice cannot be given. Work on accepting change without becoming emotionally unraveled.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom

09:43AM (-08:00)

**Tantrums & Meltdowns in the Classroom: Guidelines for Teachers**

Every teacher of Aspergers kids can expect to witness some meltdowns. At school, there are predictable situations that can be expected to trigger meltdowns, such as transitions between activities, on the school bus, getting ready to work, interactions with other kids, directives from the teacher, group activities, answering questions in class, individual seat work, and the playground.

**Characteristics of Meltdowns in Aspergers Kids—**

All young kids from time to time will whine, complain, resist, cling, argue, hit, shout, run, and defy their teachers. Meltdowns, although normal, can become upsetting to teachers because they are embarrassing, challenging, and difficult to manage. On the other hand, meltdowns can become special problems when they occur with greater frequency,
intensity, and duration than is typical for the age of the youngster.

There are nine different types of temperaments in Aspergers kids:

- Distractible temperament predisposes the youngster to pay more attention to his or her surroundings than to the teacher.
- High intensity level temperament moves the youngster to yell, scream, or hit hard when feeling threatened.
- Hyperactive temperament predisposes the youngster to respond with fine- or gross- motor activity.
- Initial withdrawal temperament is found when kids get clingy, shy, and unresponsive in new situations and around unfamiliar people.
- Irregular temperament moves the youngster to escape the source of stress by needing to eat, drink, sleep, or use the bathroom at irregular times when he or she does not really have the need.
- Low sensory threshold temperament is evident when the youngster complains about tight clothes and people staring and refuses to be touched by others.
- Negative mood temperament is found when kids appear lethargic, sad, and lack the energy to perform a task.
- Negative persistent temperament is seen when the youngster seems stuck in his or her whining and complaining.
- Poor adaptability temperament shows itself when kids resist, shut down, and become passive-aggressive when asked to change activities.

Prevention for Teachers of Aspergers Students—

It is much easier to prevent meltdowns than it is to manage them once they have erupted. Here are some tips for preventing meltdowns in the classroom:

- Avoid boredom. Say, “You have been working for a long time. Let’s take a break and do something fun.”
- Change environments, thus removing the youngster from the source of the meltdown. Say, “Let’s read a book.”
- Choose your battles. Teach kids how to make a request without a meltdown and then honor the request. Say, “Try asking for that pencil nicely and I’ll get it for you.”
- Create a safe environment that kids can explore without getting into trouble. Childproof your classroom so kids can explore safely.
- Distract kids by redirection to another activity when they tantrum over something they should not do or cannot have. Say, “Let’s read a book together.”
- Do not ask kids to do something when they must do what you ask. Do not ask, “Would you like to study now?” Say, “It’s study time now.”
- Establish routines and traditions that add structure. Start class with a sharing time and opportunity for interaction.
- Give kids control over little things whenever possible by giving choices. A little bit of power given to the youngster can stave off the big power struggles later. “Which do you want to do first, work on reading or writing?”
- Increase your tolerance level. Are you available to meet the youngster’s reasonable needs? Evaluate how many times you say, “No.” Avoid fighting over minor things.
• Keep a sense of humor to divert the youngster’s attention and surprise the youngster out of the tantrum.
• Keep off-limit objects out of sight and therefore out of mind. In an art activity keep the scissors out of reach if kids are not ready to use them safely.
• Provide pre-academic, behavioral, and social challenges that are at the youngster’s developmental level so that the youngster does not become frustrated.
• Reward kids for positive attention rather than negative attention. During situations when they are prone to meltdowns, catch them when they are being good and say such things as, “Nice job sharing with your friend.”
• Signal kids before you reach the end of an activity so that they can get prepared for the transition. Say, “When the timer goes off 5 minutes from now it will be time to turn in your work.”
• When visiting new places or unfamiliar people explain to the youngster beforehand what to expect. Say, “Stay with your assigned buddy in the museum.”

Intervention for Teachers of Aspergers Students—

There are a number of ways to handle a meltdown. Strategies include the following:

• Avoid shaming the youngster about being angry. Kids in healthy families are allowed to express all their feelings, whether they are pleasant or unpleasant. They are not criticized or punished for having and expressing feelings appropriately, including anger.

• If the youngster has escalated the tantrum to the point where you are not able to intervene in the ways described above, then you may need to direct the youngster to time-out. In school warn the youngster up to three times that it is necessary to calm down and give a reminder of the rule. If the youngster refuses to comply, then place him or her in time-out for no more than 1 minute for each year of age.

• Learn to deal with your own and others’ anger. When teachers discipline out of anger or with expectations that are inappropriate for the age of their youngster, they often make mistakes in the way they react. The place to begin is with ourselves. When we feel calm, we can model effective anger and conflict management.

• Maintain open communication with your Aspergers student. Consistently and firmly enforce rules and explain the reasons for the rules in words your student can understand. Still, you can listen well to his protests about having to take a test or measles shot.

• Notice, compliment and reward appropriate behavior. Teaching your student to do the right things is better (and easier) than constantly punishing bad behavior. Kids who get a steady diet of attention only for bad behavior tend to repeat those behaviors because they learn that is the best way to get our attention, especially if we tend to be overly authoritarian.

• Remain calm and do not argue with the youngster. Before you manage the youngster, you must manage your own behavior. Yelling at the youngster will make the tantrum worse.

1090
• Talk with the youngster after the youngster has calmed down. When the youngster stops crying, talk about the frustration the youngster has experienced. Try to help solve the problem if possible. For the future, teach the youngster new skills to help avoid meltdowns such as how to ask appropriately for help and how to signal a teacher that the he or she knows they need to go to “time away” to “stop, think, and make a plan.” Teach the youngster how to try a more successful way of interacting with a peer, how to express his or her feelings with words and recognize the feelings of others without hitting and screaming.

• Teach kids about intensity levels of anger. By using different words to describe the intensity of angry feelings (e.g., annoyed, aggravated, irritated, frustrated, angry, furious, enraged), kids as young as 2 1/2 can learn to understand that anger is a complex emotion with different levels of energy.

• Teach understanding and empathy by calling your student's attention to the effects of his or her actions on others. Invite the youngster to see the situation from the other person's point of view. Healthy kids feel remorse when they do something that hurts another. Authoritative discipline helps them develop an internal sense of right and wrong. Remember, a little guilt goes a long way, especially with an Aspergers youngster.

• Think before you act. Count to 10 and then think about the source of the youngster’s frustration, this youngster’s characteristic temperamental response to stress (hyperactivity, distractibility, moodiness), and the predictable steps in the escalation of the meltdown.

• Try to discover the reason for your student's anger or meltdown. What does he or she want and is not getting? The reasons kids have meltdowns vary: to get attention, get someone to listen, protest not getting their way, get out of doing something they do not want to do, punish a teacher for going away, for power, for revenge, from fear of abandonment, etc. Let the youngster know the behavior is unacceptable. Talk calmly.

• Try to intervene before the youngster is out of control. Get down at the youngster’s eye level and say, “You are starting to get revved up, slow down.” Now you have several choices of intervention.

• You can ignore the tantrum if it is being thrown to get your attention. Once the youngster calms down, give the attention that is desired.

• You can place the youngster in time away. Time away is a quiet place where the youngster goes to calm down, think about what he or she needs to do, and, with your help, make a plan to change the behavior.

• You can positively distract the youngster by getting the youngster focused on something else that is an acceptable activity. For example, you might remove the unsafe item and replace with an age-appropriate toy.

Post-Tantrum Management—
• Do not reward the youngster after a tantrum for calming down. Some kids will learn that a meltdown is a good way to get a treat later.
• Explain to the youngster that there are better ways to get what he or she wants.
• Never let the meltdown interfere with your otherwise positive relationship with the youngster.
• Never, under any circumstances, give in to a tantrum. That response will only increase the number and frequency of the tantrums.
• Teach the youngster that anger is a feeling that we all have and then teach her ways to express anger constructively.

Beyond the Tantrum Stage—

Most tantrums and angry outbursts come and go as Aspergers kids and youth grow in their ability to use language and learn to solve problems using words. But occasionally, fits of temper and violence persist into elementary school and may signal serious problems. Sometimes there are biological sources of anger that require diagnosis by a physician or psychologist.

If someone is getting hurt or if you use the suggestions listed in this fact sheet and nothing seems to work, it is time to get professional help. Ask a physician, school guidance counselor or psychologist for names of those skilled in working with Aspergers kids on anger issues. Or, check the yellow pages under counselors, for psychologists and marriage and family therapists who specialize in Aspergers-related behavioral problems.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom

11:32AM (-08:00)

Sleep Disorders are Common in Kids with Aspergers

A recent study conducted at the Center for Pediatric Sleep Disorders at the University La Sapienza in Rome, Italy has led researchers to believe that sleep disorders are more common among kids with Aspergers as opposed to their typically-developing peers. Oliviero Bruni, MD authored the study which compared the sleep habits of eight kids with Aspergers, 10 kids with autism and a control group of 12 typically-developing kids. Moms and dads of kids with Aspergers filled out a sleep questionnaire and the Pediatric Daytime Sleepiness Scale. The kids were also assessed using the Child Behavior Checklist, the industry-standard Autism Diagnostic Observation Schedule (ADOS), the Wechsler Intelligence Scale for Kids (WISC), and were observed during an overnight sleep study (polysomnogram).

The study determined that not only were kids with Aspergers reluctant to go to sleep they had difficulty falling asleep, difficulty waking up, and a general feeling of sleepiness throughout the day. As a parent of a youngster with Aspergers I can attest to these
findings. My son has a hard time transitioning into his sleep routine, a difficult time falling asleep, and often nods off throughout the day. He rarely looks rested but can't seem to increase his quality of sleep.

It is important for all kids, but especially kids with Aspergers and other autism spectrum conditions, to have a consistent bedtime routine. This will allow everyone to wind down and have a relaxing evening which should, ideally, set the mood for a more restful night. It is imperative to avoid any excessively stimulating activity in the later evening hours including screen time (TV, movies, video games, computer time, etc) and any type of excessive physical activity. Some moms and dads find that the use of aromatherapy and relaxing music helps their youngster calm down and prepare themselves for a restful night of sleep.

All kids have sleep issues from time-to-time and will go through phases of disruptive sleep. Kids with Aspergers, however, are more prone to have longer periods of these disruptive cycles. This lack of quality sleep can affect a youngster in their everyday lives including their education and extracurricular activities. If the youngster isn't getting sleep then it is unlikely that the moms and dads are which can through the entire family dynamic off. If you have a youngster with Aspergers it is important to take note of their sleep, including speaking with the youngster themselves, and contact their pediatrician if you feel that they are being negatively affected by their sleep cycle.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom 12:03PM (-08:00)
because I've woke up with ear buds still in the next morn.

**Parent of Aspergers Child Shares Her Story**

This is 'our' experience of Aspergers. Since ASPERGERS is known as a 'pick and mix' syndrome, other moms and dads will have different problems and different solutions.

B___ failed his hearing test when he was a baby. After years of visits to hearing
specialists and nothing being done, we were eventually informed that there was nothing wrong with B____’s hearing; he just chose not to hear. This was because he was in his own little world. He was diagnosed at around the age of 9 with Aspergers, a ‘generally’ mild form of autism usually associated with an above average IQ.

We had lived for all that time believing something was wrong with his hearing, but that was all. We put the trouble he was in at school down to his being unable to hear things. It was only after an Educational Psychologist (there are some good ones) made the diagnosis that all the little traits which we had accepted as being B____, also made up a Syndrome!

What sort of traits were they? He was obsessive...if he played with anything, it was that toy to the exclusion of all others. This obsession may only have lasted a couple of days, it may have lasted several weeks, but each time it was only the one thing. From around the age of 5 or 6, it was videos. He would watch the same video over and over and over again.

When he played with toys, everything was always in a pattern...generally a straight line pattern - a square, a rectangle, a straight line. He did not like curves and positively hated disorder. (That did not stretch to keeping his bedroom tidy though).

If his routine was disrupted, he would have terrible temper tantrums. It was necessary to pre-warn him of everything and prepare him. This meant even to warning him that in ten minutes he would be going to bed; he needed to adjust from what he was currently doing to what he would be doing.

He is a great one for rules. He doesn't always follow them, but generally speaking, once he accepts why a rule is in place, he sticks to it and becomes very irate if others don’t. When we are out and about, the number of times he wants to report someone to the police for breaking the rules...generally drivers...is phenomenal. I would be very wary of anyone with ASPERGERS becoming a policeman...you certainly won't get off with a warning! :)

The biggest problem we had was how he interacted with other kids in school, or didn't. All the other things we accepted as part of him. It was only when he had problems with other kids that we felt we had a problem. B____’s ASPERGERS is very mild, but even he has problems gauging people and their feelings and reactions.

He will not be able to see that he is boring another youngster to death...and will not let them go when he feels he has a captive audience. He will not play nicely with other kids...they break a rule and he feels mortally wounded.

He constantly thinks that ‘they are out to get him’ (this final feeling I now think may have been more to do with the bullying which he suffered, although other ASPERGERS kids report the same thing so I don't know). For example, his school was all open plan classrooms. He was always sat with the teacher and therefore was at the front. He would see a youngster in the next classroom facing towards him (actually listening to his own teacher) and he truly believed that this youngster would be planning to attack him.
This lack of empathy can sometimes cause all sorts of problems. If someone hurts themselves, he will laugh. He has not realized that the other person is upset. If he sees someone cry, he has now 'learnt' that this means they are unhappy. However, because it is a learned response, he finds it a difficult thing to translate to a different situation. For example, if he cannot find something in a bookshop, he has learnt that you can go and ask an assistant. He has also learnt now that you can do that in a supermarket. But that does not mean he could ask in a clothes store. We have now taught him that wherever you are, if you have a problem, look for a person in authority and ask for help. (This did not work in the school though...I never realized how few teachers actually want to help kids).

Many ASPERGERS kids do not have any sense of humor; those that do tend to have a very 'slap stick style' sense of humor. For most, plays on words are very difficult for them to cope with. B certainly can never tell whether something is true, humor or sarcasm.

ASPERGERS often means that kids also have short term memory problems. If you gave B a list of three things to do, he could 'probably' do them. Give him four and he will forget at least two of them. Even now, he cannot get the days of the week in the right order and cannot remember the months of the year or the seasons in order.

I mentioned earlier that ASPERGERS is a 'pick and mix' syndrome. This means that the ASPERGERS never really comes alone. There is nearly always something else as well. In B’s case it is dyslexia. I help run a support group for moms and dads of kids with ASPERGERS and the other problems which frequently occur are dyspraxia, ADD, ADHD and Tourette's Syndrome.

Having detailed all the problems we have had with our son, I must assure you that it is not all doom, gloom and despondency by a long way. The peculiarities of B’s brain and others who have ASPERGERS generally give them a lot of strengths as well. Many, many of them are very skilled at the sciences, or maths...generally the very logical subjects where there are rules to follow. Music is another field where Aspergers kids are widely represented, the other art type subjects are less well represented. This is believed to be as a result of the high IQ and the obsessive, logical natures they have. Whilst in schools, the kids are pushed to have a very wide knowledge of all things, in a work environment of their choice, an 'Aspergers youngster' can specialize in his/her obsession.

Further, we have had so few problems since we began home educating B that people seeing him now tend to disbelieve that he has any problems at all. We can concentrate on his strengths and skills and help him by giving him coping mechanisms where he has weaknesses. For example, he always has a diary around him and has learnt that he can use this to work out days of the week, or months of the year.

There are many very famous, very successful people who either had, or are believed to have had, Aspergers. Bill Gates, the Microsoft computer billionaire is supposed to have ASPERGERS. Einstein was believed to have ASPERGERS.

08:52AM (-08:00)

Aspergers Children and Problems in Social Interactions

Children with Aspergers (AS) may develop problems in their abilities to successfully engage in interpersonal relationships.

Social impact—

Aspergers may lead to problems in social interaction with peers. These problems can be severe or mild depending on the child. Kids with ASPERGERS are often the target of bullying at school due to their idiosyncratic behavior, precise language, unusual interests, and impaired ability to perceive and respond in socially expected ways to nonverbal cues, particularly in interpersonal conflict. Kids with ASPERGERS may be overly literal, and may have difficulty
interpreting and responding to sarcasm, banter, or metaphorical speech. Difficulties with social interaction may also be manifest in a lack of play with other kids.

The above problems can even arise in the family; given an unfavorable family environment, the youngster may be subject to emotional abuse. A youngster or teenager with ASPERGERS is often puzzled by this mistreatment, unaware of what has been done incorrectly. Unlike other pervasive development disorders, most kids with ASPERGERS want to be social, but fail to socialize successfully, which can lead to later withdrawal and asocial behavior, especially in adolescence. At this stage of life especially, they risk being drawn into unsuitable and inappropriate friendships and social groups. People with ASPERGERS often interact better with those considerably older or younger than themselves, rather than those within their own age group.

Kids with ASPERGERS often display advanced abilities for their age in language, reading, mathematics, spatial skills, and/or music—sometimes into the "gifted" range—but this may be counterbalanced by considerable delays in other developmental areas. This combination of traits can lead to problems with teachers and other authority figures. A youngster with ASPERGERS might be regarded by teachers as a "problem child" or a "poor performer." The youngster’s extremely low tolerance for what they perceive to be ordinary and mediocre tasks, such as typical homework assignments, can easily become frustrating; a teacher may well consider the youngster arrogant, spiteful, and insubordinate. Lack of support and understanding, in combination with the youngster’s anxieties, can result in problematic behavior (such as severe tantrums, violent and angry outbursts, and withdrawal).

Difficulties in relationships—

Two traits sometimes found in ASPERGERS children are mind-blindness - the inability to predict the beliefs and intentions of others – (see below) and alexithymia - the inability to identify and interpret emotional signals in oneself or others – (see below) which reduce
the ability to be empathetically attuned to others. Alexithymia in ASPERGERS functions as an independent variable relying on different neural networks than those implicated in theory of mind (see below). In fact, lack of Theory of Mind in ASPERGERS may be a result of a lack of information available to the mind due to the operation of the alexithymic deficit.

A second issue related to alexithymia involves the inability to identify and modulate strong emotions such as sadness or anger, which leaves the child prone to “sudden affective outbursts such as crying or rage.” The inability to express feelings using words may also predispose the child to use physical acts to articulate the mood and release the emotional energy.

Children with ASPERGERS report a feeling of being unwillingly detached from the world around them. They may have difficulty finding a life partner or getting married due to poor social skills. Children with ASPERGERS will need support if they desire to make connections on a personal level. The complexity and inconsistency of the social world can pose an extreme challenge for children with ASPERGERS. In the UK Asperger's is covered by the Disability Discrimination Act; those with ASPERGERS who get treated badly because of it may have some redress. The first case was Hewett v Motorola 2004 (sometimes referred to as Hewitt) and the second was Isles v Ealing Council.

The intense focus and tendency to work things out logically often grants people with ASPERGERS a high level of ability in their field of interest. When these special interests coincide with a materially or socially useful task, the person with ASPERGERS can lead a profitable career and a fulfilled life. The youngster obsessed with a specific area may succeed in employment related to that area. People with ASPERGERS have also served in the military. Although ASPERGERS is generally a disqualifier for military service, the individual can be qualified for enlistment if he or she has not required special accommodations or treatment for the past year. More research is needed on adults with ASPERGERS.

Mind-blindness can be described as an inability to develop an awareness of what is in the mind of another human. It is not necessarily caused by an inability to imagine an answer, but is often due to not being able to gather enough information to work out which of the many possible answers is correct. Mind-blindness is the opposite of empathy. Simon Baron-Cohen was the first person to use the term 'mind-blindness' to help understand some of the problems encountered by children with autism or Aspergers or other developmental disorders.

Alexithymia is defined by:

1. a stimulus-bound, externally oriented cognitive style.
2. constricted imaginal processes, as evidenced by a paucity of fantasies
3. difficulty describing feelings to other people
4. difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional arousal

Theory of mind appears to be an innate potential ability in humans, but one requiring
social and other experience over many years to bring to fruition. Different people may develop more, or less, effective theories of mind. Empathy is a related concept, meaning experientially recognizing and understanding the states of mind, including beliefs, desires and particularly emotions of others, often characterized as the ability to "put oneself into another's shoes."

Parenting Teenagers with Aspergers

Quick Tips for Parents of Teenagers with Aspergers

Keep doing the things that work—

• Be patient. Remember that kids and adolescents with ASPERGERS are relatively immature, socially and emotionally, compared to neurotypical kids of the same chronological age. Imagine sending a 10 year old off to high school (even if she has a chronological age of 14), or putting a 14 year old boy behind the wheel of car (even if he has a chronological age of 18)—or sending that 14 year old off to college or the army. We need to adjust our expectations for adolescents with ASPERGERS—and make sure they still have appropriate supports. Don’t pull the “ramp” out from under the “wheelchair”!

• Go with the flow of your child’s nature. Simplify schedules and routines, streamline possessions and furnishings. If your adolescent only likes plain T shirts without collars or buttons, buy plain T shirts. If your kid likes familiar foods, or has a favorite restaurant, indulge her.

• Have realistic, modest goals for what the adolescent or the family can accomplish in a give time period. You may need to postpone some plans for career goals, trips, culture or recreation.

• Kids still need structure, down time, soothing activities, and preparation for transitions.

• Communication:
  o Establish verbal codes or gestures to convey that one or both parties need a time out: a chance to cool down before continuing a difficult discussion at a later time.
  o Impersonal, written communication is easier for the adolescent to absorb: lists of routines and rules, notes, charts, or calendars. E-mail may become a new option.  o In so far as you can, keep your cool—they can’t handle our upset feelings. Walk away if you need to.
  o Side by side conversations (walking, in the car) may be more comfortable for the adolescent than talking face to face.
  o Tell your adolescent just what s/he needs to know, one message at a time, concisely.
• A regular bed time at a reasonable hour is more important than ever, if you can put/keep it in place. Regular routines of all kinds—familiar foods, rituals, vacations—are reassuring when the adolescent’s body, biochemistry, and social scene are changing so fast.

• Discipline & responsibility: A simple, low key, consistent approach is more important than ever, as adolescents become taller and stronger—not that physical restraint was ever very useful with our kids. Pick your battles. Set and enforce only your bottom line rules and expectations—matters of safety and respect. Write them down. Make sure both moms and dads/all involved adults agree on the rules. Give choices when possible, but not too many. Engage your adolescent in problem-solving; what does s/he think would work?

• Make sure thorough neuropsych re-evaluations are performed every three years. This information and documentation may be critical in securing appropriate services, alternative school placements, a good transition plan; choosing an appropriate college or other post secondary program; proving eligibility for services and benefits as an adult.

• Special interests may change, but whatever the current one is, it remains an important font of motivation, pleasure, relaxation, and reassurance for the adolescent.

Possible Shifts & Changes—

• Yes, adolescents do continue to grow and develop. You may get some nice surprises along the way, as you see the adolescent take an unexpected giant step toward maturity. I think of it as their neurons maturing on the vine! Maybe it’s just that they figure some things out, and get used to the feel of their new body chemistry.

• With or without ASPERGERS, most adolescents become less willing to take a parent’s word or advice; so we need to hook them up with other trustworthy adults. If you want your adolescent to learn or try or do something, arrange for the suggestion or information to come from a trusted adult other than a parent. E.g.: Handpick your adolescent’s guidance counselor. Look for other good mentors: Uncle? Scout or youth group leader? Psychologist, social worker, peer mentor, “Big Brother,” social skills group leader? Weight room coach or martial arts teacher?

• Boys may need to spend increased amounts of time with their fathers, and/or other male role models, as they undertake to become men. If Dad has taken a back seat, let him know his son really needs his attention now. If you are a single mother, look especially hard for male mentors at your son’s school or in the wider community.

• ASPERGERS can intensify parent/adolescent dynamics—which are challenging enough! For the neurotypical background, read Get Out of My Life—But First Would You Drive Cheryl and Me to the Mall? by Anthony Wolf. The “job description” of a teenager is to pull away from moms and dads toward more independence; for our kids, the process can be extra messy—not least because they may be even less ready for independence than other adolescents. Although some adolescents with ASPERGERS are more docile
and child-like, be prepared to tolerate/ignore considerable distancing, surliness, or acting out, knowing that it won’t last forever. At the same time, set some firm limits, and keep a close eye on the child/adolescent’s welfare.

Hygiene—

Instill the essential habit of a daily shower and clean clothes: peers, teachers, and future potential employers are very put off by poor hygiene. If possible, put your adolescent’s clothes on a well-organized shelf in the bathroom, near the clothes hamper.

Adolescents’ Mental Health—

• Adolescents with ASPERGERS are less prepared than neurotypical adolescents for the new challenges of sexuality and romance. Some are oblivious; others want a girl or boy friend, but are clueless about how to form and maintain a relationship. Boys especially may be at risk for accusations of harassment, and girls especially at risk for becoming victims. Teach appropriate rules, or see that another adult does. Look for supervised activities in which boys and girls can socialize safely together, supervised by a staff person who know ASPERGERS and can coach appropriate social skills.

• Seek out activity-based, practical social skills groups designed especially for adolescents. Participating in such a group, being accepted by group leaders and peers, is probably the most powerful way to allay an adolescent’s potential despair at not fitting in socially and not having any friends. The positive social experiences and new skills they learn will be assets for the rest of their lives.

• Even for a previously well-adjusted youngster, multiple stressors during the adolescent years may bring on anxiety and even depression. Stressors seem to include increased academic/abstract thinking and social demands at school, peer pressure, increased social awareness, and fears of the future. Highly anxious adolescents who do not get help may be at risk for hospitalizations, school failure, acting out (including alcohol and substance abuse), or even suicide attempts.

• Don’t panic, however—there are interventions you can provide. Appropriate school placement and staff training, exercise (martial arts, yoga), and/or appropriate therapy with a carefully chosen professional, may help control the level of anxiety. Meds may need to be introduced or adjusted.

Moms and dads’ Mental Health—

• Kids with ASPERGERS can be difficult to parent and to love even when they are young. Often, our kids neither accept nor express love or other positive feelings in ways a neurotypical parent expects or finds most comfortable. Kids’ behavior can be trying or embarrassing for us. Adding adolescence to the mix can make this dilemma even more painful.

• If both moms and dads can largely agree about an adolescent’s diagnosis, treatment, and rules, it will save a lot of family wear and tear. To get your partner on the same page,
attend ASPERGERS conferences or classes together. When you hear the same information, you can discuss it and decide what will work best for your adolescent and in your family. As you learn more about ASPERGERS, you may also come to better appreciate each other’s contributions to your youngster’s welfare. Attend team meetings at the school together, or alternate which parent attends. Seeing your youngster’s therapist together (possibly without the child), or seeing a couples or family therapist, may help you weather a tough time together.

- Build and use any support networks you can: extended family, close friends, church/synagogue groups, understanding school staff. At AANE parent support groups, you will find other wonderful moms and dads who will appreciate how hard you are working for your adolescent, and share their strategies, resources, and spirit. Use the AANE Family Networking list to contact other moms and dads—or just call AANE. If you don’t have a good network, consider individual or family therapy for a little support during a stormy, demanding life passage. When you have a demanding adolescent, it’s good to be reminded once a week that your needs and feelings are valid and important, too!

- As AANE’s Jean Stern says, “Spray yourself with Guilt-Away!” Forgive yourself for being an imperfect parent, and for not loving your youngster “enough.” Forgive yourself for sometimes losing your temper, yelling, or handling a tense situation awkwardly. Forgive yourself for getting your adolescent diagnosed “late”—there are still plenty of years in which to help your youngster. Forgive yourself for not arranging play dates, or sports, or tutoring, the way other moms and dads may be doing. We each offer our youngster our own unique talents, interests, and qualities, as people and as moms and dads. We each do the best we can to gather the information, insights, resources, and services that will help our kids live and grow through adolescence. And—willingly or of necessity—we each end up making significant sacrifices for our kids. In the hardest years my mantra was: “The best I can do has got to be good enough—because it’s the best I can do!” It is a hard job; we are all heroic moms and dads (as a kind friend of mine once said to me).

- A regular bed time for the adolescent gives you time you can count on each evening for yourself and/or your partner. If you can build in regular respite—such as a night your adolescent spends with a grandparent once a month—go for it, and plan ahead for some relaxation, fun, or culture. (Divorced moms and dads may be able to count on a little time alone or with friends as long as they set up and adhere faithfully to a regular visitation schedule.)

Disclosure & Self-Advocacy—

- Encourage your adolescent to carry a wallet disclosure card (available on the AANE website) to show if stopped by a police officer or other first responder. A lot of adolescents with ASPERGERS like to walk at night to unwind, and police may view their behavior as suspicious. You may want to introduce your adolescent to your local police community relations officer, and explain a little about ASPERGERS. Refer the police to AANE if they have questions.

- If you have not talked to your adolescent about Aspergers, you or someone else should do so—to the extent that the adolescent is ready to hear it. It’s tricky for
adolescents—they so much want to be “normal” and strong and successful. A diagnosis can seem threatening or even totally unacceptable. In truth, however, the adults with ASPERGERS who do best are those who know themselves well—both their own strengths, which point them toward finding their niche in the world, and their own blind spots: where they need to learn new skills or seek out specific kinds of help.

• Adolescents need to learn when to ask for help, from whom, and how. It’s very helpful to have someone such as a trusted guidance counselor whose door is always open, and who can coach the adolescent in problem solving.

School—

• If you can afford it, you may prefer to pay private school tuition rather than paying a lawyer to negotiate with a financially strapped or resistant school system. However, a private school may not be the best choice. Some families move to a community with a better high school.

• Residential schools may be worth considering for some. The right fit can build tremendous confidence for the adolescent, give the moms and dads a break, and prepare everyone for the independence of the post high school years.

• Schedule regular monthly educational team meetings to monitor your adolescent’s progress, to ensure that the IEP is being faithfully carried out, and to modify it if necessary. Because adolescents can be so volatile or fragile, and because so many important things must be accomplished in four short years of high school, these meetings are critical. (See the AANE article “Some Accommodations for Students with ASPERGERS.”) If an adolescent is doing very well, the team can agree to skip a month—but be sure to reconvene to plan the transition to the following year.

• See the AANE school list in the adolescent information packet. There are no easy answers to finding the mix of conditions where our kids can survive or even thrive; pick the best possible realistic choice, and help your adolescent adjust. Call AANE if you would like to discuss options. Some families hire educational placement services.

• Some adolescents adjust o.k. to middle/high school with appropriate supports and accommodations, Others, however, just cannot handle a large, impersonal high school. You may need to hire an advocate or lawyer to negotiate with your school system to pay for an alternative school placement, tuition, and transportation.

Transition Planning—

• Chapter 688 in Massachusetts mandates a transition from services delivered under the aegis of the Department of Education (DOE), through graduation or age 22, to services delivered by another state agency, such as the Massachusetts Rehabilitation Commission. Involve your state Rehabilitation Commission in the planning process, since they may be the sole or key provider of post-h.s. services for most adults with ASPERGERS.
• Consider delaying graduation in order to ensure that transition services are actually provided under DOE. It may be hard to convince an academically gifted, college bound student to accept this route. However, it may be very helpful for students who will need a lot of help with independent living skills and employment issues. Services need not be delivered within high school walls. Community college courses, adaptive driving lessons, and employment internships are just a few alternatives to consider.

• If you have not yet made a will and set up a special needs trust, do it now. Ask the lawyer about powers of attorney or other documents you may need once your adolescent is no longer a minor. Few moms and dads assume guardianship of a young adult 18 or older, but it may be necessary and appropriate in some situations.

• Social skills are more essential to employment success than high IQ or a record of academic achievement, as indicated in the very title of Daniel Goleman’s 1995 best-seller Emotional Intelligence: Why it can matter more than IQ. Make sure the IEP provides for social skill learning/social pragmatic language. A good overarching goal is: “Bobby will learn the social skills appropriate to a 9th grader..10th grader… to the workplace.” (Goal created by Deb Connerty; see acknowledgements at foot of article.)

• The transition plan (part of the IEP) should address the skills an adolescent needs to acquire while in high school, in order to be prepared for the kind of independent life s/he wants to lead after graduation. Many high schools are unfamiliar with transition planning, however—especially for college bound students. The more you know as a parent, the more you may be able to ensure that a solid transition plan is written and carried out. At the Federation for Kids with Special Needs, Terri McLaughlin offers workshops on Transition Planning. See www.fcsn.org, or call her at 617 236-7210 x336.

• What kind of living situation, employment, and transportation fit your adolescent’s picture of his/her future at age 18 or 25? Once the goals are set, where can the adolescent learn the necessary skills? Consider academic courses, electives, extracurricular activities, and additional services within and outside the high school (e.g. community college, adaptive driving school).

• You want input and ownership from the adolescent as far as is possible, but moms and dads can and should have input. You may need to have team meetings when the adolescent is absent, so you can speak frankly about your concerns, without fear that the adolescent may feel you lack respect for or faith in her/him.

Steps toward Independence—

• An activity the adolescent can walk to is great—for my son it was Tae Kwon Do lessons; he could decide how many lessons to attend each week, and get himself there and back. Learning to use public transportation is also great. Consider buying a T pass, or rolls of quarters.

• Look for opportunities—e.g. in the summer—for a sheltered, successful overnight stay away from home with no parent. Examples: long weekend visits to relatives, a week or two of a carefully chosen sleep-away camp, taking a course on a college campus. AANE
has a summer and recreation resource list.

- Look for volunteer activities or part time jobs at the high school or in the community. Be persistent in asking the school to provide help in the areas of career assessment, job readiness skills, and internships or volunteer opportunities. They probably have such services for intellectually challenged adolescents—but may not realize our kids need that help, too. They may also not know how to adapt existing programs to meet our kids’ needs.

- Teach laundry and other self-care/home care skills by small steps over time. Try to get the adolescent to take an elective such as cooking or personal finance at the high school.

College—

- Because your college student is no longer a minor, colleges generally will not communicate openly with moms and dads, nor disclose the student’s disability without the student’s permission. Some colleges will allow the student to sign a blanket waiver to release information to moms and dads, but many will only allow limited waivers or none. The burden is on the student to disclose, to ask for help, and to let moms and dads know about problems—things that are hard for our kids.

- If your adolescent seems like a good candidate for college, take him or her to visit colleges during the spring vacation weeks of the junior year of high school, or during the summers before junior and senior year. This is easy to do in Massachusetts! Visits reveal a lot about what environment the adolescent will prefer. Purchase a large college guide to browse (e.g. Fiske). Also look at Colleges that Change Lives by Loren Pope: Clark University, Hampshire College, and Marlboro are New England colleges in this book.

- Not all adolescents are ready for a residential college experience right after high school. To decide, use the evidence of how the adolescent did at sleep-away camp or similar samplings of independence, and look carefully at executive function skills (organizational skills). As an alternative, community colleges offer a lot of flexibility: easy admission, low cost, remedial courses if necessary, the option of a light course load, and the security of living at home. Some college disability offices are more successful than others at providing effective, individualized support. However, if the adolescent is living at home, you may be able more easily to sense trouble, step in with help, or secure supports your young adult needs to succeed.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom

05:16PM (-08:00)
Teaching Children with Aspergers by Using Social Stories

Kids with Aspergers are often perplexed when it comes to picking up social cues. Social stories for kids with Aspergers help to teach these skills in a simple and direct way that kids better understand. Teachers and moms and dads can write their own or find printable social stories online.

What Are Social Stories?

Social stories are used to teach kids with Aspergers and other autism spectrum disorders more appropriate social skills. Kids with Aspergers don't just pick up social skills, so social stories can provide a great tool in teaching a skill in a direct way. Social stories for kids with Aspergers help to give kids a better understanding of other people's thoughts, feelings and views. They also help the student to better predict another person's behavior based on their actions. Social stories present various situations in a structured and direct way so that the youngster can understand a situation without having to "read between the lines". Social stories are written from the youngster's perspective. They are simply illustrated using uncluttered drawings or photographs to depict each step of the story.

Possible Subjects for Social Stories and Examples—

Social stories can be written about many different social and behavioral situations that kids encounter in the school or any other environment. Some possible ideas for social stories include "getting in line", "taking turns on the swings", "sitting in the lunch room", "circle time", "taking turns when playing games", "sharing my trucks", or any other situation that causes confusion for a youngster. Here are some great examples of social stories to get you started:

At School

This is a social story I use to help some kids who were having a hard time at group time. It was used with 4, 5, and 6 year olds and worked very well. I wrote it out on yellow paper with a black marker and drew stick figure pictures for a visual.

The story:

It is circle time.
When it is time for circle, I go sit in a blue chair.
I sit with my feet on the floor and my hands to myself.
It doesn't matter who I sit next to. I will shake their hand and say good morning. I help Mrs. G. at circle by listening...
Waiting my turn...
And sitting like a big kid in my chair.
I don't get angry when I don't get a turn because I will get a turn another day.
When circle is over, I wait until Mrs. G. tells me where to go. I did great at circle today!

Around Town

This is a story that I wrote for a workshop on Social Stories that I presented for colleagues in my school district. This story could be used with students of any age. The reading level is around first or second grade.

The story:

Some people like to pet dogs. Petting is fun and relaxing for the person and the dogs really like it, too. Dogs like it when I pet them on their backs, starting at their head and petting in long strokes down their back. Some dogs also like it when I scratch them behind their ears or on their stomachs. I can tell that a dog is enjoying my petting when he starts to wag his tail. Sometimes dogs start to kick their legs if I find a ticklish spot.

Being Polite The story:

Mommy talks to a lot of people. Mommy likes talking to other people. Sometimes when Mommy is talking to other people I want to talk too. I can say “Excuse me!” to see if Mommy can talk to me. Sometimes Mommy will answer me right away. Other times Mommy is talking about something very important. When she is talking about something important she cannot answer me right away. If I say “Excuse me” and Mommy doesn’t answer, I can wait until she is done talking. This will make Mommy very happy. grader are polite and wait until people are finished talking. I am going to try to be very polite.

Emotions The story:

Sometimes I feel angry.
All people feel angry at one time or another. When I get angry I will find my teacher, Mommy, Daddy or another adult. When I find them I will try to use words to tell them that I am angry. I can say "I'm angry!" or "That makes me mad!" It is okay to use words when I feel angry. They will talk to me about what happened and about how I feel. This might help me to feel better. Wherever I am I can try to find someone to talk to about how I feel.
Figures of Speech

This is a story that I wrote for a workshop on Social Stories that I presented for colleagues in my school district. In all honesty, I wanted to write this story just because I was thrilled that there was actually a Boardmaker symbol for "Kiss my butt". However, stories like this could certainly be useful for kids who might use language literally, and who might be confused by colloquialisms such as this.

This story would be most appropriate for older elementary students (or whenever their peers might begin uses such a phrase), who are actively involved in conversations with their peers, and have shown some confusion of sayings such as this. The reading level of this story is probably third grade or so, but could easily be adapted to higher or lower reading levels.

The story:

Often, people say things that mean something different than the words might normally mean. Sometimes, people say, "Kiss my butt," but they certainly don't mean that they really want someone to kiss their butt. People usually say this when they are frustrated with the person they are talking to or arguing with. "Kiss my butt" is a rude way of saying, "Be quiet," or "Leave me alone."

Hygiene

The story:

Sometimes I have to go to the bathroom. Sometimes I have to go pee. Sometimes I have to have a B.M. After I have a B.M. I need to wipe myself. This is okay. I will try to wipe myself until my bottom is clean. Sometimes I might have to wipe myself 2 or 3 times. This is okay. When I am done wiping I can flush the toilet. Then I can wash my hands.

Major Events

The story (about death):

Everyone and everything that is alive dies at some time. Death is part of life. When someone dies, everything inside that person stops. The heart stops. The breathing stops. They cannot feel any hurt.
They cannot feel hot or cold.
When someone dies, they do not have any life inside their body anymore. Just the body is left... like a peanut shell without the peanut. When someone dies people feel sad. Feeling sad is OK.
People feel sad because the person that died is gone. When someone dies people cry.
Crying is OK.
Sometimes after you cry you don't feel as sad. In a few days or weeks you may not feel as sad. Time helps you feel better.
It's OK to feel better.

Sports and Games The story:

Basketball is a game you play with a ball that bounces and net that is up high. I will try to learn how to play basketball.
When I get to the YMCA I can throw basketballs toward the hoop just for fun while I wait for my coach.
There are other kids in my class learning to play basketball too. My coach's name is _____.
Sometimes ________________ may be my coach too. I will try to listen to my coach when he is talking.
When basketball begins Mommy may have to leave the gym. This is okay.
Sometimes we stand on a line and practice dribbling the ball.
Dribbling the ball is when I bounce the ball on the ground with my hand. When it is my turn I can dribble the ball.
I will try to wait my turn in line. Sometimes we tag each other.
Tag means I touch another person on their shoulder or back to give them a turn. If someone tags me then I know it is my turn.
When it is my turn I will try to do what the other kids are doing. Sometimes we pass the ball to each other.
Pass means to bounce or throw the ball to another person. I will try to pass the ball to other people.
I will also try to catch the ball when other people pass it to me. I will try to do all of the things the other kids are doing.
Sometimes we have to sit in a circle and just watch our coach. I will try to stay in my spot in the circle and watch the coach.
This will make my coach happy.
I will try to learn how to play basketball.

Writing a Social Story—
Write social stories in the first person, present tense. The youngster will read or hear the story as if he/she is the one talking. This is easiest for him/her to understand. Simply describe the situation, who is involved, what is happening, where the action is taking place, as well as why the situation has occurred. Give some perspective about the thoughts and feelings of the other people involved in the story. Plainly state what the desired response of the youngster should be in the story. You may use a sentence to summarize the situation at the end of the story to better enable the youngster to understand the desired actions. Here is an example of a social story for a youngster who doesn't understand that kids don't like when someone stands too close to them when carrying on a conversation:

Sometimes I talk to the other kids in my class. The other kids don't like when I stand very close to them. When I stand too closely, it makes my friends feel crowded. If I stand too close, other kids sometimes get mad at me. I can back up and stand three feet away from my friends when we talk. It makes my friends happy when I stand three feet away when we talk.

Aspergers Students: Tip for Teachers

As a teacher, you are responsible for helping to shape the lives of young people and preparing them to be successful adults. Your Aspergers students may come from different family backgrounds and leave your classroom for different futures, but they spend a significant portion of their young lives with you right now. Next to their parents and immediate family, you have the greatest opportunity and the power to positively influence their lives. To do this successfully, you need to understand and be able to meet their needs. You already know that, in addition to intelligence, passion, and enthusiasm, teaching requires patience, sensitivity, and creativity.

Having a youngster with Aspergers in your classroom will present unique challenges for you as a teacher, but it also gives you the opportunity to learn new ways to teach young people the academic and social skills that will last them a lifetime.

With the passage of the Individuals with Disabilities Education Act (IDEA) in 1975 and subsequent legislation, all kids with disabilities are entitled to a free and appropriate public education. Inclusive classrooms, where kids with all types of disabilities are included in the general education classroom for part or all of the day, are now the norm in public schools. Given the increasing numbers of kids diagnosed with Aspergers, chances are good you will have a youngster with the disorder in your school and at some point in your classroom.

Having a youngster with Aspergers in your class will have an impact on the educational and social environment of the classroom. Kids with Aspergers have academic strengths and weaknesses like all kids, but the effects of the disorder require different teaching strategies to discover and capitalize on their strengths and facilitate successful learning. Kids with Aspergers also face many obstacles to successful social interactions and relationship building, which are essential elements of the school experience for young people.

As a teacher, you can help ensure that kids with Aspergers are fully integrated into the classroom and are able to participate socially with their peers in the day-to-day activities of school life.

The first challenge for you in teaching a youngster with Aspergers is to recognize it as a serious mutual challenge for the student and you. It can be very deceptive, almost invisible to the untrained eye at first. Kids with Aspergers can look and act like their typical peers and often perform as well or better academically, thus masking the potential effects of Aspergers.
Classroom Difficulties of Children with Asperger Syndrome

What is Aspergers?

Aspergers is a complex developmental disability marked by impairments in socialization, communication, cognition, and sensation. Like classic autism, Aspergers is a neurological disorder that affects a child’s ability to communicate and relate to others. It is a lifelong disorder that carries with it considerable and long-term behavior problems. Although the characteristics of Aspergers will differ from person to person, common effects of the disorder include:

• A persistent preoccupation with objects or narrowly focused topics of interest
• An inflexible adherence to a nonfunctional routine or ritual
• Difficulties with fine-motor skills and sensory integration
• Repetition of movements or words and phrases
• Trouble understanding social cues and conversational language styles

Aspergers may be diagnosed when a child exhibits atypical repetitive patterns of behavior, interest, and activities, such as the examples listed above. All people possess some of these traits, but it is the excessive presence of these characteristics that makes life challenging for children with Aspergers. It is also important to note that these behaviors are neurologically based and do not represent the child’s willful disobedience or noncompliance.

Because Aspergers is a neurological disorder, children with the disorder often have difficulty controlling certain behaviors. It is important to understand the underlying psychological and medical bases of the disorder to develop an effective teaching strategy, as well as to help the child better manage these behaviors.

Aspergers is one of five Pervasive Developmental Disorders (PDD) that vary in the severity of symptoms, age of onset, and presence of other disorders like mental retardation. Because language impairments are not a hallmark of Aspergers, kids may not be diagnosed with the disorder until they are in school and other symptoms emerge. Other PDDs include autism, Rett’s Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS). The cause of PDDs, including Aspergers, is unknown.

The term Autism Spectrum Disorders (ASD), which is frequently used in the field and in professional literature, is not a medical term. ASD is normally used to describe three of the PDDs—Aspergers, autism, and PDD-NOS—because these three disorders share common characteristics that are manifested on a continuum from mild to severe. Kids with Aspergers have, by definition, normal to above-normal intelligence, whereas kids with autism or PDD-NOS can have a range of intellectual functioning from below to above normal.
What Does Aspergers Look Like?

As mentioned above, the main characteristics of Aspergers involve impairments in socialization, communication, cognition, and sensation. These characteristics exist on a continuum, varying from severe disability to minor impairment. Each child with Aspergers is different and, as such, will present his or her own unique challenges.

Particularly challenging for teachers is the fact that symptoms can vary widely from day to day. It can often seem that the student you are teaching today is a completely different person from the student you taught yesterday. The chart below lists sample characteristics a child with Aspergers may exhibit that can impact the classroom experience. As emphasized previously, however, each child with Aspergers is unique and may display some, many, or none of these behaviors.

Common Characteristics of Children with Aspergers:

• Social Challenges
• Abnormal inflection and eye contact
• Concrete, literal thinking
• Difficulty differentiating relevant and irrelevant information
• Difficulty engaging in reciprocal conversation
• Difficulty generalizing and applying learned knowledge and skills across different situations, settings, and people
• Difficulty interpreting others’ nonverbal communication cues
• Difficulty understanding social nuances such as sarcasm or metaphor
• Difficulty with fine-motor skills, such as handwriting
• Echolalia – may repeat last words heard without regard for meaning
• Focus on single topic of interest that may not be of interest to others
• Inappropriate facial expressions or gestures
• Lack of understanding of social cues and subtleties
• Literal interpretation of others’ words
• Obsessive and narrowly defined interests
• Over- or under-sensitivity to different sensory stimuli, including pain
• Poor judge of personal space – may stand too close to other students
• Poor problem-solving and organizational skills
• Tendency to speak bluntly without regard for impact of words on others
• Universal application of social rules to all situations

What are the Classroom Challenges?

The characteristics of Aspergers just described translate into challenges to learning, behavior, and socialization for the youngster with the disorder and pose just as significant difficulties for the teacher in terms of teaching, controlling behaviors, and maintaining a classroom environment that is conducive to learning by all students, including the youngster with Aspergers. The chart below provides a quick reference guide for some of the common difficulties kids with Aspergers have in the classroom.

Common Classroom Difficulties of Kids with Aspergers:
• Academic difficulties
• Appear “normal” to other people
• Difficulties with abstract concepts
• Difficulty with learning in large groups
• Difficulty with reciprocal conversations
• Emotional vulnerability
• Inability to make friends
• Insistence on sameness/difficulty with changes in routine
• Interests limited to specific topics
• Low frustration tolerance
• Motor clumsiness
• Pedantic speech
• Poor concentration
• Poor coping strategies
• Poor organization skills
• Poor writing skills (fine-motor problems)
• Problem-solving abilities tend to be poor
• Restricted range of interests
• Sensory issues
• Socially naïve and literal thinkers
• Tend to be reclusive
• Vocabulary usually great; comprehension poor

Because these kids have so many strengths, it is often easy to overlook their weaknesses. Also, some of their behaviors may be misinterpreted as “spoiled” or “manipulative,” resulting in the mistaken impression that kids with Aspergers are being defiant and “troublemakers.” It is important for teachers to recognize that inappropriate behaviors are usually a function of poor coping skills, low frustration tolerance, and difficulty reading social cues.

Most teaching strategies that are effective for students with autism (structure, consistency, etc.) also work for students with Aspergers. However, because these kids are often aware that they are different and can be self-conscious about it, teachers may need to be subtler in their intervention methods.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom
05:10PM (-08:00)

Quiz: Does your child have Aspergers?

1. Does your youngster tend to focus on one subject, to the exclusion of all others?

Yes - she latches onto one topic of interest and learns everything there is to know about it. She won’t even think about something else!
No - she has some favorite topics, but displays a wide range of interests.
2. **Does your youngster have difficulty interacting socially, particularly when it comes to nonverbal communication?**

Yes - she seems unable to pick up cues in people's body language and vocal inflection. No - she seems to be able to read the mood of a room pretty well, and understands what is and isn't appropriate in a conversation.

3. **Does your youngster vary her vocal inflections, volume, or pitch?**

   No - she speaks in a monotone, regardless of the subject or the environment. Yes - she shouts, whispers, laughs, whimpers, and more.

4. **Does your youngster adhere to rigid, repetitive routines when it comes to everyday tasks?**

   Yes - everything has to be just so, from where we sit for breakfast to her bedtime routines. No - she's pretty free and easy with her daily routine.

5. **How are your youngster's motor skills developing?**

   A. She's a little behind other kids her age. 
   B. She's right where she should be.

6. **Does your youngster understand idiomatic expressions, such as slang terms and figures of speech?**

   No - she takes everything literally. 
   Yes - if she doesn't know them right away, she easily learns their meanings.

7. **Does your youngster show an interest in playing with others?** Yes - she's always engaging with other kids. No - sometimes it's as though she doesn't realize there are other kids present.

8. **How does your youngster's IQ compare to those of her peers?**

   A. She exhibits median intelligence, or is even smarter than her peers. 
   B. She has a lower IQ than most of her peers.
9. How old was your youngster when you first suspected she might have Aspergers?

A. Three years old or younger.
B. Older than three years.

10. Are there any cases of Aspergers in your family history? Yes.
No.

Scoring—

If at least 6 of your answers coincide with the answers below, your youngster may have Aspergers:

1. Yes
2. Yes
3. No
4. Yes
5. A.
6. No
7. No
8. A.
9. A.
10. Yes

My Aspergers Child

07:32AM (-08:00)

The Six Characteristic of Aspergers

1. Cognitive Issues—

Mindblindness, or the inability to make inferences about what another person is thinking, is a core disability for those with Aspergers. Because of this, they have difficulty empathizing with others, and will often say what they think without considering another's feelings. The youngster will often assume that everyone is thinking the same thing he is. For him, the world exists not in shades of gray, but only in black and white. This rigidity in thought (lack of cognitive flexibility) interferes with problem solving, mental planning, impulse control, flexibility in thoughts and actions, and the ability to stay focused on a task until completion. The rigidity also makes it difficult for an Asperger youngster to engage in imaginative play. His interest in play materials, themes, and choices will be
narrow, and he will attempt to control the play situation.

2. Difficulty with Reciprocal Social Interactions—

Those with Aspergers display varying difficulties when interacting with others. Some kids and adolescents have no desire to interact, while others simply do not know how. More specifically, they do not comprehend the give-and-take nature of social interactions. They may want to lecture you about the Titanic or they may leave the room in the midst of playing with another youngster. They do not comprehend the verbal and nonverbal cues used to further our understanding in typical social interactions. These include eye contact, facial expressions, body language, conversational turn-taking, perspective taking, and matching conversational and nonverbal responses to the interaction.

3. Impairments in Language Skills—

Those with Aspergers have very specific problems with language, especially with pragmatic use of language, which is the social aspect. That is, they see language as a way to share facts and information (especially about special interests), not as a way to share thoughts, feelings, and emotions. The youngster will display difficulty in many areas of a conversation processing verbal information, initiation, maintenance, ending, topic appropriateness, sustaining attention, and turn taking. The youngster's prosody (pitch, stress, rhythm, or melody of speech) can also be impaired. Conversations may often appear scripted or ritualistic. That is, it may be dialogue from a TV show or a movie. They may also have difficulty problem solving, analyzing or synthesizing information, and understanding language beyond the literal level.

4. Motor Clumsiness—

Many children with Aspergers have difficulty with both gross and fine motor skills. The difficulty is often not just the task itself, but the motor planning involved in completing the task. Typical difficulties include handwriting, riding a bike, and ball skills.

5. Narrow Range of Interests and Insistence on Set Routines—

Due to the Asperger youngster's anxiety, his interactions will be ruled by rigidity, obsessions, and perseverations (repetitious behaviors or language) transitions and changes can cause. Generally, he will have few interests, but those interests will often dominate. The need for structure and routine will be most important. He may develop his own rules to live by that barely coincide with the rest of society.

6. Sensory Sensitivities—

Many Asperger kids have sensory issues. These can occur in one or all of the senses (sight, sound, smell, touch, or taste). The degree of difficulty varies from one individual to another. Most frequently, the youngster will perceive ordinary sensations as quite intense or may even be under-reactive to a sensation. Often, the challenge in this area will be to determine if the youngster's response to a sensation is actually a sensory reaction or if it is a learned behavior, driven mainly by rigidity and anxiety.
My Aspergers Child
08:07AM (-08:00)

He loses his temper frequently...

Question

My son is 10 years old and awaiting an Aspergers diagnosis. He frequently misinterprets the actions of others and becomes quite angry. He loses his temper frequently. How can we help him?

Answer

Your son is experiencing a great deal of stress due to his likely Asperger’s.

Some people react by becoming depressed, some become anxious, and others become angry and experience rage against the frustrating events that occur in their day.

Some individuals externalize their feelings and blame others, while some internalize their feelings and have a difficult time controlling their anger.

Their may be no particular event to his anger – just an aggressive mood or reaction to a frustrating experience.

Encourage self-control and teach your child to consider alternative behaviors.

Self-control can be strengthened by teaching your child to stop and count to ten, taking a deep breath and reminding themselves to keep calm.

Or for some children it is helpful that they have an agreed room or particular space that they take themselves too when they feel that they are getting anxious/angry.

Specific relaxation techniques can be practiced and your child can be taught the cues when they must calm down and relax. Explain the alternative to your child and in specific terms.

There are three stages to help your child when he/she is losing his temper:

1.) Make a list of signals – Construct a list of the signals that indicate the person is becoming increasingly stressed (e.g. rocking, reddened face, pacing, shouting etc.).

2.) Draw attention to the signals – Once these sign are recognized, the person’s attention must be drawn to their actions and behavior. The angry individual is usually the last to recognize the change in their behavior.
3.) Find calming alternatives – Then construct a list of activities which will calm them and encourage them to participate in those behaviors.

Keep in mind that your son will most likely have difficulty expressing what is making him angry.

You will need to assess the situation to determine what may be provoking him.

Another alternative is to keep him engaged in activities that burn off energy and reduce his need to express the anger that he is feeling.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom
01:44PM (-08:00)

Helping Aspergers Students Deal with Anger: Advice for Teachers

Aspergers kid’s anger presents challenges to educators committed to constructive, ethical, and effective youngster guidance. This post explores what we know about the components of Aspergers kid’s anger, factors contributing to understanding and managing anger, and the ways educators can guide kid’s expressions of anger.

Three Components of Anger—

Anger is believed to have three components (Lewis & Michalson, 1983):

The Emotional State of Anger. The first component is the emotion itself, defined as an affective or arousal state, or a feeling experienced when a goal is blocked or needs are frustrated. Fabes and Eisenberg (1992) describe several types of stress-producing anger provocations that young kids face daily in classroom interactions:

- Conflict over possessions, which involves someone taking kid’s property or invading their space.
- Issues of compliance, which often involve asking or insisting that kids do something that they do not want to do—for instance, wash their hands.
- Physical assault, which involves one youngster doing something to another youngster, such as pushing or hitting.
- Rejection, which involves a youngster being ignored or not allowed to play with peers.
- Verbal conflict, for example, a tease or a taunt.

Expression of Anger—

The second component of anger is its expression. Some kids vent or express anger through facial expressions, crying, sulking, or talking, but do little to try to solve a problem
or confront the provocateur. Others actively resist by physically or verbally defending their positions, self-esteem, or possessions in nonaggressive ways. Still other kids express anger with aggressive revenge by physically or verbally retaliating against the provocateur. Some kids express dislike by telling the offender that he or she cannot play or is not liked. Other kids express anger through avoidance or attempts to escape from or evade the provocateur. And some kids use adult seeking, looking for comfort or solutions from a teacher, or telling the teacher about an incident.

Educators can use youngster guidance strategies to help Aspergers students express angry feelings in socially constructive ways. Kids develop ideas about how to express emotions (Michalson & Lewis, 1985; Russel, 1989) primarily through social interaction in their families and later by watching television or movies, playing video games, and reading books (Honig & Wittmer, 1992). Some Aspergers students have learned a negative, aggressive approach to expressing anger (Cummings, 1987; Hennessy et al., 1994) and, when confronted with everyday anger conflicts, resort to using aggression in the classroom (Huesmann, 1988). A major challenge for early childhood educators is to encourage Aspergers students to acknowledge angry feelings and to help them learn to express anger in positive and effective ways.

An Understanding of Anger—

The third component of the anger experience is understanding - interpreting and evaluating - the emotion. Because the ability to regulate the expression of anger is linked to an understanding of the emotion (Zeman & Shipman, 1996), and because kid’s ability to reflect on their anger is somewhat limited, Aspergers students need guidance from educators and parents in understanding and managing their feelings of anger.

Understanding and Managing Anger—

The development of basic cognitive processes undergirds kid’s gradual development of the understanding of anger (Lewis & Saarni, 1985).

Self-Referential and Self-Regulatory Behaviors—Self-referential behaviors include viewing the self as separate from others and as an active, independent, causal agent. Self-regulation refers to controlling impulses, tolerating frustration, and postponing immediate gratification. Initial self-regulation in young kids provides a base for early childhood educators who can develop strategies to nurture kid’s emerging ability to regulate the expression of anger.

Memory—Memory improves substantially during early childhood (Perlmutter, 1986), enabling young kids to better remember aspects of anger-arousing interactions. Aspergers students who have developed unhelpful ideas of how to express anger (Miller & Sperry, 1987) may retrieve the early unhelpful strategy even after educators help them gain a more helpful perspective. This finding implies that educators may have to remind some Aspergers students, sometimes more than once or twice, about the less aggressive ways of expressing anger.

Language—Talking about emotions helps young Aspergers students understand their
feelings (Brown & Dunn, 1996). The understanding of emotion in preschool kids is predicted by overall language ability (Denham, Zoller, & Couchoud, 1994). Educators can expect individual differences in the ability to identify and label angry feelings because kid’s families model a variety of approaches in talking about emotions.

Guiding Kid's Expressions of Anger—

Educators can help Aspergers students deal with anger by guiding their understanding and management of this emotion. The practices described here can help Aspergers students understand and manage angry feelings in a direct and nonaggressive way.

Communicate with Moms and Dads—Some of the same strategies employed to talk with moms and dads about other areas of the curriculum can be used to enlist their assistance in helping Aspergers students learn to express emotions. For example, articles about learning to use words to label anger can be included in a newsletter to moms and dads.

Create a Safe Emotional Climate—A healthy early childhood setting permits kids to acknowledge all feelings, pleasant and unpleasant, and does not shame anger. Healthy classroom systems have clear, firm, and flexible boundaries.

Encourage Kids to Label Feelings of Anger—Educators and parents can help young Aspergers students produce a label for their anger by teaching them that they are having a feeling and that they can use a word to describe their angry feeling. A permanent record (a book or chart) can be made of lists of labels for anger (e.g., mad, irritated, annoyed), and the class can refer to it when discussing angry feelings.

Encourage Kids to Talk About Anger-Arousing Interactions—Preschool kids better understand anger and other emotions when adults explain emotions (Denham, Zoller, & Couchoud, 1994). When Aspergers students are embroiled in an anger-arousing interaction, educators can help by listening without judging, evaluating, or ordering them to feel differently.

Help Kids Develop Self-Regulatory Skills—Educators of infants and toddlers do a lot of self-regulation "work," realizing that the Aspergers students in their care have a very limited ability to regulate their own emotions. As Aspergers students get older, adults can gradually transfer control of the self to kids, so that they can develop self-regulatory skills.

Model Responsible Anger Management—Aspergers students have an impaired ability to understand emotion when adults show a lot of anger (Denham, Zoller, & Couchoud, 1994). Adults who are most effective in helping Aspergers students manage anger model responsible management by acknowledging, accepting, and taking responsibility for their own angry feelings and by expressing anger in direct and nonaggressive ways.

Use Books and Stories about Anger to Help Kids Understand and Manage Anger—Well-presented stories about anger and other emotions validate kid’s feelings and give information about anger (Jalongo, 1986; Marion, 1995). It is important to preview all books about anger because some stories teach irresponsible anger management.
Aspergers students guided toward responsible anger management are more likely to understand and manage angry feelings directly and non aggressively and to avoid the stress often accompanying poor anger management (Eisenberg et al., 1991). Educators can take some of the bumps out of understanding and managing anger by adopting positive guidance strategies.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom

03:33PM (-08:00)

Speech Therapy for Aspergers Children?

Several moms and dads of extremely verbal kids with Aspergers are surprised when it is suggested that Speech Therapy may help their youngster with communication difficulties. The difficulties are not in how the youngster speaks or pronounces words, but rather in how the youngster perceives the meaning of other people's speech and how they respond to it.

There are many expressions we use that are confusing to a youngster with Aspergers. Until you listen closely to the kinds of questions your youngster asks about what other people say, this problem is an easy one to miss.

For example, the other night my husband was holding a wooden bowl in his hands. Our younger son said "Can I see that?" and put out his hands to hold it. Our older son with Aspergers immediately asked "Why do people always say what they don't mean?" This had us puzzled until we dug a little deeper and found out the reason for his confusion. My son stated, "Why do people say 'can I see that' when they really mean 'can I hold that'?" There was no way in which my husband and I could explain to our son why people say something that isn't what they mean to our son's satisfaction. I suspect that this problem occurs daily in my son's life, contributing to his stress and anxiety in dealing with the school environment.

Speech therapy can assist your youngster with the understanding of what other people mean when they speak and do something completely different. Social skills can be incorporated into the speech therapy as well. When I brought up speech therapy for my son, who is 12 and extremely verbal, at a recent school meeting there were some rather skeptical looks pointed my way until I explained the theory that speech therapy is one way of helping kids with Aspergers extract the meaning of other people's speech. Using the above incidence as an example of the difficulty my son has, the teachers understood and are now incorporating this into my son's IEP.

One of the main differences between a youngster with Aspergers and those with one of the other autism spectrum disorders is a lack of a clinically significant language delay. Per the DSM-IV, if there is a clinically-significant language delay present (i.e., lack of communicative phrases by 3 years of age), then a diagnosis of Aspergers cannot be made. However, speech-language pathologists can assist kids with Aspergers in a
variety of ways.

Social Skills Group—

One of the hallmark signs of an autism spectrum disorder, including Aspergers, is a lack of age-appropriate social skills. This may manifest in several ways including a lack of eye contact, the inability to merge into a group of peers or simply the lack of desire to participate in reciprocal communication.

Some social skills groups are facilitated by speech-language pathologists (SLP). The SLP, who understands the nuances of language and knowing that language is one of the main methods of communication, assists kids with Aspergers with acquiring social skills. Social skills in typically developing kids emerge as the youngster ages. In kids with Aspergers, these skills often have to be taught just as math facts are taught.

Pragmatic Language Instruction—

According to the American Speech-Language Hearing Association (ASHA) website, pragmatic communication involves the use of language, changing the language based on a situation and following the basic rules of conversation. Some kids with Aspergers can be verbally gifted yet it is not uncommon to find pragmatic language concerns in these kids.

Pragmatic language is basically the social use of language. Kids with Aspergers who also have pragmatic deficiencies may not understand how to take turns when engaged in a conversation with another youngster or even an adult. Other pragmatic language concerns include standing too close to a person while talking, coordinating facial expressions and eye contact in conversation and even understanding how to speak differently to a young youngster as opposed to an adult. SLPs can work with kids with Aspergers to help them understand the rules of social language.

Speech Articulation Concerns—

Some kids with Aspergers may present with speech articulation errors. This can be a result of low oral-motor muscle tone or perhaps a problem with the motor coordination required to make certain speech sounds. When a youngster with Aspergers doesn’t grow out of typical speech articulation errors, working with an SLP may help reduce these errors. As a result, the youngster is better understood by peers and adults which could possibly decrease social anxieties that the youngster has as a result of his articulation.

Speech therapy is a fixture among those with an autism spectrum disorder, including Aspergers. If you have a youngster with Aspergers and are concerned with one of the above issues, consider contacting your school’s SLP to request an assessment.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom

03:48PM (-08:00)
Equine Therapy for Aspergers Children

Typical treatment programs for Aspergers focus on behavior modification and improvement. The complexity of the behaviors is gradually increased in an attempt to help the person continue developing. Medication is sometimes prescribed to people with Aspergers, but only to control symptoms like hyperactivity or seizures. There’s currently no known cure for Aspergers.

Research into animal assisted therapy is fairly new. However, even among professionals who believe more research is in order, there’s a general consensus that therapy animals can be a highly beneficial addition to treatment programs for kids with Aspergers.

Equine assisted therapy seems to have the best results. The rhythmic motion of riding a horse causes the kids to focus on the movement - which is slow, deliberate, and relaxing. The youngster indirectly learns how to focus better, which is aided by the calming effect of riding. Some equine therapy ranches have a policy of letting the horse pick the youngster, rather than "assigning" the youngster and horse to each other. It’s a unique method that has had excellent results. A staff person will lead a youngster to a horse, and watch for the horse’s reaction. If the horse dips his head or nuzzles the youngster, it’s an indication that a bond is being formed and the youngster has been "chosen".

In addition to the movement experienced when riding the horse, tactile senses are stimulated. The horse's skin is fuzzy, the mane and tail are rough, and the nose is soft. Discovery of these sensations often helps draw a youngster out, stimulating development of his or her verbal communication and interest in other physical objects.

Motor skills are also developed as the youngster learns to ride, and eventually groom and tack. Equine therapy offers a safe, secure environment where a therapist or other staff person will be close at hand as new skills are learned. These new skills, and the youngster's continued improvement upon them, increase her self-confidence, which increases her desire and willingness to learn skills at home and/or at school. Learning is no longer scary, but fun, interesting and rewarding.

A youngster's ability to interact socially is often improved as well. The therapy sessions teach the youngster how to interact with the counselor and staff people. Group sessions allow the youngster to work and play with other kids and counselors, to learn how to handle relational conflict, and how to help others. Counselors who have consistently included equine assisted therapy in their development programs for autistic kids always have stories to tell of the dramatic improvements they see in the kids. Not only is basic communication and motor skills improved, but many kids experience improvements in their overall moods. Kids who before experienced angry outbursts or who rarely smiled are suddenly calmer, and smile more readily and frequently.

As with other types of animal assisted therapy, the introduction of the animal seems to calm and soothe kids. The playful nature of animals seems to draw autistic kids out of their "shells". Kids who start to isolate themselves have become more open as a result of equine assisted therapy. Often, they begin making eye contact with the animal first, then
with other people. Soon after that, the youngster often becomes more relationally open; again, with the animal first, then with people.

Working with an animal such as a horse offers the youngster with Aspergers a safe, non-judgmental and tolerant relationship in which to practice both verbal and non-verbal communication skills. Communication is power when a command such as "Giddyup!" or "Giddup!" makes the horse go and "Whoa!" or "Ho!" makes it stop.

The Aspergers youngster can also learn to recognize the impact of his own behavior on others while working with a horse. If he yells at a horse, the animal won't come near him. If he speaks gently, it will.

During equine therapy, a licensed mental health professional will use the structured activity, whether feeding, grooming, haltering or even riding the horse to help the youngster to meet specific goals. The youngster may be asked to interpret how the animal is feeling by observing non-verbal cues, or to practice taking turns talking and listening while having a conversation with the therapist about the activity. He may join a group of other kids at the stable to discuss various aspects of horsemanship, practicing communication skills and age-appropriate topics of conversation.

In a challenging world, the Aspergers kid with horsemanship skills will have new (and age-appropriate) topics of conversation, new communication and social skills to apply to human relationships, and of course, a new friend in a therapy horse.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom
03:57PM (-08:00)

Motivating Aspergers Students: Advice for Teachers

Unfortunately, there is no single magical formula for motivating Aspergers students. Many factors affect a given student's motivation to work and to learn: interest in the subject matter, perception of its usefulness, general desire to achieve, self-confidence and self-esteem, as well as patience and persistence. And, of course, not all Aspergers students are motivated by the same values, needs, desires, or wants. Some children will be motivated by the approval of others, some by overcoming challenges.

To encourage Aspergers students to become self-motivated independent learners, teachers can do the following:

• Create an atmosphere that is open and positive.
• Ensure opportunities for students' success by assigning tasks that are neither too easy nor too difficult.
• Give frequent, early, positive feedback that supports students' beliefs that they can do well.
• Help children feel that they are valued members of a learning community.
• Help children find personal meaning and value in the material.

Most Aspergers students respond positively to a well-organized course taught by an enthusiastic teacher who has a genuine interest in children and what they learn. Thus activities you undertake to promote learning will also enhance students’ motivation.

Ask Aspergers students to analyze what makes their classes more or less "motivating." Sass asks his classes to recall two recent class periods, one in which they were highly motivated and one in which their motivation was low. Each student makes a list of specific aspects of the two classes that influenced his or her level of motivation, and children then meet in small groups to reach consensus on characteristics that contribute to high and low motivation. In over twenty courses, Sass reports, the same eight characteristics emerge as major contributors to student motivation:

• Active involvement of students
• Appropriate difficulty level of the material
• Teacher's enthusiasm
• Organization of the course
• Rapport between teacher and students
• Relevance of the material
• Use of appropriate, concrete, and understandable examples
• Variety

Capitalize on Aspergers students' existing needs. Children learn best when incentives for learning in a classroom satisfy their own motives for enrolling in the course. Some of the needs children may bring to the classroom are the need to learn something in order to complete a particular task or activity, the need to seek new experiences, the need to perfect skills, the need to overcome challenges, the need to become competent, the need to succeed and do well, the need to feel involved and to interact with other people. Satisfying such needs is rewarding in itself, and such rewards sustain learning more effectively than do grades. Design assignments, in-class activities, and discussion questions to address these kinds of needs.

Make Aspergers students active participants in learning. Children learn by doing, making, writing, designing, creating, solving. Passivity dampens students' motivation and curiosity. Pose questions. Don't tell children something when you can ask them. Encourage children to suggest approaches to a problem or to guess the results of an experiment. Use small group work.

Hold high but realistic expectations for Aspergers students. Research has shown that a teacher's expectations have a powerful effect on a student's performance. If you act as though you expect children to be motivated, hardworking, and interested in the course, they are more likely to be so. Set realistic expectations for children when you make assignments, give presentations, conduct discussions, and grade examinations. "Realistic" in this context means that your standards are high enough to motivate children.
to do their best work but not so high that students will inevitably be frustrated in trying to meet those expectations. To develop the drive to achieve, students need to believe that achievement is possible - which means that you need to provide early opportunities for success.

Avoid creating intense competition among Aspergers students. Competition produces anxiety, which can interfere with learning. Reduce students' tendencies to compare themselves to one another. Bligh reports that children are more attentive, display better comprehension, produce more work, and are more favorable to the teaching method when they work cooperatively in groups rather than compete as individuals. Refrain from public criticisms of students' performance and from comments or activities that pit children against each other.

Be enthusiastic about your subject. A teacher's enthusiasm is a crucial factor in student motivation. If you become bored or apathetic, Aspergers students will too. Typically, a teacher's enthusiasm comes from confidence, excitement about the content and genuine pleasure in teaching. If you find yourself uninterested in the material, think back to what attracted you to the field and bring those aspects of the subject matter to life for children. Or challenge yourself to devise the most exciting way to present the material, however dull the material itself may seem to you.

Help Aspergers students set achievable goals for themselves. Failure to attain unrealistic goals can disappoint and frustrate children. Encourage children to focus on their continued improvement, not just on their grade on any one test or assignment. Help students evaluate their progress by encouraging them to critique their own work, analyze their strengths, and work on their weaknesses. For example, consider asking children to submit self-evaluation forms with one or two assignments.

Strengthen Aspergers students' self-motivation. Avoid messages that reinforce your power as a teacher or that emphasizes extrinsic rewards. Instead of saying, "I require," "you must," or "you should," stress "I think you will find. . . " or "I will be interested in your reaction."

Tell Aspergers students what they need to do to succeed in your course. Don't let children struggle to figure out what is expected of them. Reassure students that they can do well in your course, and tell them exactly what they must do to succeed. Say something to the effect that "If you can handle the examples on these problem sheets, you can pass the exam. People who have trouble with these examples can ask me for extra help." Or instead of saying, "You're way behind," tell the student, "Here is one way you could go about learning the material. How can I help you?"

Increase the difficulty of the material as the semester progresses. Give Aspergers students opportunities to succeed at the beginning of the semester. Once children feel they can succeed, you can gradually increase the difficulty level. If assignments and exams include easier and harder questions, every student will have a chance to experience success as well as challenge.

Vary your teaching methods. Variety reawakens students' involvement in the course and
their motivation. Break the routine by incorporating a variety of teaching activities and methods in your course: role playing, debates, brainstorming, discussion, demonstrations, case studies, audiovisual presentations, guest speakers, or small group work.

When possible, let Aspergers students have some say in choosing what will be studied. Give children options on term papers or other assignments (but not on tests). Let children decide between two locations for the field trip, or have them select which topics to explore in greater depth. If possible, include optional or alternative units in the course.

Work from Aspergers students' strengths and interests. Find out why children are enrolled in your course, how they feel about the subject matter, and what their expectations are. Then try to devise examples, case studies, or assignments that relate the course content to students' interests and experiences. For instance, a chemistry professor might devote some lecture time to examining the contributions of chemistry to resolving environmental problems. Explain how the content and objectives of your course will help children achieve their educational, professional, or personal goals.

Avoid using grades as threats. The threat of low grades may prompt some Aspergers students to work hard, but other children may resort to academic dishonesty, excuses for late work, and other counterproductive behavior.

Design tests that encourage the kind of learning you want Aspergers students to achieve. Many children will learn whatever is necessary to get the grades they desire. If you base your tests on memorizing details, children will focus on memorizing facts. If your tests stress the synthesis and evaluation of information, students will be motivated to practice those skills when they study.

Emphasize mastery and learning rather than grades. Ames and Ames report on two secondary school math teachers. One teacher graded every homework assignment and counted homework as 30 percent of a student's final grade. The second teacher told children to spend a fixed amount of time on their homework (thirty minutes a night) and to bring questions to class about problems they could not complete. This teacher graded homework as satisfactory or unsatisfactory, gave children the opportunity to redo their assignments, and counted homework as 10 percent of the final grade. Although homework was a smaller part of the course grade, this second teacher was more successful in motivating children to turn in their homework.

In the first class, some students gave up rather than risk low evaluations of their abilities. In the second class, children were not risking their self-worth each time they did their homework but rather were attempting to learn. Mistakes were viewed as acceptable and something to learn from. Researchers recommend de-emphasizing grading by eliminating complex systems of credit points; they also advise against trying to use grades to control nonacademic behavior (for example, lowering grades for missed classes). Instead, assign ungraded written work, stress the personal satisfaction of doing assignments, and help students measure their progress.

Give Aspergers students feedback as quickly as possible. Return tests and papers
promptly, and reward success publicly and immediately. Give Aspergers students some indication of how well they have
done and how to improve. Rewards can be as simple as saying a student's response was good, with an indication of
why it was good, or mentioning the names of contributors: "Cherry's point about pollution really synthesized the ideas we
had been discussing."

Reward success. Both positive and negative comments influence motivation, but research consistently indicates
that Aspergers students are more affected by positive feedback and success. Praise builds students' self-confidence,
competence, and self-esteem. Recognize sincere efforts even if the product is less than stellar. If a student's
performance is weak, let the student know that you believe he or she can improve and succeed over time.

Introduce Aspergers students to the good work done by their peers. Share the ideas, knowledge, and
accomplishments of individual students with the class as a whole:

• Have children write a brief critique of a classmate's paper.
• Make available copies of the best papers and essay exams.
  • Pass out a list of research topics chosen by children so they will know whether others are writing papers of interest
to them.
• Provide class time for children to read papers or assignments submitted by classmates.
  • Schedule a brief talk by a student who has experience or who is doing a research paper on a topic relevant to your
lecture.

Be specific when giving negative feedback. Negative feedback is very powerful and can lead to a negative class
atmosphere. Whenever you identify a student's weakness, make it clear that your comments relate to a particular task or
performance, not to the student as a person. Try to cushion negative comments with a compliment about aspects of the
task in which the student succeeded.

Avoid demeaning comments. Many Aspergers students in your class may be anxious about their performance and
abilities. Be sensitive to how you phrase your comments and avoid offhand remarks that might prick their feelings of
inadequacy.

Avoid giving in to Aspergers students' pleas for "the answer" to homework problems. When you simply give struggling
students the solution, you rob them of the chance to think for themselves. Use a more productive approach:

• Resist answering the question "is this right?" Suggest to the children a way to check the answer for themselves.
• Praise the children for small, independent steps.
  • Gently brush aside students' anxiety about not getting the answer by refocusing their attention on the problem at
hand.
• Ask the children to build on what they do know about the problem.
• Ask the children for one possible approach to the problem.

If you follow these steps, Aspergers students will learn that it is all right not to have an instant answer. They will also learn
to develop greater patience and to work at their own
pace. And by working through the problem, children will experience a sense of achievement and confidence that will increase their motivation to learn.

Ask nonthreatening questions about the reading. Initially pose general questions that do not create tension or feelings of resistance: "Can you give me one or two items from the chapter that seems important?" "What section of the reading do you think we should review?" "What item in the reading surprised you?" "What topics in the chapter can you apply to your own experience?"

Ask Aspergers students to write a one-word journal or one-word sentence. Angelo describes the one-word journal as follows: children are asked to choose a single word that best summarizes the reading and then write a page or less explaining or justifying their word choice. This assignment can then be used as a basis for class discussion.

Assign study questions. Hand out study questions that alert Aspergers students to the key points of the reading assignment. To provide extra incentive for children, tell them you will base exam questions on the study questions.

Assign the reading at least two sessions before it will be discussed. Give Aspergers students ample time to prepare and try to pique their curiosity about the reading: "This article is one of my favorites, and I'll be interested to see what you think about it."

Give a written assignment to those Aspergers students who have not done the reading. Some teachers ask at the beginning of the class who has completed the reading. Children who have not read the material are given a written assignment and dismissed. Those who have read the material stay and participate in class discussion. The written assignment is not graded but merely acknowledged. This technique should not be used more than once a term.

If your class is small, have children turn in brief notes on the day's reading that they can use during exams. At the start of each class, a professor in the physical sciences asks children to submit a 3" x 5" card with an outline, definitions, key ideas, or other material from the day's assigned reading. After class, he checks the cards and stamps them with his name. He returns the cards to children at a class session prior to the midterm. Aspergers students can then add any material they would like to the cards but cannot submit additional cards. The cards are again returned to the faculty member who distributes them to children during the test. This faculty member reports that the number of children completing the reading jumped from 10 percent to 90 percent and that students especially valued these "survival cards."

Prepare an exam question on un-discussed readings. One faculty member asks her class whether they have done the reading. If the answer is no, she says, "You'll have to read the material on your own. Expect a question on the next exam covering the reading." The next time she assigns reading, she reminds the class of what happened the last time, and the children come to class prepared.

Use class time as a reading period. If you are trying to lead a discussion and find that few Aspergers students have completed the reading assignment, consider asking children to
read the material for the remainder of class time. Have them read silently or call on students to read aloud and discuss the key points. Make it clear to Aspergers students that you are reluctantly taking this unusual step because they have not completed the assignment.

My Aspergers Child: Methods for Preventing Meltdowns at Home and in the Classroom

References—

Brock, S. C. Practitioners' Views on Teaching the Large Introductory College Course. Manhattan: Center for Faculty Evaluation and Development, Kansas State University, 1976.
Aspergers and Aggressive Behavior

Question

Sometimes my son with Aspergers reminds me of an adult trapped in his little body – mostly when he says to me “mom, I don’t understand what you mean when you say… (whatever I said) … can you please tell me again?” Wow. Unfortunately, I have just today resorted to trying a medication to help control his aggressive behavior because he’s punching his own face and slapping his legs and kicks at adults; leaving bruises on day care teachers. He just doesn’t understand sometimes that you cannot have a banana if there aren’t any. That’s one example of a reason for a blow up. Do you have any advice on how to bring him out of a flying rage?

Answer

Most of us have moments where we have to stop and regroup and try to get our behavior in check. Even the most even-tempered of us can blow up over something seemingly trivial. For children with Asperger’s Syndrome, understanding their own emotions and being able to control them is more than an occasional challenge. It is an everyday struggle.

Online Parent Support, LLC has created a visual model designed to try to eliminate explosive behavior. This model uses a positive approach to behavior that takes away the ability to self-blame or blame others that can complicate those behaviors. The children who are taught using this model begin to learn to stop their behaviors, identify the triggers, and change the direction of the behavior into something more acceptable than a rage.

Using a model such as this can be very effective in helping children with Asperger’s first identify the situation and their feelings and then to help them learn new and acceptable ways of handling the situation. This system of identification and modification has been shown to be an effective way to bring about lasting change.

During this process, try to understand that your child with Asperger’s has a very difficult time understanding the world. He doesn’t understand why he can’t have a banana today when he had one yesterday. As he gets older, he will gain a bit more understanding of these types of situations and he will begin to learn to apply experiences from one
circumstance to another. But these are skills he will have to learn.

Try to be patient with your son and try to be firm and consistent with your responses to his behaviors. If you react calmly to his actions and rages, this will help to temper his reactions. Be sure that you talk with him when he is calm about acceptable ways to behave and alternative behaviors to situations he has found himself in. The more you can talk to him about his behavior and his choices, the better chance he has of beginning to make the correct choices more often.

08:41AM (-08:00)

Behavior Problems in Aspergers Teens

When it comes to Aspergers behavior and teenager problems, the teen years are the hardest. That is to say that the teen years are the hardest whether your youngster has Aspergers or not! Raging hormones and frustration with social interactions at school can cause a lot of anger and bad behavior during the teen years.

Your youngster may have the need to:

- Avoid responsibility - Attending school, obeying parents
- Fulfill sensory needs - Relief from heat, cold, or to satisfy thirst
- Get something - His way in a decision, your attention, control over a situation
- Manage pain - Physical and/or emotional stress that must be alleviated

Your youngster is unlikely to identify with your feelings or comprehend others' objections to his behavior. The only explanation you should use with him is to specifically state that the objectionable behavior is not permitted. Your son needs to follow rules, and following rules can help to focus and modify his rebellious behavior.

Aspergers Behavior Modification—

Behavior modification is a therapeutic approach that can change your son's behavior. You need to determine the need that his rebellion/aggression fulfills and teach him an acceptable replacement behavior. For example, your son can be taught to ask for, point to, or show an emotion card to indicate the need that he is trying to fulfill.

Aspergers Self-Stimulating Behaviors—

Sometimes, self-stimulating behaviors such as rocking or pacing are taught as replacement behaviors, but it will take time for your son to integrate these behaviors into his daily activities. If your son is severely out of control, he needs to be physically removed from the situation. Granted, this may be easier said than done, and you may need someone to help you; yet, behavior modification can be helpful, and it must be started as soon as possible.

Maintaining a Daily Routine—
For kids and adolescents with Aspergers, the importance of maintaining a daily routine cannot be stressed enough. A daily routine produces behavioral stability and psychological comfort for Aspergers kids. Also, it lessens their need to make demands.

When you establish a daily routine, you eliminate some of the situations in which your son's behavior becomes demanding. For example, by building in regular times to give him attention, he may have less need to show aggression to try to get that attention.

Learn to recognize and communicate the causes of his aggression with your youngster—

Ideally over time, your youngster will learn to recognize and communicate the causes of his aggression and get his needs met by using communication. Unfortunately, kids who get their needs met due to aggression or violence are very likely to continue and escalate this oppositional behavior.

**Can Aspergers Teens Go To College?**

**Question**

My son was just diagnosed with aspergers syndrome and i am heartbroken. Will he ever be able to go to college or even make it through HS? He is 11 years old and can't make friends and has a tough time in school.

**Answer**

Improving social skills can be an important part of any teen's repertoire. Aspergers, like autism, falls on a continuum of symptoms and impairment. Usually, it constitutes an exclusive focus on one area of interest, or one topic, particularly of a non-social nature. The ability to empathize with others and their circumstances could be one area in which social skills get compromised.

Social skills can be improved, and an awareness of social signifiers may make a big difference in your son's experience at college. Sometimes called interpersonal training, the approach consists of two dimensions. First, a individual is taught to understand communicative cues, and how to send and receive them in a contextually appropriate manner. These cues include smiling, eye contact, nodding to register comprehension, posture, and learning to ask open-ended questions. In addition, learning to disclose opinions, experiences, and feelings in a reciprocal manner with others can immensely improve social skills and social standing.

The second dimension to learning interpersonal skills is gaining emotional insight: managing anxiety, self-criticism, depression, anger, and avoidance in social
circumstances. The first dimension gets most of the attention, but the second dimension is most important. That's because we might learn a "skill," but feel too much anxiety, depression, or critical self-consciousness to implement it.

Remember that the average male teenager may have a lot of social-skill deficits that usually get worked on because of his desire to get along with females. Females develop social skills earlier, on average, and males catch up to become viable companions and boyfriend material. However, the emotional glitches I mentioned above, including anxiety, self-criticism, shame, and depression might be the more important issues to tackle.

By developing emotional muscles, which consists of displaying creative optimism, self-acceptance, and an acceptance of others with whom we disagree, your son can learn some specific social skills. Saying "hi" and smiling to one new person a day will provide immense feedback, as will the task of deepening relationships with real self-disclosure (including taking some appropriate risks) and confidently being himself.

02:20PM (-08:00)

Raising an Aspergers Child: Tips for Home and School

You can best serve your youngster by learning about Aspergers and providing a supportive and loving home environment. Remember that your youngster, just like every other youngster, has his or her own strengths and weaknesses and needs as much support, patience, and understanding as you can give.

Educating yourself about the condition and knowing what to expect is an important part of helping your youngster succeed outside of home and develop independence. Learn about Aspergers by talking to your doctor or contacting Asperger's organizations. This will reduce your and your family members' stress and help your youngster succeed.

The following are some suggestions on how to help your youngster who has Aspergers. Some of the ideas will be helpful, and some may not work for you. Flexibility, creativity, and a willingness to continue to learn will all help you as you raise your youngster.

General strategies for success:
• Be aware that background noises, such as a clock ticking or the hum of fluorescent lighting, may be distracting to your youngster.

• Kids with Aspergers benefit from daily routines for meals, homework, and bedtime. They also like specific rules, and consistent expectations mean less stress and confusion for them.

• Kids with Aspergers often mature more slowly. Don't always expect them to "act their age."

• Many children with Aspergers do best with verbal (rather than nonverbal) teaching and assignments. A direct, concise, and straightforward manner is also helpful.

• Children with Aspergers often have trouble understanding the "big picture" and tend to see part of a situation rather than the whole. That's why they often benefit from a parts-to-whole teaching approach, starting with part of a concept and adding to it to demonstrate encompassing ideas.

• Try to identify stress triggers and avoid them if possible. Prepare your youngster in advance for difficult situations, and teach him or her ways to cope. For example, teach your youngster coping skills for dealing with change or new situations.

• Visual supports, including schedules and other written materials that serve as organizational aids, can be helpful.

Strategies for developing social skills:

• Encourage your youngster to learn how to interact with children and what to do when spoken to, and explain why it is important. Give lots of praise, especially when he or she uses a social skill without prompting.

• Foster involvement with others, especially if your youngster tends to be a loner.

• Help your youngster understand others' feelings by role-playing and watching and discussing human behaviors seen in movies or on television. Provide a model for your youngster by telling him or her about your own feelings and reactions to those feelings.

• Practice activities, such as games or question-and-answer sessions, that call for taking turns or putting yourself in the other person's place.

• Teach your youngster about public and private places, so that he or she learns what is appropriate in both circumstances. For example, hugging may not be appropriate at school but is usually fine at home.

• Teach your youngster how to read and respond appropriately to social cues. Give him or her "stock" phrases to use in various social situations, such as when being introduced. You can also teach your youngster how to interact by role-playing.
• Your youngster may not understand the social norms and rules that come more naturally to other kids. Provide clear explanations of why certain behaviors are expected, and teach rules for those behaviors.

Strategies for school:

• Ask your youngster’s teacher to seat your youngster next to classmates who are sensitive to your youngster’s special needs. These classmates might also serve as “buddies” during recess, at lunch, and at other times.

• Be aware of and try to protect your youngster from bullying and teasing. Talk to your youngster’s teacher or school counselor about educating classmates about Aspergers.

• Encourage your youngster’s teacher to include your youngster in classroom activities that emphasize his or her best academic skills, such as reading, vocabulary, and art.

• Orient your youngster to the school setting. Before the school year starts, take time to "walk through" your youngster's daily schedule. You can also use pictures to make your youngster familiar with the new settings before school starts.

• Set up homework routines for your youngster by doing homework at a specific time and place every day. This will help your youngster learn about time management.

• Some kids with Asperger’s have poor handwriting. Typing schoolwork on a computer may be one way to make homework easier. Using computers can also help kids improve fine motor skills and organize information. Occupational therapy may also be helpful.

• Use rewards to motivate your youngster. Allow him or her to watch TV or play a favorite video game or give points toward a "special interest" gift when he or she performs well.

• Use visual systems, such as calendars, checklists, and notes, to help define and organize schoolwork.

Where can I find the right medication to help his Asperger’s, not c...
Asperger’s Syndrome is not something with a cure. There are no medications that can make Asperger’s go away. Many children with Asperger’s benefit from social skills training and cognitive behavioural therapy. In addition, many children can benefit from medications for symptoms related to the syndrome. Many children with Asperger’s suffer from anxiety or depression. Some suffer from hyper-activity or attention deficit disorder. Some children with Asperger’s suffer from obsessive-compulsive disorder.

Medications designed to alleviate those symptoms are available for children with Asperger’s. Working with your doctor to understand the symptoms your child suffers from is the first step. Once those symptoms are understood, it is important to then talk with your doctor about which medications might be available to treat those symptoms in your child.

A variety of medications are often available for some of the symptoms of Asperger’s syndrome. For example, many different drugs are available for ADD. If your child suffers from ADD, your doctor will decide which medication and what dose is right for your child. Your child will need to try the medication to see how it affects him. During that trial period, you’ll need to watch your child carefully to see how he reacts. If he reacts well and tolerates the medicine, and the medicine alleviates the symptoms, your child will continue on with the medication.

If your child tries a medicine and suffers from side affects or if the medicine doesn’t help alleviate the symptoms, you’ll need to consult the doctor about changing the medication. This process could be a long one. It is not unheard of to try three or four different medications and dosages to find the medication that is right for your child.

Be sure that you understand the benefits and the possible drawbacks and side effects of any medications you give your child. Also, try to understand how the medicine can work in concert with behavioral therapy in helping your child manage the symptoms of Asperger’s. Be sure to tell the doctor about any herbal medicines or other supplements your child might be taking. Supplements can often have harmful interactions with medicines, or they can render the medicines ineffective.

My Aspergers Child: How to Prevent Meltdowns  07:26AM (-08:00)

L-Carosine: Nutritional Supplement for Aspergers Kids

Double-blind, placebo-controlled study of L-carnosine supplementation in kids with autistic spectrum disorders:

L-Carnosine, a dipeptide, can enhance frontal lobe function or be neuroprotective. It can also correlate with gamma-aminobutyric acid (GABA)-homocarnosine interaction, with possible anticonvulsive effects. We investigated 31 kids with autistic spectrum disorders in an 8-week, double-blinded study to determine if 800 mg L-carnosine daily would result
in observable changes versus placebo. Outcome measures were the Childhood Autism Rating Scale, the Gilliam Autism Rating Scale, the Expressive and Receptive One-Word Picture Vocabulary tests, and Clinical Global Impressions of Change. Kids on placebo did not show statistically significant changes. After 8 weeks on L-carnosine, kids showed statistically significant improvements on the Gilliam Autism Rating Scale (total score and the Behavior, Socialization, and Communication subscales) and the Receptive One-Word Picture Vocabulary test (all \( P < .05 \)). Improved trends were noted on other outcome measures. Although the mechanism of action of L-carnosine is not well understood, it may enhance neurologic function, perhaps in the entorhinal or temporal cortex.

What is L-Carnosine?

L-Carnosine is a naturally occurring dipeptide that consists of alanine and histidine. Where was L-Carnosine developed and how is it currently being used?

L-Carnosine was developed by a leading U.S. Pediatric Neurologist, and was first utilized in his practice. Found to be beneficial to kids diagnosed with Autism Spectrum Disorders, Asperger's Syndrome, PDD, ADD, ADHD, Apraxia and Epilepsy, the use of L-Carnosine has steadily grown, and is now benefiting kids throughout the United States as well as other countries.

Is there clinical data indicating that L-Carnosine is effective?

Double-blind and Open-label studies have reported improvements in the following areas:

- Auditory processing
- EEG reports
- Fine motor skills
- Language skills
- Seizure frequency
- Socialization
- Speech production

What benefits should parents expect from L-CAROSINE in autism spectrum disorders?

Although not a cure, L-CAROSINE may improve receptive language, auditory processing, socialization, awareness of surroundings, and even help fine motor planning and expressive language when compared to placebo. Improvements are usually seen between 1-8 weeks of starting on L-Carnosine.

How can L-CAROSINE help with epilepsy?

The exact mechanism is unknown, but in open label studies and clinical experiences, L-CAROSINE has improved some EEG abnormalities and frequency of myoclonic and generalized seizures. L-CAROSINE has also helped cognitive development in severe epileptics even when EEG or seizure frequency was unchanged. Remember that L-CAROSINE is only a dietary supplement and not a drug used to treat epilepsy.
What if my youngster is Diabetic?

L-Carosine is designed to be tolerated by Diabetics, and is compatible with the Ketogenic diet and gluten-casein free diets. It is recommended that you consult with your youngster's physician prior to administering L-Carosine.

What if my youngster has allergies, sensitivities to certain foods or has been instructed by a physician to avoid specific ingredients?

L-Carosine contains no yeast, wheat gluten, milk/dairy products, corn, sodium, sugar, starch, artificial coloring, preservatives, flavoring or carbohydrates.

Does L-Carosine require a medical prescription?

L-Carosine does not require a prescription; however, it is recommended that you consult with your youngster's physician prior to administering this or any dietary supplement.

What is the recommended dosage for the intake of L-Carosine?

As a dietary supplement, take 1-2 capsules daily or as directed by a physician. Clinical research in autism spectrum disorders shows that 2 capsules twice daily is an effective dosage. Always consult a knowledgeable physician when using a dietary supplement.

Is L-Carosine palatable for kids?

L-Carosine is tasteless and odorless. If preferred, L-Carosine capsules may be opened and their contents mixed directly into foods and beverages. However, do not mix into very high temperature foods. For example, you can mix the L-CAROSINE into scrambled eggs once they have cooled off, but do not mix into the eggs while still cooking.

Does L-CAROSINE have to be given with food? L-CAROSINE can be given with or without food.

What are the most common side effects of L-CAROSINE?

No reports of harmful physical side effects from L-CAROSINE have been received to date. Background research of prior animal and human experience, plus in over 1000 kids on L-Carnosine since June of 2001, have not shown any adverse liver, blood, kidney, or central nervous system side effects. Behaviorally, too high a dose may over stimulate some patients’ frontal lobes which can cause increased irritability, hyperactivity, or insomnia. This has been noted in already manic or hyperactive autistic patients.

What about using L-CAROSINE with other dietary supplements or drugs?

Supplements: To our knowledge, no other dietary supplements have been studied in a double-blind placebo-controlled manner. Fish Oil, High dose B6, Magnesium, or probiotic
or mega vitamin therapies are all unproven. Some high dose vitamins may make kids hyperactive, which may confuse parents if L-CAROSINE is added.

Drugs: L-CAROSINE does not appear to alter valproic acid levels. We have not had reports of adverse effects with stimulants, anti-psychotic or SSRI medications. Acetyl- choline esterase inhibitors may over stimulate in combination with L-CAROSINE, but no physically adverse interactions have been reported. Acetaminophen, Ibuprofen, and antibiotics are not contra indicated to the best of our knowledge.

Diets: L-CAROSINE is designed to be tolerated by Diabetics, and is compatible with the ketogenic diet and gluten-casein free diets.

How long does L-CAROSINE last?

No pharmacokinetic studies have been done to date to determine the half-life of L- Carnosine.

Should usage be interrupted or discontinued during school holidays, vacations, or periodically during the year?

No, it is not necessary nor do we recommend interrupting or discontinuing the usage of L- Carosine during school vacations, holidays or periodically unless recommended by a physician.

Aspergers and Homework

Kids with Aspergers Need Routine and Clarity

Aspergers is a form of highly functioning autism that disrupts a youngster’s ability to recognize social cues, thereby causing social awkwardness. Other characteristics of autism may also be present, such as a lowered tolerance for new situations or sudden transitions, lack of organizational skills, inconsistent energy levels, and high distractibility. All of these can present challenges when attempting to complete homework.

Luckily, there are some basic strategies that moms and dads can undertake to help prevent those dreaded evening meltdowns. The first step is to observe the youngster and see what hinders her from completing her work. This is paramount to planning homework sessions. During these observations, jot down answers to the following about the youngster:

1. Does she fatigue quickly?
2. Is she easily distracted by noise or activity?
3. What frustrates or upsets her?
4. What is her best time of day?

Establish Consistent Time and Place—

After observing the youngster for a few days, establish a consistent time for homework, preferably when she is well fed and at her best. The amount of time she spends on homework nightly will vary by grade level. When homework length begins to increase, she may stay more focused with short breaks. Incorporate these into the schedule and make sure she has enough time to complete assignments without rushing.

It is beneficial to have a special homework location away from the TV, radio, or other distractions. Kids with ASPERGERS can also be frustrated by clutter, so make sure that the workspace is organized and that all necessary materials for homework are available and easy to find.

Break Down Large Assignments—

Some homework assignments can be overwhelming for kids with ASPERGERS. Moms and dads will sometimes need to work closely with their youngster to help her get started. Providing one or two examples may be all that is required in some instances. For more complicated work, moms and dads may want to demonstrate how to break it down into smaller steps. This added attention may be needed for each unfamiliar assignment.

Eliminate Vagueness—

Sometimes assignments may be unclear, even to moms and dads. If this happens often, it would be best for moms and dads to communicate with the teacher about their youngster’s needs. Receiving more detailed instructions for upcoming assignments will go a long way to ensuring that homework gets done correctly and without tantrums. The key is to get the information ahead of time so that the youngster with Aspergers can be prepared, not surprised with an unknown.

Incorporate Interests—

A unique quality of kids with Aspergers is that they can develop abnormally intense interests in one or two subjects. Common ones may include weather, sports statistics, or computers. Using a little ingenuity, moms and dads can persuade the youngster to do seemingly unrelated work by integrating her interests.

Kids fascinated by computers may be encouraged to complete writing assignments using an online dictionary, for instance. Kids who have nightly reading requirements could be allowed to choose books that are related to weather, dinosaurs, or other science topics of interest. If the youngster seems to dislike math, create word problems for practicing addition, subtraction, and multiplication using subjects such as baseball or cars.

Kids with ASPERGERS possess unique skills and can grow to be highly productive, thriving members of society. But, like everyone, they face their own set of challenges along the way. Homework may be one of those challenges. With careful planning
however, moms and dads can make this necessary and important chore less worrisome and help to pave their youngster’s way to success.

My Aspergers Child: How to Prevent Meltdowns in Aspergers Children  12:08PM (-08:00)

**Meltdowns in Students with Aspergers**

Strategies for Teachers to Prevent Emotional Outbursts

Aspergers is a form of high-functioning autism and can co-exist with other disorders such as ADHD, depression, and anxiety. But mostly, ASPERGERS affects a youngster’s ability to socialize. ASPERGERS children have difficulty recognizing facial expressions, sarcasm, and teasing, and struggle to adapt to unexpected changes in routine. Their interests tend to be very narrow, and this can limit their capacity to relate to others.

Due to these struggles, youngsters with ASPERGERS oftentimes experience anger, fear, sadness, and frustration. There are several effective interventions that can be employed in the classroom to help improve an ASPERGERS youngster’s learning experience. These can assist the child in feeling more comfortable and decrease anxiety, paving the way for academic achievement.

**Make Classroom Rules Clear**—

Children with Aspergers thrive on rules, but will often ignore them when they are vague or not meaningful. Educators should detail the most important classroom rules and why they exist. A written list prominently displayed, or a handout of the classroom rules can be very helpful.

**Minimize Surprises in the Classroom**—

Children on the autism spectrum need structured settings to succeed. They do not like surprises. Things like sudden seating changes or unexpected modifications to the routine could cause anxiety and even meltdowns. Educators should try to provide ample warnings if there is to be a change of plans. For instance, sending a note home to the parents if a seating change is imminent would be beneficial.

A back up plan can be presented to the class in anticipation of schedule changes. When the Friday schedule that usually includes watching an educational film in the afternoon changes if time is short, the teacher should inform the children ahead of time that they will work on free reading or journaling instead, as an example.

**Provide Sensory Support**—

Many youngsters with Aspergers also experience sensory processing issues. Sensitivity to light, sound, touch, taste, and smells can irritate the youngster, making him more likely
to act out or withdraw. Consult the parents to determine what these sensitivities are. Minimizing classroom chaos, noise, and clutter will be a good start.

If possible, get help from an occupational therapist and try to work sensory breaks into the youngster’s school day. Chores such as returning a load of books to the library or even doing a few jumping jacks in the hallway can go a long way in helping the youngster realign and get back to learning.

Promote Supportive Friendships—

If it seems appropriate, educate the class about Aspergers. Develop empathy by making children aware of inappropriate words and bullying behaviors. Highlight the youngster’s strengths in classroom lessons to enable him to find friends with common interests.

If the child with Aspergers seems to be struggling with friendships, group him during classroom activities with those that are more kind and empathetic. At recess or lunch, try assigning a classroom buddy who will be supportive and guide the youngster through those more chaotic times.

Make a Plan for Emotional Outbursts—

Provide a quiet place for the child who has frequent meltdowns. This may be a trip to the bathroom with a classroom aide, or a visit to the school counselor. A written plan for coping in these periods of high stress is critical for an ASPERGERS child’s success.

Helping youngsters with Aspergers in the classroom is yet another challenge for today’s overburdened educators. However, with insightful monitoring, parental and professional guidance, and creative strategies, a love of school and learning can be fostered in youngsters with ASPERGERS.

My Aspergers Child: Preventing Emotional Outbursts in Aspergers Children  12:23PM (-08:00)

Aspergers son being physically abused...

My asperger son is almost 16. He doesn't live with me. He's told me on numerous occasions that he's being physically abused. When I've reported it, they either accuse me of coaching him, or accuse him of lying, or of not being able to get him to focus enough to report the abuse. Years ago I did get one report of abuse substantiated, (because of bruises) however, nothing was done about it, and my son is still ignored. If someone could please help me to get help for my son, or just help my son, I would greatly appreciated it. I love him, and I want him to be safe and happy. He doesn't deserve abuse just because he isn't like other kids. Please email me at: Rebeccarh73@yahoo.com if you can help my son. Thank you.
In the USA, an estimated 906,000 kids are victims of abuse & neglect every year, making abuse as common as it is shocking. Whether the abuse is physical, emotional, sexual, or neglect, the scars can be deep and long-lasting, often leading to future abuse. You can learn the signs and symptoms of abuse and help break the cycle, finding out where to get help for the kids and their caregivers.

Facts about abuse and neglect—

How could anyone abuse a defenseless child? Most of us can’t imagine what would make an adult abuse a child. The worse the behavior is, the more unimaginable it seems. Yet sadly, abuse is much more common than you might think. Abuse cuts across social classes and all ethnicities. And the abuse overwhelmingly is at the hands of those who are supposed to be protecting the child— the parents.

What is abuse?

Abuse happens in many different ways, but the result is the same- serious physical or emotional harm. Physical or sexual abuse may be the most striking types of abuse, since they often unfortunately leave physical evidence behind. However, emotional abuse and neglect are serious types of abuse that are often more subtle and difficult to spot. Child neglect is the most common type of abuse.

How can abuse happen?

There are many complicated factors that lead to abuse. Risk factors for abuse include:

- Alcohol or drug abuse. Alcohol and drug abuse lead to serious lapses in judgment. They can interfere with impulse control making emotional and physical abuse more likely. Due to impairment caused by being intoxicated, alcohol and drug abuse frequently lead to child neglect.
- Domestic violence. Witnessing domestic violence in the home, as well as the chaos and instability that is the result, is emotional abuse to a child. Frequently domestic violence will escalate to physical violence against the child as well.
- History of abuse. Unfortunately, the patterns we learn in childhood are often what we use as parents. Without treatment and insight, sadly, the cycle of abuse often continues.
- Stress and lack of support. Parenting can be a very time intensive, difficult job. Moms and dads caring for kids without support from family, friends or the community can be under a lot of stress. Teen parents often struggle with the maturity and patience needed to be a parent. Caring for a child with a disability, special needs or difficult behaviors is also a challenge. Caregivers who are under financial or relationship stress are at risk as well.

The lasting effects of abuse—

All types of abuse and neglect leave lasting scars. Some of these scars might be physical, but emotional scarring has long lasting effects throughout life, damaging a child’s sense of self and ability to have healthy relationships.
You can make a difference—

One of the most painful effects of abuse is its tendency to repeat itself. One of every three abused or neglected kids will grow up to become an abusive parent. You may be reluctant to interfere in someone’s family, but you can make a huge difference in a child’s life if you do. The earlier abused kids get help, the greater chance they have to heal from their abuse and not perpetuate the cycle.

Physical abuse: Warning signs and how to help—

Many physically abusive parents and caregivers insist that their actions are simply forms of discipline, ways to make kids learn to behave. But there’s a big difference between giving an unmanageable youngster a swat on the backside and twisting the child’s arm until it breaks. Physical abuse can include striking a youngster with the hand, fist, or foot or with an object, burning, shaking, pushing, or throwing a child; pinching or biting the child, pulling a youngster by the hair or cutting off a child’s air. Another form of abuse involving babies is shaken baby syndrome, in which a frustrated caregiver shakes a baby roughly to make the baby stop crying, causing brain damage that often leads to severe neurological problems and even death.

Warning signs of physical abuse—

• Behavioral signs. Other times, signs of physical abuse may be more subtle. The youngster may be fearful, shy away from touch or appear to be afraid to go home. A child’s clothing may be inappropriate for the weather, such as heavy, long sleeved pants and shirts on hot days.
• Caregiver signs. Physically abusive caregivers may display anger management issues and excessive need for control. Their explanation of the injury might not ring true, or may be different from an older child’s description of the injury.
• Physical signs. Sometimes physical abuse has clear warning signs, such as unexplained bruises, welts, or cuts. While all kids will take a tumble now and then, look for age-inappropriate injuries, injuries that appear to have a pattern such as marks from a hand or belt, or a pattern of severe injuries.

Is physical punishment the same as physical abuse?

Physical punishment, the use of physical force with the intent of inflicting bodily pain, but not injury, for the purpose of correction or control, used to be a very common form of discipline. Most of us know it as spanking or paddling. Many of us may feel we were spanked as kids without damage to body or psyche. The widespread use of physical punishment, however, doesn’t necessarily make it a good idea. The level of force used by an angry or frustrated parent can easily get out of hand and lead to injury. Even if it doesn’t, what a youngster learns from being hit as punishment is less about why conduct is right or wrong than about behaving well — or hiding bad behavior — out of fear of being hit.

Emotional abuse—
“Sticks and stones may break my bones but words will never hurt me”. This old saying could not be farther from the truth. Emotional abuse may seem invisible. However, because emotional abuse involves behavior that interferes with a child’s mental health or social development, the effects can be extremely damaging and may even leave deeper lifelong psychological scars than physical abuse.

Emotional abuse takes many forms, in words and in actions.

Words. Examples of how words can hurt include constant belittling, shaming, and humiliating a child, calling names and making negative comparisons to others, or constantly telling a youngster he or she is "no good," "worthless," "bad," or "a mistake." How the words are spoken can be terrifying to a youngster as well, such as yelling, threatening, or bullying.

Actions. Basic food and shelter may be provided, but withholding love and affection can have devastating effects on a child. Examples include ignoring or rejecting a child, giving him or her the silent treatment. Another strong component of emotional abuse is exposing the youngster to inappropriate situations or behavior. Especially damaging is witnessing acts that cause a feeling of helplessness and horror, such as in domestic violence or watching another sibling or pet be abused.

Signs of emotional abuse—

Behavioral signs. Since emotional abuse does not leave concrete marks, the effects may be harder to detect. Is the youngster excessively shy, fearful or afraid of doing something wrong? Behavioral extremes may also be a clue. A youngster may be constantly trying to parent other kids for example, or on the opposite side exhibit antisocial behavior such as uncontrolled aggression. Look for inappropriate age behaviors as well, such as an older youngster exhibiting behaviors more commonly found in younger kids.

Caregiver signs. Does a caregiver seem unusually harsh and critical of a child, belittling and shaming him or her in front of others? Has the caregiver shown anger or issues with control in other areas? A caregiver may also seem strangely unconcerned with a child’s welfare or performance. Keep in mind that there might not be immediate caregiver signs. Tragically, many emotionally abusive caregivers can present a kind outside face to the world, making the abuse of the youngster all the more confusing and scary.

Sexual abuse—

Sexual abuse, defined as any sexual act between an adult and a child, has components of both physical and emotional abuse. Sexual abuse can be physical, such as inappropriate fondling, touching and actual sexual penetration. It can also be emotionally abusive, as in cases where a youngster is forced to undress or exposing a youngster to adult sexuality. Aside from the physical damage that sexual abuse can cause, the emotional component is powerful and far reaching. The layer of shame that accompanies sexual abuse makes the behavior doubly traumatizing. While news stories of sexual predators are scary, what is even more frightening is that the adult who sexually abuses
a youngster or adolescent is usually someone the youngster knows and is supposed to trust: a relative, childcare provider, family friend, neighbor, teacher, coach, or clergy member. Kids may worry that others won't believe them and will be angry with them if they tell. They may believe that the abuse is their fault, and the shame is devastating and can cause lifelong effects.

Signs of sexual abuse—

• Behavioral signs. Does the youngster display knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior? A youngster might appear to avoid another person, or display unusual behavior—either being very aggressive or very passive. Older kids might resort to destructive behaviors to take away the pain, such as alcohol or drug abuse, self-mutilation, or suicide attempts.
• Caregiver signs. The caregiver may seem to be unusually controlling and protective of the child, limiting contact with other kids and adults. Again, as with other types of abuse, sometimes the caregiver does not give outward signs of concern. This does not mean the youngster is lying or exaggerating.
• Physical signs. A youngster may have trouble sitting or standing, or have stained, bloody or torn underclothes. Swelling, bruises, or bleeding in the genital area is a red flag. An STD or pregnancy, especially under the age of 14, is a strong cause of concern.

Sexual abuse: The online risk—

Kids who use the Internet are also vulnerable to Internet predators. Among the warning signs of online sexual abuse are these:

• You find pornography on your child's computer.
• Your youngster becomes withdrawn from the family.
  • Your youngster receives phone calls or mail from people you don't know, or makes calls to numbers that you don't recognize.
  • Your youngster spends large amounts of time online, especially at night, and may turn the computer monitor off or quickly change the screen on the monitor when you come into the room.

Child neglect—

Child neglect is the most frequent form of abuse. Neglect is a pattern of failing to provide for a child's basic needs, endangering a child's physical and psychological well-being. Child neglect is not always deliberate. Sometimes, a caregiver becomes physically or mentally unable to care for a child, such as in untreated depression or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a youngster safe. The end result, however, is a youngster who is not getting their physical and/or emotional needs met.

Warning signs of child neglect—

• Behavioral signs. Does the youngster seem to be unsupervised? School kids may be frequently late or tardy. The youngster might show troublesome, disruptive behavior or be
withdrawn and passive.

- Caregiver signs. Does the caregiver have problems with drugs or alcohol? While most of us have a little clutter in the home, is the caregiver’s home filthy and unsanitary? Is there adequate food in the house? A caregiver might also show reckless disregard for the child’s safety, letting older kids play unsupervised or leaving a baby unattended. A caregiver might refuse or delay necessary health care for the child.

- Physical signs. A youngster may consistently be dressed inappropriately for the weather, or have ill-fitting, dirty clothes and shoes. They might appear to have consistently bad hygiene, like appearing very dirty, matted and unwashed hair, or noticeable body odor. Another warning sign is untreated illnesses and physical injuries.

What to do if a youngster reports abuse—

You may feel overwhelmed and confused if a youngster begins talking to you about abuse. It is a difficult subject and hard to accept, and you might not know what to say. The best help you can provide is calm, unconditional support and reassurance. Let your actions speak for you if you are having trouble finding the words. Remember that it is a tremendous act of courage for kids to come forward about abuse. They might have been told specifically not to tell, and may even feel that the abuse is normal. They might feel they are to blame for the abuse. The youngster is looking to you to provide support and help—don’t let him or her down.

Avoid denial and remain calm. A common reaction to news as unpleasant and shocking as abuse is denial. However, if you display denial to a child, or show shock or disgust at what they are saying, the youngster may be afraid to continue and will shut down. As hard as it may be, remain as calm and reassuring as you can.

Don’t interrogate. Let the youngster explain to you in his/her own words what happened, but don’t interrogate the youngster or ask leading questions. This may confuse and fluster the youngster and make it harder for them to continue their story.

Reassure the youngster that they did nothing wrong. It takes a lot for a youngster to come forward about abuse. Reassure him or her that you take what is said seriously, and that it is not the child’s fault.

Reporting abuse and neglect—

Reporting abuse seems so official. Many people are reluctant to get involved in other families’ lives. However, by reporting, you can make a tremendous difference in the life of a youngster and the child’s family, especially if you help stop the abuse early. Early identification and treatment can help mitigate the long-term effects of abuse. If the abuse is stopped and the youngster receives competent treatment, the abused youngster can begin to regain a sense of self-confidence and trust. Some moms and dads may also benefit from support, parent training and anger management.

Reporting abuse: Myths and Facts—

- I don’t want to interfere in someone else’s family. The effects of abuse are life long,
affecting future relationships, self esteem, and sadly putting even more kids at risk of abuse as the cycle continues. Help break the cycle of abuse.

• It won’t make a difference what I have to say. If you have a gut feeling that something is wrong, it is better to be safe than sorry. Even if you don't see the whole picture, others may have noticed as well, and a pattern can help identify abuse that might have otherwise slipped through the cracks.

• They will know it was me who called. Reporting is anonymous. In most states, you do not have to give your name when you report abuse. The abuser cannot find out who made the report of abuse.

• What if I break up someone’s home? The priority in youngster protective services is keeping kids in the home. A abuse report does not mean a youngster is automatically removed from the home - unless the youngster is clearly in danger. Support such as parenting classes, anger management or other resources may be offered first to parents if safe for the child.

Abuse Hotlines: Where to call to get help or report abuse—

• If you suspect a youngster is in immediate danger contact law enforcement as soon as possible.

• To get help in the U.S., call: 1-800-4-A-CHILD (1-800-422-4453) – Childhelp National Abuse Hotline

• To get help for child sexual abuse, call: 1-888-PREVENT (1-888-773-8368) – Stop It Now

1-800-656-HOPE Rape, Abuse & Incest National Network (RAINN)

Abuse prevention—

Reducing the incidence of abuse is a matter of intervention and education. Intervention—

In some cases, as in cases of extreme cruelty, sexual abuse, and severe alcohol and drug abuse, kids are safer away from the caregiver. Not all abusive moms and dads intend harm to their kids, however. Some moms and dads need help to realize that they are hurting their kids, and can work on their problems. Some examples include:

• Alcohol and drug abuse. Alcohol and drug abusers may be so focused on their addiction that they are hurting their kids without realizing it. Getting appropriate help and support for alcohol and drug abuse can help moms and dads focus back on their kids.

• Domestic violence. A mother might be trying to do her best to protect her kids from an abusive husband, not realizing that the kids are being emotionally abused even if they are not physically abused. Helping a mother leave an abusive relationship and getting supportive counseling can help stop these kids from being abused.

• Untreated mental illness. A depressed mother might not be able to respond to her own needs much less her kid’s. A caregiver suffering from emotional trauma may be distant and withdrawn from her kids, or quick to anger without understanding why. Treatment for the caregiver means better care for the kids.
In some cases, you might be able to provide support for parents/caregivers who need help yourself. What if a parent or caregiver comes to you? The key is not to be self-righteous or judgmental, which can alienate caregivers, but offer support and concrete offers of help, such as helping them connect with community resources. If you feel that your safety or the safety of the youngster would be threatened if you try to intervene, leave it to the professionals. You may be able to provide more support later after the initial professional intervention.

Education—

Some caregivers have not learned the skills necessary for good parenting. Teen parents, for example, might have unrealistic expectations about how much care babies need or why toddlers can be so prone to tantrums. Other times, previous societal and cultural expectations of good child raising may not be considered so today. In previous generations and in many cultures, for example, strict physical discipline was considered to be essential in teaching a youngster to behave. Education can greatly help caregivers who need information on raising kids. Parenting classes can not only be effective for teen parents, but for parents who themselves were abused and need to learn new parenting patterns. Education on managing stress and building healthier relationships also helps caregivers.

Kids need education as well to help protect against abuse. They need to know that abuse is never their fault and is never “OK”. Teaching a youngster about inappropriate touch and that they should never keep secrets that make them uncomfortable can help prevent sexual abuse.

For caregivers—

Do you see yourself in some of these descriptions, painful as it may be? Do you feel angry and frustrated and don’t know where to turn? Caring for kids can be very difficult. Don’t go it alone. Ask for help if you need it. If you don’t have a friend or family to turn to, call the abuse hotline, 1-800-4-A-CHILD, yourself. The hotline is also designed to get you support and find resources in the community that can help you.

My Aspergers Child
07:54AM (-08:00)

Aspergers Children with Anger Problems

Many moms and dads recognize that their Aspergers child has a problem with anger management. They feel their child needs to develop anger management skills, or needs to find some kind of anger management counseling that will help them get along better in life -- in school, at work, with a parent, with siblings, and others. In some cases, professionals may have diagnosed the Aspergers child with a “conduct disorder”, or “oppositional defiant disorder”. 
Types of Anger—

The natural response to fear is to fight it or avoid it. When confronted with fear, animals and humans both go into “fight or flight”, “violence or silence”, or “gun or run”. They engage in the conflict, or they withdraw. Though many moms and dads may equate “child anger management” with the “fight-violence-gun,” uncontrollable rage, parents must also recognize that anger may be “turned inwards” in the “flight-silence-run” mode, which can often times be as dangerous, if not more so, than expressed anger.

Generally, anger falls into three main categories: 1) Fight, 2) Flight, or 3) Pretend to be “Flighting”, while finding indirect ways to Fight. Most Aspergers children with anger management problems will go to either extreme of fight or flight. They tend to become aggressive, mean, and hostile, or they withdraw into themselves and become extremely silent, silently stubborn, and depressed.

“The Fighters”: Child Anger Turned to Aggression—

“The fighters” are pretty simple to recognize. They are aggressive. Many times, the characteristics of Aspergers children with anger management problems are included in the professional diagnosis for “Conduct Disorder” or an “Oppositional Defiant Disorder (ODD)”. Some of the warning signs in the following list are taken from the criteria for professional diagnosis. Others are additional common signs of anger management problems for children that are “fighters”.

• Destroys property
• Difficulty accepting a “No” answer
• Does not follow rules
• Frequently vocalizes anger
• Furious temper
• Has left holes in walls and doors from violent outbursts
• Initiates fights with others
• Loud and yelling
• Makes threats
• Often demeans or swears directly to parent or others in authority positions
• Often feels rules are “stupid”, or don’t apply
• Openly and often defiant of requests
• Physically cruel to animals
• Physically cruel to people
• Seems to have “emotional diarrhea”, and “lets it all out, all the time”
• Seriously violates rules (at home, in school, or society in general)
  • Uncontrollable fits of rage (usually these “temper tantrums” are used as threats to get their way)

This list does not list every possible warning sign for the “fighters”. The child “Fighters” have anger management problems when the problems are creating an unsafe situation for themselves, for others, or for property around them. If animals and/or people are the focus of the anger and aggression, the problem is extremely critical to address. Aspergers teenagers who have abused animals or people as kids are at a higher risk...
becoming a threat to society than those who have not. Where these warning signs seem to be a part of daily life, intervention is strongly suggested. Intervention can be through anger management counseling, an anger management program, or a program dedicated and experienced in working with Aspergers children with anger management problems.

“The ‘Flighters’”: Child Anger Turned to Passive Responses—

The “Flighters” can also be fairly simple to recognize. They are passive. They do not fight back when confronted. Many of their characteristics may coincide with the diagnosis of depression. Some of these warning signs are taken from the professional diagnosis for depression, and others are taken from learning, observations and experience.

- Deals with difficult emotions by “cutting” the emotions off
- Does not engage in much conversation
- Extremely passive, to the point of getting “walked over” by others
- Has difficulty expressing emotions
- Holds anger in, then “blows up” suddenly and violently
- May blame self unnecessarily
- May have few friends
- May punch holes in walls or kick doors, when “the last straw drops”
- May be seen as a “loner”
- May simply “go along” with whatever, even when it is a poor decision
- Physical problems may include upset stomach, muscle aches, backaches, frequent headaches, or other physical symptoms from “holding it in”.
- Seems “emotionally constipated”
- Seems depressed
- Seems to have very little emotion
- Seems to hold anger in
- Seems withdrawn
- Tends to spend a lot of time alone

The “flighters” are in danger of destroying themselves emotionally from within. The “flighters” are like a balloon being constantly blown into, with no release valve. When they explode, their anger may be violent, and may lead to harming themselves, harming others, or destroying property. Internalized anger is potentially as destructive to a child as aggressive anger.

“The Pretenders”: Child Anger Silently Planning Revenge—

Perhaps the most difficult to detect, the “Pretenders” follow an anger style that seems to be calm on the surface, but is raging, scheming, and planning underneath. They are passive-aggressive. These children do not directly confront the anger as a “Fighter” would do. They will be passive and appear to accept what is said, and then will disregard what is said to do their own thing. They are sneaky. Often, they may be unnoticed. While they are giving a person a hug, they are also stabbing them in the back (so to speak). They lack the courage to be direct, and perfect the skills to be deceitful. They know where the “back door” to revenge is, and will use it often.

They will give the appearance of a “Fighter”. The list of “flighter” characteristics also applies to them. Additional items to look for with “Pretenders” are on the following list.
Inconsistency between what is said and what is done
May be very good at blaming others
May not admit mistakes
Often gets caught in lies
Sneaky behaviors
Tends to avoid direct conflict, while creating problems in other areas
Tends to sabotage

These warning signs are a few to look for the “Pretenders”. Aspergers children who try to manage their anger through the “Pretender” style are as potentially dangerous to others and themselves as the other style. Moms and dads cannot underestimate the “Pretender” style because the danger does not seem to be that of the aggressive “Fighter”.

As has been shown, anger comes in three main styles -- Fighter, Flighter, and Pretender -- and each style has the potential to create big problems for the Aspergers child, families, and society in general. This post has offered specific warning signs that may indicate if an Aspergers child has an anger management problem more significant than what is to normally be expected. When necessary, professional and competent intervention is recommended.

My Aspergers Child: Parenting Aspergers Children with Anger Problems  05:54PM (-08:00)

The Out-of-Control, Aspergers Child

Moms and dads often ask how to deal with and help the Aspergers youngster that seems to be out of control. How do you control or manage the youngster that intimidates, hits, punches and seems to enjoy torturing their siblings? What do you do with the youngster that argues, is defiant, and refuses to participate or follow directions can be difficult to live with and can create disharmony within the household?

Some moms and dads are at a loss as to what to do and where to go for help. They watch as their family life falls apart around them. They feel helpless as the defiant Aspergers youngster controls the household. Moms and dads argue with each other about what to do. Some moms and dads may be afraid to go for help. They might feel that poor parenting skills have caused the problems or that they have failed as moms and dads. Often one parent will blame the other for being too easy and letting the youngster get away with poor behavior and the other parent will feel as if the other is too harsh. It is possible for moms and dads to take control of the situation and help their youngster and their family. But it is hard work and many times a long road.

Believe In Yourself. Moms and dads know their Aspergers children better than anyone. They see their potential, they see their strengths and they see their weaknesses. A teacher sees your youngster every day, but only in a certain location. They do not share the same history as a parent and an Aspergers youngster. You may become frustrated
watching your youngster misbehave, but you have also seen your youngster sit quietly next to you on the couch and read a book. You see both the good and the bad in your youngster, and sometimes it can be confusing. Believe in your assessment of the situation. If you see something wrong, and you feel as if there is some unknown cause behind the bad behavior, seek help. Believe in yourself as a parent.

Disengage Yourself From Power Struggles At Home. This is probably the most difficult to accomplish. With Aspergers kids that are defiant, it is common for the youngster and parent to become involved in power struggles. Finding ways to eliminate this can help both of you to cope better with your family and home situation.

Find A Support Group. Most Aspergers kids can be a handful from time to time, however, raising a challenging youngster can make moms and dads feel isolated and alone. They may avoid social situations, not sure how their youngster will react. When friends get together and talk about their kids, and their successes, moms and dads raising a challenging youngster may feel out of place and alone. Not wanting to always have to report the terrible thing your youngster did yesterday, you might stop contacting family. There are other moms and dads going through the same situation. Support groups around the country and on the internet can provide an outlet for moms and dads to share experiences and talk with one another. They can create a group to help one another through the rough days and feel accepted. They can create a ring of moms and dads that can listen, understand and accept you and your youngster can do wonders in helping you to cope better at home.

Get A Complete and Accurate Diagnosis. Aspergers often comes along with co-existing conditions. To receive the best possible treatment, it is important to have an accurate diagnosis. Some of the common conditions would be: Bipolar Disorder, Anxiety Disorders, Depression, Learning Disabilities, Conduct Disorder, and Oppositional Defiant Disorder. If your family physician diagnosed Aspergers, ask for a referral to a mental health professional in your area that specializes in working with kids. You will want to have a complete evaluation done to determine an accurate diagnosis. Once this is completed, you can work with the doctors, or team of professionals, to create a specific treatment plan for your youngster. This may include counseling or therapy, medication, educational interventions and monitoring by a psychiatrist. Don’t stop until you are satisfied with the diagnosis.

Research the Diagnosis. After you are satisfied that you have received an accurate diagnosis, spend time researching and finding out as much as you can about the disorder. Use the support group you found to talk with other moms and dads. Talk to the psychologist/psychiatrist about treatment options. Don’t accept the advice of one practitioner or one other parent. Read everything you can find and determine what treatment would work best for your youngster and your family. Each Aspergers youngster is unique in their display of symptoms and intensity of symptoms. Use this knowledge to work with the doctor to develop a treatment plan that is specific to your youngster’s needs.

Rule Out Physical Causes. Talk with your physician about exactly what is going on and have a complete physical for your youngster. Rule out any physical causes.
Seek A Tutor/Special Education/IEP or Section504. Aspergers kids with behavioral problems often struggle in school. Some may have specific learning disabilities. Even without a learning disability, school may be difficult because of other symptoms such as distractibility. Request an educational evaluation to determine accommodations or modifications your youngster may be eligible for. Work closely with teachers and other school personnel to help your youngster succeed in school.

Teaching self-control skills is one of the most important things that moms and dads can do for their youngsters because these are some of the most important skills for success later in life.

Helping Aspergers Youngsters Learn Self-Control—

By learning self-control, youngsters can make appropriate decisions and respond to stressful situations in ways that can yield positive outcomes.

For example, if you say that you're not serving ice cream until after dinner, your youngster may cry, plead, or even scream in the hopes that you will give in. But with self-control, your youngster can understand that a temper tantrum means you'll take away the ice cream for good and that it's wiser to wait patiently.

Here are a few suggestions on how to help youngsters learn to control their behavior: Up to Age 2—

Aspergers infants and toddlers get frustrated by the large gap between the things they want to do and what they're able to do. They often respond with temper tantrums. Try to prevent outbursts by distracting your little one with toys or other activities. For youngsters reaching the 2-year-old mark, try a brief timeout in a designated area — like a kitchen chair or bottom stair — to show the consequences for outbursts and teach that it's better to take some time alone instead of throwing a tantrum.

Ages 3 to 5—

You can continue to use timeouts, but rather than enforcing a specific time limit, end timeouts once your Aspergers youngster has calmed down. This helps youngsters improve their sense of self-control. And praise your youngster for not losing control in frustrating or difficult situations.

Ages 6 to 9—

As Aspergers youngsters enter school, they're better able to understand the idea of consequences and that they can choose good or bad behavior. It may help your youngster to imagine a stop sign that must be obeyed and think about a situation before responding. Encourage your youngster to walk away from a frustrating situation for a few minutes to cool off instead of having an outburst.
Ages 10 to 12—

Older Aspergers youngsters usually better understand their feelings. Encourage them to think about what’s causing them to lose control and then analyze it. Explain that sometimes the situations that are upsetting at first don't end up being so awful. Urge youngsters to take time to think before responding to a situation.

Ages 13 to 17—

By now Aspergers teens should be able to control most of their actions. But remind teens to think about long-term consequences. Urge them to pause to evaluate upsetting situations before responding and talk through problems rather than losing control, slamming doors, or yelling. If necessary, discipline your teen by taking away certain privileges to reinforce the message that self-control is an important skill.

When Aspergers Youngsters Are Out of Control—

As difficult as it may be, resist the urge to yell when you're disciplining your Aspergers youngsters. Instead, be firm and matter of fact. During a youngster's meltdown, stay calm and explain that yelling, throwing a tantrum, and slamming doors are unacceptable behaviors that have consequences — and say what those consequences are.

Your actions will show that tantrums won't get youngsters the upper hand. For example, if your youngster gets upset in the grocery store after you've explained why you won't buy candy, don't give in — thus demonstrating that the tantrum was both unacceptable and ineffective.

Also, consider speaking to your youngster's teachers about classroom settings and appropriate behavioral expectations. Ask if problem solving is taught or demonstrated in school.

And model good self-control yourself. If you're in an irritating situation and your youngsters are present, tell them why you're frustrated and then discuss the potential solutions to the problem. For example, if you've misplaced your keys, instead of getting upset, tell your youngsters the keys are missing and then search for them together. If they don't turn up, take the next constructive step (like retracing your steps when you last had the keys in-hand). Show that good emotional control and problem solving are the ways to deal with a difficult situation.

How do you handle your kids's misbehavior? After all, we all go through times when we begin to wonder, "What's going on here? My youngsters seem to be totally out of control."

Often times, poor behavior can be our youngsters' way of telling us that something feels out of control for them; so the next time you're caught off guard by repeated misbehavior, take a few moments to ask yourself the following questions:

Am I Taking Care of Myself?
This is absolutely critical. When we're not taking care of ourselves, we unwittingly send a message to our Aspergers youngsters that we're not worthy of their respect. In addition, there is a direct correlation between self-care and the amount of energy and patience we have at our disposal. As a result, when we don't take care of ourselves, we can easily become "snappy" with our youngsters, and this ends up being reflected back to us through their behaviors and choices.

• After the youngsters are in bed, make yourself a cup of tea and do nothing for awhile.
• Give yourself a break. Hire a babysitter and get out for a few hours.
• Take a long walk.

Are the Aspergers Youngsters Reacting to Any Recent Changes in Their Lives?

Of course you already know that your kids are incredibly perceptive. And as a single parent, you also realize that, unfortunately, the changes your Aspergers youngsters have to go through - such as sudden changes in their visitation schedule with the other parent - aren't always within your control. However, it's important for you to be aware that creating a positive home environment is one of your most valuable assets in encouraging your youngsters' positive behavior and choices. Think about how you can be a consistent presence in your youngsters' lives, emotionally as well as physically.

• Acknowledge that this is difficult for your youngsters and make an effort to be gentle with them.
• Be extra generous with your hugs and affection.
• Do what you can to create consistency in the areas you can control.

Am I Spending Enough One-On-One Time With My Aspergers Child?

O.K. Let's take a moment for a reality check. As a single parent, you may not be able to dedicate one-on-one time with your Aspergers child on a regular basis. However, when you find yourself dealing with repeated behavior issues, try to incorporate some creative ways to build in even small chunks of "Mommy Time" or "Daddy Time" with your youngster. You'd be surprised how much even older kids crave this! It definitely requires a sacrifice of your time and attention, but it can pay huge dividends in your youngster's sense of well-being and positive decision making.

• Develop a bedtime routine that includes talking and reading together each night.
• Play a board game and have some fun together.
• Turn off the TV and spend some time talking and enjoying one another.

Am I Being Consistent in My Expectations and My Reactions?

As much as you can, try to be consistent with your child's schedules and routines. Simply knowing what to expect will help him behave well. In addition, try to be consistent in your reactions to your child's behaviors. When our reactions depend on our mood, we teach our youngsters that we're unpredictable. This can add stress to your youngster and make it more difficult to exhibit self-control. In addition, your effort to be consistent shows respect and honors your relationship.
• Develop a consistent evening routine that includes time for completing and reviewing homework.
• Develop consistent expectations regarding time with friends and extra-curricular activities.
• Serve dinner at roughly the same time each night.

Am I Including the Child?

When you can, try to include your Aspergers child in your decision-making. So much of his life is pre-determined, particularly for kids who are in school all day. When you can, try to give your kids opportunities to make their own choices. This might be regarding what clothes they wear, to the food they eat. Having this opportunity to make a choice - even one that might seem insignificant to us - empowers your youngster to make appropriate choices. With older kids, look for opportunities to compromise when you can, realizing that there will be some non-negotiable issues.

• Ask your youngsters for ideas about what they'd like to do together when you have time for a special outing.
• Give your youngsters choices whenever you can.
• Let your youngsters participate in making decisions about meals by planning and preparing dinners together.

When do you tell a child he/she has Aspergers?

Dear Parents of kids with Aspergers:

Re: How or when do you tell a child he/she has Aspergers?

Since all children with Aspergers are different, I can only tell you how I told Matthew, and leave the judgment call up to you. We found out Matthew had Aspergers when he was 5. We decided to tell him as early as possible so we could, hoping he would embrace it instead of completely rejecting the idea.

My husband and I then research different parts of this spectrum and when we were ready, sat Matt down and begin to tell him. We started out by telling him that everybody is born with a gift. Some are born to be athletes, some with great music talents. We stated he was born with the gift of Aspergers. When then stated that Aspergers give him the ability to see life differently (out of the box). If all people see the world the same then we would not have great inventions. That people who look outside of this box can view the world in a whole different way.

We also gave him names of famous people who had Aspergers, to put his mind at ease. I
also found that giving him this list gives him hope that he could change the world one day. We also used television personalities so Matt can see even people on television show have it. For example: Lisa Simpson, Spock, House, Gissom form CSI and now Sheldon from the Big Bang theory.

We have found using this strategy that Matt has not only accepted his diagnoses but now have become proud of it. That this was his gift.

My Aspergers Child: Help for Parents with Out-of-Control Aspergers Children 03:58PM (-08:00)

**Ryan's Story: Mother Tells Her Story of Raising an Aspergers Child**

First of all, I’m obviously NOT a doctor or a professional. I am simply the mother of a child, Ryan, with Aspergers who has done a ton of research, reading and have talked to several medical professionals about this condition. I am simply giving my opinion and the things I’ve learned about this condition during the last year.

I’m going to try and write as much of this editorial as possible from the knowledge I’ve personally obtained through research and reading rather than give you a ton of medical jargon. Aspergers is a pretty newly diagnosed condition with the first official diagnosis occurring in about 1995-1996. Prior to this condition’s discovery, most children and people with ASPERGERS were diagnosed as “Autistic”, “ADHD” or some other developmental condition.

There is a lot of debate among professionals as to whether or not ASPERGERS should be considered a “form of autism” or a totally separate condition. Either way, ASPERGERS at the current time is considered to be on the mild spectrum of “Autism” or “PDD’s” (Pervasive Developmental Disorders) and is a developmental delay that is rather similar in many aspects to the different forms of Autism.

My husband’s [John] job was the reason for our relocation over 2 years ago. At this time Ryan was not quite 2 years old. When we moved here to our new home, we didn’t know anyone in this area. Our family and friends were at least 4-5 hours away, and we were all alone. Soon enough, we began to make friends and socialize with some people in this area. We began to spend a lot of time with one of the couples we became close friends with almost immediately. This lady is a Speech and Language Pathologist/Therapist. Since Ryan was still pretty young, it was difficult to tell much about his language and speech abilities, but he was definitely “different”. After talking with this friend of mine, we pretty much chalked it up to all the ear infections he had as a baby and this was the reason his speech was a bit delayed. However, over the last 2 years, the delay became significant, and my friend recommended we bring him in to the Speech Center here in town for a free screening. We did just that, and from there it just snowballed.

Indeed, Ryan had significant (moderate to severe) delays in speech and language. He
immediately began speech therapy twice a week. It was difficult for me to accept that Ryan needed speech therapy, but little did I know what was ahead. After a month or so of speech therapy, the therapist discussed with me that she felt there was “more going on than just speech delays” and that we should have him evaluated by a Psychologist. What? Now I was freaked out big time. But I knew she was right, so we did go ahead with the evaluation. Thank God for a wonderful Developmental Psychologist here in our area. She came highly recommended and now that I’ve met her, I know from experience that she is simply amazing. She didn’t make us subject Ryan to another doctor’s office, so she came to our home FOUR times before completing the evaluation.

The first session she mainly talked with John and me while she observed Ryan as he played and interacted with her. The next 3 sessions were geared towards testing and evaluating Ryan. She was wonderful with him and he really liked her being here. He thought they were just playing games, so the evaluation was very stress free. She also took the time to come to a therapy session to observe, and then to meet with Ryan’s Speech Therapist to discuss the therapist’s findings and viewpoints where he was concerned.

After the evaluations were completed, we received a “report” that gave us the official diagnosis. The Psychologist was very helpful and sincere in her diagnosis and did everything possible to make it easy on us. She made herself available to us at all times for questions and concerns that we wanted to discuss with her. She really was a godsend!

We Have A “Diagnosis”, Now What?

I was in shock. I absolutely couldn’t believe that something of this magnitude was wrong with MY child. Of course, the first feelings and thoughts I had were “WHY?” and then the guilt came. What did I do to cause this? Did I mess up during my pregnancy? Did I have more problems during my delivery than I realized? Did I give this to him somehow? WHAT did I do to cause this, because I know I’m the one at fault?

After the initial shock wore off, I began to read, read, read and read some more. Anything and everything I could get my hands on that had anything to do with Aspergers. I couldn’t GET enough information. Some of it was encouraging and some was very discouraging. Then I began to seek out other people in my position, parents of children with ASPERGERS. I wanted to talk to anyone and everyone I could find that had gone through this. I was fortunate enough to find several opinions members that knew all about this. The internet gives endless possibilities for people like me. I have met several parents over the last few months that I’m now in contact with and it has been very helpful. I also met a family in our church that has a son who is 6 and has autism. We have gotten together several times and let our children play. This has been wonderful all the way around. They were just as glad to meet US.

Now that I had lots of information and had talked to a few people in the same boat, I needed to know what to do next. With the direction of the Speech Therapist and the Psychologist, I was told what our options were. First thing was to get Ryan an appointment with a Pediatric Neurologist. This is to simply check him out and make sure
he’s okay “physically”. This will also be the doctor we discuss our options regarding medications with.

Even though Ryan was only 3 when he was diagnosed, he now qualifies for several “services” in the school system in our county. Had we lived in the bordering state, we would not have these options. These options were only available to us because of the state and county we lived in. Coincidence? I think not. We were thanking God that we now lived on THIS side of the state line when at one time we DID live on the other side! I contacted the Preschool Director in our county, and they immediately set up a meeting and here we went. Ryan will now start Preschool full time and he’ll be in a “special needs” class with other developmentally delayed children, some of which have “autism”.

Other than this, he continues to go to speech therapy 1-2 times per week, and we work with him at home as much as we can. Now that we know how he operates and what he needs, we are better equipped to help him during the time we spend at home. I am a stay at home mom, so I am able to work with him a lot right now.

How The Diagnosis Changed Our Viewpoint & Our Strategy

Prior to getting the ASPERGERS diagnosis, we thought we had a “strong willed, hyper active, boy” on our hands. We knew he wasn’t “typical”, but we chalked it up to those things. Now that we had a REASON and a means to explain our child’s behavior, we could stop thinking we just had a “bad kid”. The diagnosis was a shock, don’t get me wrong, but we were almost relieved to know that there was indeed a reason for our child’s issues and behaviors. Immediately, things were put into perspective. We now knew the reason for all of his odd behaviors and why he did the things he did.

Our strategy of “we have got to make this kid behave” changed to, “we have to help him in every way we can”. It has not been easy, but we’ve made a lot of progress and conquered some difficult tasks over the last several months. Speech Therapy has been miraculous for him. We’ve seen things come about in him that we thought would take MUCH longer than it did. For this we are very thankful.

Our Experiences With An ASPERGERS Child

So how does he act? What are his problems? What makes him “different”? These are questions I hear a lot when someone wants to know more about Ryan and his ASPERGERS. A complete stranger doesn’t always notice that there is anything going on, but if you are around him for any length of time, you’ll probably notice it. ESPECIALLY if you are familiar with toddlers this age and the things they can do and their language abilities. If you have no experience with toddlers, you may not really notice that much of a difference in Ryan, but if you have been around toddlers at all, you will most likely see that he is different.

He knows no strangers. He will talk to anyone and everyone. You probably won’t understand what he’s saying, but he’ll chatter to you all day if you will listen. He does a lot of what is called “jargon”. Its speech, but it’s not understandable. Sometimes mom or dad can interpret, and sometimes we can’t. He doesn’t know how to have a “typical” or
“normal” conversation. He only knows how to tell you what he knows. His latest is telling everyone we see that “We saw Jonah”, meaning the Veggie Tales Movie called “Jonah”. That was a big deal to him, and I made a point to “talk” to him about the events of that day, so now he tells everyone that we saw the movie. It’s one of the only lines he knows how to start a conversation with.

Up until 6 months ago, he couldn’t even answer simple yes/no questions. If you asked him a question that required a yes or no answer, he’d either scream and cry (meaning no) or grunt and point (meaning yes). Now, at least we had an idea of what his answer was, but we knew he needed to be able to say yes or no in response to questions. He can now do this in most instances, but we still have some issues with it from time to time.

When he talks to you, he may look your direction, but he makes very little direct eye contact. As a matter of fact, the therapist is working on this with him and it’s been difficult. It’s seemingly painful for him to have to make eye contact for longer than a second or two. He’s working on it though. One way I’ve gotten him to look at my eyes for longer than a second is by asking him to tell me what color my eyes are. Works every time :)

He does a LOT of what is called “echolalia”. This is where the child repeats back to you what you have said to him. Ryan does this ALL the time. Why? This is how he responds to something that he doesn’t understand. If I ask him a question and he doesn’t understand what I’m saying, he’ll just repeat it back to me. OR, he’ll repeat it back to me until he grasps it, then he’ll answer me. It depends on his comprehension of the question. Sometimes he’ll eventually get it and answer me, and other times he’ll keep repeating it to the point of making himself upset. That’s when I have to re-phrase the question, or figure out a way to SHOW him what I mean with objects or pictures or by acting it out with another person.

He is just learning to tell us that he hurt his foot, arm, head, etc. He doesn’t know all body parts, but he’s getting there. If he got hurt while no one was in the room, we’d be left to guess where he was hurt. He would just cry. Now he can at least point and show us where he’s hurting. But, this is the extent of his being able to explain or tell us about pain. He’s had numerous stomach bugs, ear infections, sinus infections, and many other illnesses that we know causes pain or discomfort, but he has absolutely no idea how to tell us about a headache, earache or stomachache. Pain is a foreign concept to him except for telling us he bumped his head on the coffee table. Even though he’s almost 4 years old, for us it’s identical to dealing with a sick infant when it’s time to take him to the dr. to figure out what’s wrong.

He has what are called “food aversions”. He is super, super, super picky about food, and there are certain food textures he will not put into his mouth. He doesn’t eat any type of cut up meat. As a matter of fact, the ONLY meat he’ll eat is a McDonald’s cheeseburger. That’s it. He absolutely will not eat any type of gummy or gooey candy (such as gummy bears or gumdrops). If he has to chew it longer than 5 seconds, it’s going to get spit back out. Meal times are always challenging because there are only a handful of foods he’ll eat without fighting us. But we do what we can.

He is a creature of habit and routine. He has been since the day he was born. He expects
things to be the same as they were last time, and if there is change, there are consequences. This is one sure way to cause him to have a “meltdown” as I heard it adequately described by another parent. A few examples would probably be the easiest way to describe these situations. He has a routine throughout the day. He gets up, he eats breakfast, he plays and watches some TV, he eats lunch, he goes potty, he takes a nap, he gets up and gets a snack and some juice, he watches a movie, he plays, he eats supper, he puts on his pajamas, he brushes his teeth, he goes potty, he tells daddy goodnight, he sits with mommy in the rocking chair, we sing a song, we read a book and then he gets in bed. Granted, there are a few other things in there that are variables (such as going to a dr. appt., therapy, or the grocery store) but for the most part, this is his daily routine. If you even think about changing this schedule, you will regret it dearly.

When he gets up from his nap, you better have the cookies and juice waiting or else. If you forget to brush his teeth at bedtime, he’ll now tell you but before he could tell us, he’d just scream until we figured out that we had forgotten. Ask me if we ever forget anymore.

;-) Routine is his safety net. If you change it, you totally rock his world.

Another routine example: He knows beyond a shadow of a doubt that on Thursdays (although he doesn’t understand days of the week) we go to Speech Therapy, and then we go to McDonald’s for a happy meal. And I mean THE same McDonald’s location too. He knows that we first place the order, and then we go to Window #1. He can count, so he knows the window #’s. He knows we pay at window #1. He knows we then drive up and get the food at window #2. That’s just the way it goes. A few weeks ago, we pulled up and that day no one was at window #1. I had to pull up to window #2 to pay AND to get the food. This blew his mind. I broke the routine and he couldn’t grasp or comprehend why. This type of thing literally causes him pain. He began to scream and have a major tantrum or meltdown. There was NO reasoning with him. He didn’t care that we DID get the food; he just kept screaming, “Go to #1”! The tantrum lasted for over 45 MINUTES! And this was a pretty mild one. There are endless examples, but you get the point.

He doesn’t understand sarcastic statements or tones. He takes everything literally. He doesn’t understand the concept of life and death, real and fantasy and many emotions or feelings. He’s almost 4 years old, but if you turned on a really scary horror film in front of him, he’d have absolutely no idea that it was supposed to be scary. He doesn’t understand “violence” and “language” on television. He just doesn’t grasp concepts like this. He is just learning to identify the difference between someone having a “happy” expression or a “sad” expression on their face. This has taken MONTHS for him to grasp.

He lives in a fantasy world most of the time. His favorite thing in the world is his movies and his toys. Even if he’s not watching television, he likes to listen to his movies while he plays. He memorizes EVERY single part of every movie he owns. He spends 80-90 % of his time re-enacting scenes from his videos and replaying them over and over. He even uses language and phrases from his videos in real life conversations with us and with other people. Sometimes he actually uses the phrases in context, but they are still not his original thoughts or expressions. Sometimes he’ll repeat a scene from a movie over and over until we literally stop him and literally make him snap out of the zone he’s in. We do this many times every day.
Now that we know things that will set him off, we can do our best to avoid them. However, there are some things we feel he has to learn to deal with. It depends on the situation. I know he wants his snack after naptime and that’s fine. I know he wants his happy meal on Thursday and that’s fine. We’ll reason with him that it’s the same thing, and if he won’t settle down, we make him go sit in his room and that is something that always allows him to calm himself down.

Depending on how upset he is, it could take anywhere from 1 minute to 10 minutes for him to calm down. This is a tactic that has been very effective for us (having him sit in his room quietly until he calms himself down). This method isn’t considered “time out” when it’s in this type of setting, although we do use “time out” as a means of discipline when he’s simply displaying bad behavior.

Basically, we’ve learned to live with and deal with the aspects of this condition. We aren’t pros, but we are learning day by day how to handle things better and how to help Ryan the best ways we can.

Any Upsides to All This?

Definitely. First of all, I don’t take my kid for granted anymore. I definitely realize that he could be in MUCH worse shape mentally and/or physically and I don’t take one second for granted anymore. I love this kid more than I ever did before, if that’s possible. All this really opened my eyes to parenthood. I have been given a responsibility, and I have to make sure my child gets the best that life has to offer. I am responsible for how well equipped he’ll be to deal with real life when he’s older. I know I can’t control things, but I have been given the duty to make sure he is given every opportunity to get better.

Even though I don’t wish this on anyone, and I still struggle with it myself on many days, I am so thankful that I now have an explanation for why Ryan is the way he is, and I now know what to do about it. Thanks to doctors, other parents and books/articles out there, I have a better grasp on this and how to deal with it. I’d rather know what the problem is and deal with it than to ignore it, live a lie and deprive Ryan of the help he deserves.

I now have the opportunity to help other parents out there who are struggling with this very issue. Since this is a fairly new disorder, there is limited information out there on ASPERGERS. I am now able to become a part of the information that is available by being able to share our experiences with others. I am an information fanatic. I always want to get my hands on books dealing with ASPERGERS, but nothing compares to talking with another parent of a child with ASPERGERS and what they have been through, what they have learned and what advice they can give to help me be a better parent to my child.
Ryan has “innocence” about him that I can’t really explain. He knows nothing about September 11th. Even if you told him, he wouldn’t understand. He knows nothing about the evil in our world. He knows nothing about the war, violence and terrorism out there. He has no concept of murder, death, rape, assault or any other violence that we see on the news every day. He knows when he’s a “bad boy” but that’s about the extent of what he knows is wrong in the world. I am almost comforted by the fact that he knows nothing about these things. But I know when he’s older it will be inevitable for him to learn and know about them.

He’s VERY smart. He has been able to count to 20 for quite some time (even earlier than most toddlers do); he knows all colors, shapes and the alphabet. Not only can he count to 20 and say the entire alphabet, he recognizes numbers and letters out even out of order. He knows every single movie and every book he owns by memory. He knows where they are, what they are and what they are about. Even from another room he can tell you every book he owns. He remembers EVERYTHING. We can take a road trip that is several hours long, and the second time we make the trip, he knows where we are and where we are going by the time we have gone 3-4 miles. We travel a LOT since we have no family or friends here locally, so he has memorized a LOT of routes and scenery.

He is also the most loving and affectionate child you can imagine! He loves to snuggle, hug and give lots of sugar. He is my heart!

In Conclusion

I know this has been rather lengthy, but I wanted to discuss as many aspects of ASPERGERS as I could, from a parent’s viewpoint. There are lots of medical things I could have included, but there are so many other resources for that type of information. I simply wanted to offer an inside perspective of this disorder and how we’ve dealt with it over the last year.

To any other parents out there who have a child with any type of developmental or psychological disorder or condition, I hope this has helped in some way and I’m ALWAYS available to talk via email to anyone who would like to email me.

Aspergers has definitely changed the lives of Ryan, John and I forever. We have a long journey ahead of us, but we intend on making it the easiest and most pleasant journey we can, especially for our adorable son who was given to us by God. Thanks to “Online Parent Support” and the My Aspergers Child eBook, we are much much better off today and making continued progress - one day at a time.

My Aspergers Child: Prevention & Intervention for Meltdowns 04:24PM (-08:00)
Aspergers Children and Their Reaction to Pain

As Parents, Teachers and Professionals of kids with Aspergers we are all familiar with the enigma of their unequal reaction to pain and injury. A stubbed toe or paper cut may set off a pain response (crying, screaming, and sobbing) such as is equaled by the loss of a limb; yet a burst ear drum or broken limb may go seemingly unnoticed. As care-givers of kids with Aspergers we are often bewildered by this 'unequal' response to pain stimuli. Anecdotal evidence from clients worldwide is full of reports on this topic. So, what's the answer to this confusing puzzle? The questions surrounding Aspergers kid's unequal response to pain can be explained scientifically.

The assumption that, physiologically, humans are equipped to limit the amount of stimuli entering our brains thereby preventing the brain from becoming overloaded, has led to the establishment of a 'normal' range of feeling. However, those with Autistic Spectrum Disorder are recognized as having a hyper/hypo sensitivity to stimuli i.e. above average range of feeling or super-sensitivity, first written about in 1949 by Bergman and Escolona.

Accounts written by people with Aspergers state that their disability is directly linked to their senses and their sensory processing. So let's look at the biochemical processes that occur when our senses are stimulated.

Stimulation from the environment enters our brain through our eyes, ears, skin, nose and mouths. Our nervous system passes this information around our brain and body by the use of biochemical neurotransmitters. The amount of stimulation felt is determined by the amount of neurotransmitter processed in each neuron. The enzyme dopamine beta hydroxylase is released from nerve endings during stimulation. Dopamine beta hydroxylase (DBH) is essential for cell communication and regulating neurons in the central and peripheral nervous systems. An increase in stimulation results in an increase in the level of this enzyme. Scientific studies have shown that children with Aspergers have much higher levels of dopamine beta hydroxylase in their systems than in ordinary children. The presence of this enzyme is also linked to behaviors such as repetition, agitation and aggression.

Repetitious activity, such as rocking, flapping or pacing, results in the release of Endorphins through the system. Endorphins reduce the sensation of pain and have the ability to block pain. In other words, when endorphins are present, the amount of sensory reaction is reduced or stopped completely. Kids with Aspergers have the ability to purposely, but unknowingly, overload their sensory system in order to shut it down completely i.e. by rocking, flapping or pacing etc.

Blocking out all sensation by the production of endorphins might seem like a simple and easy way of coping with sensory overstimulation; however, in caring for Asperger kids we must realize that reaction to ALL sensation becomes limited. They won't recognize hunger, tiredness, body temperature (risk of overheating), full bladder/bowel or pain. Kids with Aspergers display agitation through use of repetitious behaviors such as rocking, flapping, pacing, head-banging, staring, screaming, spinning, chanting or humming. Our
job as Care-givers, Teachers and Professionals of kids with Aspergers is to recognize these signals of agitation. These behaviors are used to block out • direct over stimulation from their environment; • their emotions (happy, fearful, or excited) and • their response to pain. These repetitive behaviors also serve to calm an Asperger youngster, if their use is monitored rather than unlimited.

For Asperger kids, the build-up or cumulative effect of these endorphins throughout the day also needs to be taken into consideration. This is why Asperger kids who suffer accidents in the afternoon or evening may not show pain or seem to feel it.

All physical exercise causes the release of natural endorphins into the system that can help to 'protect' the youngster with Aspergers without switching off the sensory response. So exercise such as walking, running, and swimming is extremely beneficial in your youngster's daily routine as a preventative measure. It may be used during periods of agitation to help calm the youngster with Aspergers. In this way exercise is used to develop appropriate social responses e.g. it is more acceptable to jump on a trampoline rather than on the furniture.

With this information revealed it becomes obvious that we must monitor our Asperger youngster's production of endorphins, because the presence of excess endorphins causes them to lose the ability to respond to any stimulation. This means that kids with Aspergers miss much of what they are meant to be learning.

Also, we must realize that these stereotyped/repetitive behaviors have social consequences for kids with Aspergers - they are a visual reminder that these kids are different from their peers. We must take into account the Asperger youngster's socializing skills and ability when monitoring and setting limits on the use of repetitive behaviors. That is, we should tell them times and places when flapping/rocking/head-banging are acceptable, for controlled periods of time.

We should not attempt to eliminate sensory stimulation in order to protect kids with Aspergers. Without stimulation, our world becomes meaningless to them. Rather we should attempt to provide them with a safe sensory environment - dim lights, softer noises/voices, reduced odors - giving them the opportunity to learn and respond appropriately.

My Aspergers Child: How to Prevent Agitation and Aggression in Aspergers Children 04:46PM (-08:00)

Aspergers Kids and School

Between the age of 6-18 kids spend a third of each day at school, so it’s important to ensure they’re in the best environment for their needs. This is particularly true for kids with Aspergers.
So what should parents/care-givers look for when choosing a school for their Aspergers youngster, or consider in their monitoring of the school environment?

Kids with Aspergers cope best in schools with small class sizes. This option is less a reality these days, when Education systems worldwide are struggling to survive with less funding and increased consumer demand. However, there are many other procedures and practices you can monitor to make certain your youngster with Aspergers is being educated in an optimal setting.

You should ensure your Aspergers youngster’s school has an extensive, in-depth knowledge of Aspergers; from the Principal to the Classroom teacher, Administration staff and Ancillary staff. This guarantees that whoever has contact with your Aspergers youngster in the course of their school day is aware of your son/daughter’s needs and understands that Aspergers is a neurobiological disorder – not a behavioral issue. So ask what specific Aspergers training the staff at your youngster’s school has completed and check that this is updated regularly. This is particularly relevant for your son/daughter’s Classroom teacher. If no specific Aspergers training has been undertaken at your youngster’s school, insist that this is rectified promptly.

Check the anti-bullying policy of your youngster’s school. This must be a whole-school policy that has a proven and consistent grievance address policy, with successful follow-up procedures. The policy should tackle the needs of victims and actions of perpetrators alike. Zero tolerance for bullying.

Your youngster’s classroom should be aesthetically Aspergers-friendly, as well as having the curriculum structured and delivered in a manner that meets the needs of your youngster with Aspergers. This will include using visual aids and maintaining a low sensory “volume” in the classroom – minimizing noise, light, smell and extremes in temperature. The Classroom teacher should be mindful of the fact that all social interaction will have a cumulative effect on your Aspergers youngster – this will affect the successful outcome of group activities, seating arrangements and ‘buddy’ systems.

Your youngster’s school should have a strong Social Skills program in place, that your son/daughter with Aspergers participates in at least once a week for a minimum of 1 ½ hours. This program must incorporate:

• decoding language and facial expressions
• developing friendship skills
• group/team work
• physical activity
• problem solving case-specific scenarios
Ideally the Social Skills program should include Aspergers kids’ non-disabled peers. With consistency and perseverance this skills-specific program will effect positive change in your youngster’s social behavior.

The physical activity component will assist the Aspergers youngster’s co-ordination, fine and gross motor skills, spatial awareness, vestibular systems imbalance and physical fitness levels.

The language component should aim to assist the Aspergers youngster to recognize and decode literal or conflicting statements in our language e.g. idioms and oxymorons. It also assists your son/daughter in identifying the meanings of facial expressions and body language/gestures. This will help your youngster with Aspergers to develop the use of more appropriate facial expressions and body language in their interactions with their peers.

Problem solving specific scenarios that have occurred in the lives of kids with Aspergers helps them to develop a “bank” of appropriate responses/reactions and strategies to use in real life situations. E.g. Your teacher tells you to hand in your project books after lunch so she can mark them, and you’ve left yours at home. What would you do? It helps to hear everyone’s answer, as this provides a non-judgmental forum for the Aspergers youngster; helping them to recognize their “first response” in stressful situations. Hearing that other kids with Aspergers may react the same way helps your son/daughter feel less like “one of a kind”. Then, asking “What might be a better way to handle the situation?” develops a number of problem-solving options for your youngster to implement.

Discussions about what makes a good friend; what good friends do in various situations; how friends act; what friends say to each other; how friends share; how friends play together; how friends include each other in games etc, form the basis of teaching friendship skills. Again, using real-life scenarios of incidents that happen in the playground at school/home help Aspergers kids to transfer their knowledge to their interactions with their peers. Specific skills need to be directly taught about appropriate ways to join a game; co-operating with others; turn taking and also subtle nuances like “bending” the rules of a game. Self recognition by the Aspergers youngster of their need for rigidness and rule following, and highlighting that not all kids think this way helps to explain the often-confusing nature of the playground to your son/daughter. They may never be fully comfortable with games like this, but the knowledge gives them control over their choices.

Developing group work skills enables Aspergers kids to participate more successfully in activities in class and at home. The “mechanics” of group work need to be explained to Aspergers kids in a step-by-step process for greatest understanding.

Regular access to an all-encompassing Social Skills program such as this, in a group comprising Aspergers kids and their neurotypical peers provides your youngster with the building blocks of social dexterity for life. It also fosters tolerance and understanding in their neurotypical peers.

Your Aspergers youngster’s school should recognize the need for continuous, open
communication between home and school. This can be achieved by a daily phone call between Special Education staff and parents/care-givers each day, with relevant information being relayed to your youngster’s Classroom teacher. Most parents/care-givers and professionals of Aspergers kids understand that sometimes seemingly benign incidents in an Aspergers youngster’s day (before, during or after school) can have a huge impact on their behavior. Knowing that all behavior is a form of communication, we can’t possibly hope to understand the message the Aspergers youngster is trying to convey unless we have all the facts. Continual communication gives those caring for the Aspergers youngster at school and home the “big picture”.

Schools should provide support for kids with Aspergers as required, and deliver that support in an equitable manner. Remember though, your Aspergers youngster may need that support provided in an alternative format e.g. instead of in-class teacher aide support, your youngster may function better with organizational support e.g. keeping track of when work is due in; helping them collect/collate research information etc. It’s imperative that you negotiate with the Aspergers youngster themselves to establish the most successful way to provide support.

Your youngster’s school should have a “safe space” your Aspergers youngster can go to when they are stressed, anxious, angry or agitated. This “space” needs to be sensorily “quiet” with soft furnishings – a muted, calm environment. Accessing this “safe space” should never be used as a form of punishment; rather the Aspergers youngster should be encouraged to remove him/her self from an escalating situation before overload and meltdown occur, and rewarded for using this strategy. The Aspergers youngster shouldn’t be “rushed” or “hurried” to return to the classroom or activity – this will only increase their agitation. Patience is the key in the “safe space” strategy being successful. All kids (Aspergers kids included) strive to be the same as their peers, and this “internal driving force” ensures the AS youngster will rejoin his/her class as soon as they are physically/emotionally able to.

Just as neurotypical kids differ from each other, so too no Aspergers kids are exactly alike. Most of them however, experience periods of high/excess energy and will benefit from regular energy “burns” throughout the day. This could be in the form of a brisk walk; a short run/jog or a set of star jumps or other callisthenic exercise (skipping, hopping on alternate feet etc). The need to burn excess energy usually occurs about halfway through each classroom session (morning, middle and afternoon) and also just after each break-time (morning tea and lunch/recess). Your Aspergers youngster’s successful behavior in the classroom can be greatly enhanced by implementing regular energy “burns” into their day. If a Teacher Aide/Assistant isn’t available to supervise this, an alternative is having the Aspergers youngster run errands/messages for the Classroom teacher. However, it’s vital the youngster with Aspergers comes to recognize these periods of high/excess energy, and experiences the benefits of implementing regular energy burns into his/her day.

This list of school strategies is by no means comprehensive, nor is it intended to be. Rather, it’s meant to list the minimum accommodations every school should make for kids with Aspergers. It is a foundation to build on in partnering with your youngster’s school to create an individual Education program for your Aspergers youngster that
allows him/her to achieve their fullest potential.

My Aspergers Child: Preventing Meltdowns at Home and School  05:00PM (-08:00)

**Should I tell my child that he has Aspergers?**

We struggled with this issue for some time, and eventually sat our son down and told him. In our case, he kept asking why the other kids called him "weird". To tell or not tell your youngster or others of their diagnosis of Aspergers. It's really a personal decision that has pros and cons on either side. Some parents may struggle with telling a 3 year old they have Aspergers, fearing they may not understand; that it could frighten them.

While saying directly “The doctor says you have Aspergers,” may be unnecessary, talking about the characteristics of Autistic Spectrum Disorder in a way the youngster can relate to is vital in helping the youngster towards self-acceptance as they mature.

Being open about your youngster’s different way of thinking and processing, and connecting those traits to Aspergers characteristics is the key to success in helping your youngster towards self-acceptance. The earlier they become comfortable with Aspergers ‘shop-talk’ the easier it will be when they are pre-teen and adolescent age. Kids with Aspergers need to be able to focus on their strengths more than ever at this age when their social-skill deficits can seem more prominent.

Remembering though that people on the Autistic Spectrum do not always ‘connect the dots’ in the correct order, it may be necessary at some point to say “You have Aspergers” for clarification.

So should you tell your youngster’s part-time employer about Aspergers…and if so, when? When they are applying for a job? When they get the job? Or never?

This also comes down to personal choice. However, sometimes it can be helpful to have an employer support contributing to the success of your youngster’s employment experience.

Our son, Jon, doesn’t like to mention it when he’s applying for a position or when he initially begins work. He doesn’t want it to influence the employers’ decision to hire him, one way or another. Then he doesn’t like to tell them of his Aspergers too soon, because he doesn’t want to “freak them out”. But ultimately he likes to tell them of his diagnosis, and explain to them what that means, because he feels like he’s hiding a secret if he doesn’t. As he says, “It’s a part of me, and they can’t know who I really am unless they know of my Aspergers.” (Sometimes I swear he’s a 44 year old inside a 14 year olds body!)

So far we’ve been very fortunate in the employer’s who have given our son a job. They’ve been very understanding, and have helped by finding out about Aspergers, and matching
the strengths of Aspergers with the duties/tasks assigned to him. They’ve praised his work ethic, his efficiency, his enthusiasm and manners. They’ve been understanding and compassionate when his anxiety or depression has caused him to miss work, and not held it against him the next time he’s there. Just as someone may miss work due to asthma, or the flu they understand that depression/anxiety is part of Aspergers.

The members of our family have reached the stage where telling about Aspergers is just like saying “my eyes are blue” – a comment that helps the listener come to know you (or your son or brother) a little better. After all, life is a never-ending quest to make connections with others, whether fleeting or lasting!

My Aspergers Child: Preventing Meltdowns 06:05PM (-08:00)

Is There A Cure For Aspergers?

If you know of a youngster who is having a greater degree of language impairment than other kids or has diminished communication skills and also exhibits a restrictive pattern of thought and behavior, he may have Aspergers. This condition is more or less similar to that of classic autism. The main difference between autism and Aspergers is that the youngster suffering from Aspergers retains his early language skills.

The peculiar symptom of Aspergers is a youngster’s obsessive interest in a single object or topic to the exclusion of any other. The youngster suffering from Aspergers wants to know all about this one topic.

Sometimes their speech patterns and vocabulary may resemble that of a little professor. Other Aspergers symptoms include the inability to interact successfully with peers, clumsy and uncoordinated motor movements, repetitive routines or rituals, socially and emotionally inappropriate behavior, and last, but not least, problems with non-verbal communication.

Aspergers kids find difficulty mingling with the general public. Even if they converse with others, they exhibit inappropriate and eccentric behavior. The Aspergers patient may always want to talk about his singular interest.

Developmental delays in motor skills such as catching a ball, climbing outdoor play equipment or pedaling a bike may also appear in the youngster with Aspergers. Kids with Aspergers often show a stilted or bouncy walk, which appears awkward.

The therapy for the Aspergers mainly concentrates on three-core symptoms: physical clumsiness, obsessive or repetitive routines, and poor communication skills. It is unfortunate that there is no single treatment for the kids suffering from the entire three-core symptoms. But professionals do agree that the disorder can be cured when the intervention is carried out at the earliest possible time.
The treatment package of Aspergers for kids involves medication for co-existing conditions, cognitive behavioral therapy, and social skills training. The Aspergers treatment mainly helps to build on the youngster's interests and teaches the task as a series of simple steps and offers a predictable schedule.

Is There A Cure For Aspergers?

Although kids suffering from Aspergers can manage themselves with their disabilities, the personal relationships and social situations are challenging for them. In order to maintain an independent life, Aspergers kids require moral support and encouragement to work successfully in mainstream jobs.

Studies are on the way to discover the best treatment for Aspergers, which includes the use of functional magnetic resonance imaging (MRI) to identify the abnormalities in the brain which causes malfunction of the same, which in turn result in Aspergers. Clinical trials are being conducted to identify the effectiveness of an anti-depressant in Aspergers kids. Even the analysis of the DNA of the Aspergers kids and their families may cause a breakthrough in the treatment of the Aspergers.

My Aspergers Child: Preventing Meltdowns 06:13PM (-08:00)

Aspergers Children in the Classroom

Like any youngster, kids with Aspergers bring a unique set of problems and benefits to the classroom. Several key characteristics of the ASPERGERS youngster are presented here as they relate to the classroom setting.

Because of their ability to focus in on one area of interest, ASPERGERS kids can make good students. Their ability to focus, however, can also be their weakness. The ASPERGERS youngster may, for instance, be expert at history, but will study that subject to the detriment of all other subjects. It is up to the educator to help the ASPERGERS youngster to broaden his interests. It helps if the educator can find a tie-in from the subject of the youngster’s interest to the subject at hand. For example, if the child is a history buff and you need to get him on board with math, it might help to give him some historical information related to math. Introduce him to some of the greatest mathematical minds of all time like Pythagoras, or Sir Isaac Newton and go from there to some of the mathematical concepts that they used or invented.

If you have a classroom situation where your students are conspiring against you, or are trying to cover for the misbehavior of a particular child, and you have a youngster with ASPERGERS in your room, consider yourself blessed! Because of their strong sense of fair play, you can very often count on the ASPERGERS child to tell you exactly what is going on. If Suzie has hidden all the erasers, and you ask the class, “Who took my erasers?” Your ASPERGERS child will tell you that Suzie took them, where she hid them, and who served as her co-conspirators. (The ASPERGERS youngster’s limited
If it becomes necessary for you to discipline an ASPERGERS youngster, be prepared to explain in logical fashion why a particular disciplinary action is being meted out. The ASPERGERS youngster’s strong sense of fair play and his limited ability to see beyond himself may work together to keep him from understanding the reasons behind the consequences of his behavior. He may even become very angry at the whole situation. If this happens, allow the youngster some alone time. The ASPERGERS youngster needs this in order to “decompress.” Then, after he has had some time to cool down, explain to him step-by-step what his behavior was, why discipline needs to be meted out, what the terms of the discipline are, and what he can do in the future to avoid similar consequences.

Substitute educators will learn to appreciate the ASPERGERS youngster in their classroom. While everyone else is working hard to throw the substitute off, the ASPERGERS child will be working hard to remind the class of the usual routine. On the downside, the ASPERGERS youngster’s strong desire for routine can make change very difficult. Help the ASPERGERS youngster by giving him as much advance warning as possible. If a field trip is coming up, take time to explain to the class when it will happen, how they will get there, when they will return, how they should behave on the bus and at the event, and so on. If you know a fire drill is coming up, explain the escape route, what the alarm will sound like – and be prepared for a potential panic attack on the day of the drill. Children with ASPERGERS are sensitive to certain sounds and a loud alarm may actually cause them physical pain or discomfort. It may even confuse their thinking. If they need to cover their ears, let them. If they need someone to take them by the hand and lead them out of the building, do that, or assign someone in the class to do it for you.

When it comes to communication, children with ASPERGERS tend to talk at children rather than to children. Because of this, they come across as rude or blunt when that is not their intent at all. Being factually minded, a person with Aspergers uses words to state facts. The ambiance of language is largely lost on them. As their educator or parent, it is up to you not to take it personally if your ASPERGERS youngster says something plainly without regard for the fallout that may be attached to his word choice. Moms and dads and educators need to take on the role of “social coach.” If the words were genuinely unkind, you need to tell the youngster they were unkind, why they were unkind, and what they must do or say to make things right. If the words were innocent but blunt, you need to inform the youngster of this as well, and perhaps give him different words to convey the same idea in a kinder way.

Kids with ASPERGERS often have an excellent capacity for memorization. On the positive side, this makes ASPERGERS kids very good at rote memorization and recitation of fact. On the negative side, they are not as good at application or understanding why certain things are so. For example, if you have an ASPERGERS youngster in a literature class, he can tell you all about what is happening in the story, but may be hard pressed to explain why the characters are acting and reacting the way they are. In your role as social coach, you can help your ASPERGERS child by explaining the reasons behind the behaviors of the characters in a story.
Oddly enough, children with ASPERGERS can be very good at role-playing. Many children with ASPERGERS say they study human behavior and do their best to mimic it in order to fit in. As a result, some of them make excellent actors and impressionists. So if you have an ASPERGERS child in your speech class, don’t write them off because they cannot interact well in normal social situations. Use their memorization skills to their advantage. Beyond just memorizing the words, help them to memorize gestures and vocal inflections to bring a role to life.

The biggest obstacle for children with ASPERGERS is what has been described as “social blindness,” an inability, or limited ability, to perceive and respond to social situations. This social blindness manifests itself in a number of ways. ASPERGERS children...

- do not understand personal space and social distance and may either stand too close to someone or too far away.
- do not understand the give-and-take of language.
- fail to read their audience and therefore do not see when their listeners are becoming bored or irritated.
- talk at children rather than to children because they use language primarily as a means of communicating fact.

It is often during play that a youngster learns how to interact socially. For the parent or educator of a youngster with ASPERGERS, play time can be very instructive both for parent or educator and for the youngster with ASPERGERS. The playground offers many opportunities for social coaching.

As a general rule, most children with ASPERGERS do not like participating in team sports. There are too many activities going on at once for them to process. That’s not to say that all children with ASPERGERS avoid team sports. Of the five ASPERGERS students I had one year, two of them played team games at recess quite regularly. One was only mildly affected with ASPERGERS, and the other had all the classic characteristics of Aspergers. It just goes to show that ASPERGERS does not affect everyone in exactly the same way. In fact, the affects of ASPERGERS can vary from time to time within in the individual.

When kids with ASPERGERS do participate in a team activity, they are very much “by the book.” They will cite every infraction they witness and be adamant that all the rules be strictly enforced. While this can be trying for you as the parent or educator, it is also an opportunity to teach the youngster about...

- diplomacy: “Yes, so-and-so did go out of bounds, but screaming about it at the top of your lungs and demanding like the Queen of Hearts that their heads be removed, might not be the best way to enforce the rules.”
- flexibility: “Remember, we’re not playing for the championship here. We’re just playing for fun. Just enjoy the game.”
- seeing things from other perspectives: “I know you think so-and-so broke that rule, but just because you saw it that way doesn’t mean the referee saw it that way, or that he saw...
At play, kids with ASPERGERS will play ‘with’ other kids, but not in the fluid and interactive way typical of most kids. If the ASPERGERS youngster is playing with other kids, it is often in the role of director, and the ASPERGERS youngster expects the other kids to play according to his interests. So, for example, if the youngster happens to have an interest in The Hobbit, someone will have to play Gandalf, someone else must play Samwise Gangee, and the ASPERGERS youngster himself will, of course, play Frodo Baggins. Everything is fine until the other kids grow weary of being directed, and decide to go and play something else. It is not at all uncommon to find the ASPERGERS youngster in a crowded playground playing by himself, or announcing that there is no one to play with, or that no one will play with them.

All of these playground scenarios are opportunities for moms and dads and educators to help the youngster with Aspergers deal with similar social situations. The youngster may not fully overcome all of his social hurdles, but the playground can help to build his social repertoire.

When our son Jake was diagnosed with Aspergers, my wife and I were devastated at first. We didn’t know what it was, or what it would mean for his future. All we knew was that our son Jake would have ASPERGERS all of his life. We couldn’t kiss it and make it better. We couldn’t make it go away. And many of the struggles associated with ASPERGERS, Jake would have to face alone. For a parent, nothing could be more heart rending. But as we have come to understand ASPERGERS, and as we have come into contact with others who have it, we have also come to understand that while Aspergers does have its limitations, within those ‘limitations’ is the potential for great achievement.

My Aspergers Child: Preventing Meltdowns at Home and School 06:23PM (-08:00)

Home-Schooling Aspergers Children

If you choose to home school your youngster with Aspergers, you might run across some extra issues in finding the right curriculum. This article will help you get started.

More and more moms and dads are making the choice to home school their kids with Aspergers. There are countless resources available for choosing the curriculum that best meets their needs.

If you will be purchasing curriculum, as opposed to creating your own, it is best to consider several packages before making a final decision. There are many wonderful companies which offer special needs curriculum. If you make a purchase before researching thoroughly, you may overlook a program that would have been more suited to your youngster’s needs.

Visit your local library or bookstore. Many informative books have been written on this
subject. Read the recommendations of other moms and dads. Find out what worked well for them and what didn’t.

Join a home school group, either locally or online. Moms and dads are always willing to share their thoughts on curriculum they have used and how their kids benefited from it.

Although joining an online home school group may not be as ‘hands on’ as joining one in your area, it may be more advantageous, in this particular situation. Chances are, if you do a search, you will be able to locate a home school group that caters to kids with Aspergers.

Some local Autism organizations may lend out or help families purchase educational materials, if cost is a factor.

Visit websites geared toward teachers and lesson planning. They are easily located by performing a simple search, using your favorite search engine. Many have forums that you can join, where you can get answers to all of your curriculum-related questions.

There are many websites that provide printable worksheets and teaching aids, for kids. You will find that a large number of these sites have been created by Moms (and sometimes Dads) who have special needs kids, themselves. These moms and dads are usually more than happy to suggest curriculum options that have worked well, in their situation.

By doing a bit of preliminary research, you will have no problem finding teaching material for your youngster with Aspergers.

My Aspergers Child: Preventing Meltdowns at Home and School 06:28PM (-08:00)

Kyle’s Story: Parents Share Their Experience in Raising a Youngster...

From birth to 12 years—

Raising our wonderful son Kyle wasn’t an easy task, especially for a first time mother. We lived on a farm a fair distance from town and I didn’t know many people at first.

Kyle had a difficult birth; he was eight days late (in summer) and then decided to arrive in a rush. From first contraction to birth was approximately three hours and I was having two minute contractions on the 25km trip to hospital. He voided just before birth and needed his mouth and airways cleared so it was fairly scary waiting for that first cry.

As Kyle had low blood sugar he was transferred to a major hospital for more intensive
care. His poor tiny feet were pricked every two hours to test his blood sugar and after a while, when they squeezed to get the drop of blood, all the other pricks would ooze too. Horrible for Kyle and terrible thing for me to watch.

He walked at 12 months and started talking at about the right time; however we didn’t realize that we were the only ones who could understand him. At playgroup he always stayed by himself or with his only friend Shawn, never joining in with group activities. The clinic sister was the one who picked up on Kyle’s speech difficulties when I started taking his baby sister for her weekly check-ups.

We did 12 months of speech therapy which helped enormously though he had no idea of how to sequence picture card stories. He has always been very intelligent with a vocabulary way above his chronological age so this inability to sequence stories was a mystery.

I wasn’t too worried that he didn’t join in at playgroup. Living on a farm meant we didn’t have too many visitors with young kids for him to learn to interact with.

Pre-primay was good for him. I even enrolled him in 4 year old pre-primary as intellectually he was ready and he needed that interaction with his peers. He loved pre-primary and seemed to blossom.

However, when he started year one, the same kids he had gone to playgroup and pre-primary with turned on him and started teasing and bullying him. We were at a loss to explain this and unfortunately the school had no bullying policy at that time. Our requests for action fell on deaf ears and I spent nearly every afternoon after school calming Kyle down, telling him that perhaps Jacob had a fight with his sister and took it out on Kyle, or maybe Bobby was upset because his moms and dads were fighting and Julie didn't like any boys, not just him.

We couldn't take him out of school as there was only one school in town and home schooling was barely in its infancy then. He managed to survive primary school (not without physical and huge mental scars) but with a lot of love and encouragement from us and his one friend, he did graduate.

We shifted to a different country town in time for Kyle to start year 7. We mainly wanted access to a 5 year high school so he wouldn't have to go to boarding school, and we also wanted to be closer to a greater range of medical facilities. By this time we realized he had some sort of major problem, but the psychiatrists and psychologists we had seen in our nearest major centre were mystified. This move to a new town was a huge deal for us. My husband and kids had been born there and the family had been farming on our property for nearly 60 years. We still have extended family farming there.

However, when it came to what was going to be best for Kyle, it was no contest and we’ve never looked back. Sure, there were problems, especially with our 8 year old daughter Maggie who was leaving all her friends, but we got through that.

Kyle still had problems in his new school; he had lost his only friend and had trouble
making new ones, as did our daughter. The only friends they did make were the ones whose moms and dads had bought up with old fashioned values - being kind, being helpful to someone less fortunate, respect for someone different, being genuine in what they said or did. Unfortunately there were very few kids like that in the new school and a lot of what I consider the 'skin deep only' ones who change friends on a daily or weekly basis and don't care who they hurt.

Through a friend in our new town, we were finally able to get an accurate diagnosis of Kyle's problem – Asperger’s Syndrome. It fit him to a tee. The diagnosis could have been written about Kyle - everything was there. I cried buckets when the diagnosis came, tears of sadness that my beautiful boy was 'handicapped', that there was not a cure for Asperger’s Syndrome, but there were also tears of relief as now we had something to work with, some way of learning how to help him. I remember my mother asking me if I wanted Kyle to 'be labeled' for the rest of his life. My answer was that if I didn't know what the problem was, I couldn't help him in any way.

It has taken a lot of love, patience, understanding, research and sheer hard work to get Kyle to where he is now but I wouldn't trade any of it for a so-called 'normal' youngster. I do wish I could have shielded him more at primary school, but back then the options were limited and I now know that those hard years have given him resilience, much more than his 'skin deep' peers might have developed.

Asperger’s Syndrome, the teen years—

High school was not going to be easy for Kyle. This is a time when students are asked to become more responsible for themselves, to move from classroom to classroom, subject to subject. And they are expected to be prepared for that subject with the correct books and any other necessary equipment. Planning ahead is not something that Asperger’s Syndrome kids do well and Kyle was unable to do this. He could not remember or work out which books he needed to take or which room to go to. Which made him frequently unprepared and late for class, something which disrupted the others and didn't endear him to his teachers or peers.

Time management is another skill that takes a long time to acquire (I'm not sure Asperger’s Syndrome people ever do). Therefore, Kyle would always do the fun things before the work related or harder stuff. If I had a dollar for every time I've said "Do the things you have to do before the things you want to do" I'd have plenty put away for a rainy day. I'm sure most teenagers are like that but with Kyle, it is something that needed reinforcing on a daily basis.

Kyle was bullied and teased very badly at school and after his formal diagnosis; we were advised by his psychologist to remove him immediately and to teach him at home. This entailed getting permission from the relevant government departments to take him out of mainstream school and into Distance Education.

Kyle’s work was sent to him each week and I was responsible for making sure he did it, helping him where necessary. Kyle had a direct line to ring his teachers if he was stuck on anything and they would ring him at least weekly to check on his progress. Completed
work had to be posted back to them for marking.

Even though I am a trained teacher, teaching Kyle at home put considerable strain on our relationship. He had trouble distinguishing between the ‘mother’ relationship and the ‘teacher’ relationship and that they were different. It was necessary for me to be very strict with Kyle during ‘school hours’ to make sure his work was done. This was not the way we'd brought our kids up; we'd always used love and encouragement and friendship rather than strict rules. Kyle didn't like the ‘strict mother’ and rebelled which made it doubly hard for me. On the one hand I was trying to let him have some independence and acknowledge the fact that he was a teenager in high school, but it was still necessary to keep a very close eye on him to make sure he was working. Once ‘school time’ was over I would need to give Kyle a lot of extra ‘mom' time to make up for the strictness.

Kyle's sister Maggie wasn't happy with the arrangement either. From her point of view Kyle was getting all the attention while she got very little. He had me to himself all day while she had to sit on a hot bus to and from school and she still had to share me with him when she got home and to her nine year old mind it wasn't fair. I don't blame her for thinking that, it wasn't an ideal situation.

By second year high school, we had managed to find a wonderful Christian school for Kyle with caring teachers and staff. It was down in the city but we were able to find home accommodation with a compassionate family and he came home each weekend. He blossomed at this school. The kids were of a completely different mindset to what he had had at his previous school. They accepted him with his Asperger's Syndrome and made him part of their larger ‘family'.

Unfortunately for Kyle though, the mother where he was staying became ill and couldn't keep Kyle there any longer. We were able to get him accommodation with another family but that was only short term as the travelling conditions were too confusing for him - he needed to catch a bus, a train and then another bus to get to school. We ended up bringing him home and re-enrolling him in his previous school till we could work something else out.

It was a surprise to find that the kids who had teased and bullied him eighteen months previously had matured and grown out of that sort of behavior. He was able to finish junior high living at home.

We re-enrolled him at the Christian school for senior high and he was able to get transport to and from school each day. It made for a long day for him having to leave at 6.30am and get home at 7pm but the advantages of him being at that school far outweighed the disadvantages.

Senior high was a wonderful time for Kyle as the school had a 'big band' and this rekindled Kyle's love of music. He taught himself to play trumpet and played in all band productions, even going on tour with them to rural areas. He also started playing the piano again, something he had done extremely well as a young youngster. We hadn't been able to find a music teacher in our new town but with Kyle's love of music now giving him so much enjoyment; we were able to find one in the next town. Music became
Kyle's life.

Aspects of Asperger's Syndrome—

We've had some interesting times with Kyle. When he was aged about 8 or 9 he would twist his fingers. I'm not sure how he managed to get them into the shapes he did without injuring himself, but he'd just keep twisting these fantastic shapes. This was cured over many months by just saying quietly 'Kyle, fingers'. Eventually he slowed down the twisting then stopped it completely but soon replaced it with grinding his teeth. Again, it was 'Kyle, teeth'. It got awfully hard at times to keep the voice quiet and calm when we'd hear this grating sound every couple of minutes.

As one 'twitch' was eliminated, another would take its place. There was fork twisting and juggling (how did he get through that without losing an eye), collecting old bones from around the farm and keeping them in his room and my least favorite of all, flapping. Thank goodness that one was stopped in its tracks immediately when I showed him how he looked in the mirror. He had enough troubles as school without adding flapping his arms to the mix.

We've also had frustrating times such as when we'd taken the kids somewhere special and Kyle couldn't understand when it was time to leave. He was having fun and didn't understand that the aquarium (or shop or museum or whatever) was about to close. I'd nearly be in tears listening to him go on and on about wanting to stay. Patience might be a virtue but at times it's pretty hard to be virtuous. One day, out of the blue, it just 'clicked' for him and there were no more problems, just a 'thank you for taking me there, it was fun'. I don't know what trigger went off in his brain but I wished I knew where the switch was.

If it had not been for the Online Parent Support program and all the support from Mark Hutten, we would not be where we are today. "My Aspergers child" has come a long way – and so have we.

My Aspergers Child: Parenting Aspergers Children with Behavior Problems 07:13AM (-08:00)

Should my Aspergers child participate in sports?

If your Aspergers youngster is having difficulties socially in school, you may be tempted to sign him up for basketball or soccer with the other youngsters. You know your youngster better than anyone. Just be sure that you're setting your youngster up for a positive, rather than a negative experience. Make sure you know who will be coaching your youngster, and make sure that he is someone who you want in charge of your youngster's self-esteem for the next few months. Make sure your coach is a "good guy". If the coach has any insight into Aspergers, even better!

However, if team sports are not your youngster's strong suit and he or she gets very
stressed or has that “lost” look while participating, then here are some alternatives:

- Bike Riding (go on bike trails if you are concerned about safety)
- Camping as a family
- Going on Long Walks with You
- Going to the Park (just being a kid!)
  - Karate (again, make sure the people in charge of the facility are warm, loving, patient people, before signing on the dotted line)
- Playing Tag
- Swimming

Each of these activities will help strengthen your youngster physically and give him the benefits of self-confidence as well.

All youngsters need to be physically active, but at what cost? Surely not at the cost of losing self-esteem. Sports are supposed to build you up, not tear you down.

And, of course, another option would be to send your youngster to a camp for Aspergers so he is trained, coached AND encouraged by people familiar with the special needs of your youngster.

in Aspergers Children 04:02PM (-08:00)

**Should my Aspergers teenager get a job?**

If you have the perfect situation and your Aspergers teenager is excited about the opportunity, then go for it. You know your youngster better than anyone, and many Aspergers teenagers can do very well working for others. However, if you are uneasy about sending your teenager off to a job, then consider the possibility of starting a home business with him. You and your teenager can work together. You can help him learn about responsibility, customer service, sales, marketing and book keeping.

Here are some business ideas to consider:

1. Elderly care. Stop by once a day, to bring in their paper, take out their garbage, and check in.

2. Pet Sitting or Grooming. If your Aspergers teenager loves animals (and doesn’t have allergies), pet sitting can be the perfect way for your teenager to make money and build self-esteem in the process. The only critical thing here is that you have to make sure they are meeting their appointments. Depending on your teenager’s level of responsibility, you may be driving and, possibly going with them. An alternative, of course, is to bring the pet to your home, if that’s an option.

3. Pooper scooper. Yes, you read that right. Yards get messy. People are busy. It’s a
perfect fit. It’s not the most pleasant work, but, it is work that you can do on your own schedule. It’s flexible and it pays well.

4. Yard work. Raking, weeding, spreading mulch. All of these things can pay quite well for an Aspergers teenager. In fact, your teenager could easily make more money per hour than many of his classmates who have regular hourly jobs.

These are just a few of the many ways you and your Aspergers teenager can build a business together. Please, if your teenager cannot function in a fast paced job like McDonalds or a Movie Theater, then don’t force it. There are ways to help your youngster to learn the skills needed to become an entrepreneur instead.

My Aspergers Child: How to Prevent Temper Tantrums in Aspergers Kids and Teens 04:15PM (~08:00)

Building Self-Esteem in Aspergers Children

A youngster with Aspergers can oftentimes FEEL that they are different. This can affect the youngster’s self-esteem. As a parent of an Aspergers youngster, this can break your heart. Here are some ideas to help your Aspergers youngster to build up their self-esteem again.

Kids with Aspergers have a much harder time with their self-esteem. They often perceive the constant correction of their behaviors and their social interactions as criticism. The frequent visits to doctors, or speech therapists, or OTs, the testing and the stream of interventions that we try with them can easily leave them feeling like they’re under the microscope, a specimen that warrants investigation, a person who needs fixing.

Expressive and comprehensive communication has a direct impact on a youngster’s self-esteem. These are areas that do not come easily to kids or adults with Aspergers. Understanding subtle jokes and participating in human interplay, actions natural to their neuro-typical peers, further increase their feelings of ‘not fitting in’ and erode their self-esteem. Combine all this with the expectations of siblings and the all-too-frequent bullying interactions from many peers and it’s easy to understand how devastated a youngster with Aspergers can feel.

What can we do? It’s critical for us, as family members, educators, and professionals to learn strategies and techniques! In our not-too-distant past, institutional placement was the standard intervention for people with Aspergers. While that is not the case today, we still encounter lack of understanding and appreciation for the unique qualities of the person with Aspergers. Everyone, especially these visual learners, need a constant reminder of how special they truly are. We must find ways to give them their own Teddy Bear (or dinosaur!) so they will feel “L.C.B.” on their own.

But how do we really build their self-esteem? It starts with us examining our own ideas of how we view kids with Aspergers. We must believe in their value ourselves before we
can ever change their minds. These kids know when we're faking our compliments or arbitrarily handing out encouragement because the therapy book says we should give 5 positive comments to each correction. It involves empathy, walking in their shoes, rather than sympathy; no one wants to be felt sorry for. Each youngster is a gift, with his or her own special qualities. We just need to look for these special gifts, tune into the youngster with our hearts, and bring their essence out.

Knowledge is power and nowhere is it more powerful than in helping people better understand what it's like to have Aspergers. Explain Aspergers to everyone involved with the youngster. This will increase their empathy and provide opportunities for genuine praise and encouragement. Explain Aspergers to the youngster, too, when he is able to understand his disability. Who are we really kidding, other than ourselves, when we pretend a youngster does not have the Aspergers label or we try to camouflage it? Who are we hurting? It's the youngster with Aspergers who is hurt in the long run.

Go to conferences, read books, research and share information that takes into consideration the many sensory, social, behavioral and communication challenges faced by the youngster at his/her functioning level. Armed with this understanding of how the disability affects the youngster, you and others can better find ways to help him or her fit in.

Remember to teach extended family, educators, other parents and professionals all you can to help integration and provide a deeper understanding when trying to teach particular skills. Be intuitive when advocating for kids and persistent in your approach, though not abrasive. Having a positive mental attitude, especially when advocating, helps others want to cooperate with us. After all, who wants to deal with anyone cranky?

Bridge the interactions between peers and the youngster with Aspergers. Visually and verbally interpret what you think they both are thinking and/or feeling based on your own experiences when you were their age, and your understanding of Aspergers.

By teaching others about Aspergers, more people will become aware of this invisible disability. When people understand empathetically, they will more naturally accept the youngster with Aspergers, as he is. This is often effective in reducing or eliminating bullying from peers, too.

Learn to correct behaviors by sandwiching the correction in the middle of positive feedback. For example, "Sammy, you are doing a great job cleaning your room. If you pick up the clothes over there it would look even neater. Boy, you sure are a good listener."

Kids with Aspergers often times have an incredible sense of humor. I have to stop myself from laughing so my own son doesn't feel like I'm laughing "at" him, causing him to feel inadequate. Sometimes I'll even say "I'm not laughing at you, Jonny, I'm laughing with you."

Stress the positives! Look for the good in every youngster, even if you don't see it at first. Pretending to be Pollyanna can only help, but make sure you're genuine in what you say.
Stress the good effort your youngster is making, if he hasn't yet achieved a goal. Show your confidence in his abilities by telling him that you believe he can succeed. Saying things like this that may not be 100% true initially will contribute to your youngster's trust and belief in himself, raising his self-esteem and encouraging self-motivation to continue trying.

Model a mental attitude of "things are great". Express yourself in the positive, rather than the negative. Kids with Aspergers are masters at copying what others say, so make sure they're hearing things that are good for them to copy! When we say, "You are great!" to a youngster often enough, he, too, will believe it and feel valued for who he truly is.

Encourage kids to share their thoughts and feelings; this is so important and often sheds new light on existing situations. My son, Albert was temporarily removed from the bus after cutting the seat. At first we thought he was acting out, so we had him write an apology to his bus driver. When we read his letter, we discovered that he was being bullied by another student on the bus and that it had been going on for quite some time. We intervened appropriately. The other youngster was reprimanded and Jonny was taught appropriate methods of expressing his anger in the future.

Like most people, kids with Aspergers feel better about themselves when they're balanced physically, emotionally, and spiritually. Since they are often very picky eaters and gravitate towards junk food, it's important to try supplementing their diet. Also, provide regular physical activity, when possible, to relieve stress and clear their mind. Set the stage for success by acknowledging their achievements - however small - and reminding them of their past accomplishments. Keep their life manageable and doable, refraining from overwhelming them with so many activities that they become too challenged physically and mentally to succeed at anything. Provide choices to them frequently so they understand they have a say in their own lives and even let them be in charge sometimes. These are all great ways to build self-esteem!

Don't overlook giving them opportunities to connect with their spiritual side through religious avenues or by communing with nature. This can help them feel purposeful, that their lives have meaning and connected with their source.

A strategy that helped raise Albert's self-esteem, especially in overcoming his victim thoughts and feelings, was spiritual affirmations. Using affirmations took some time, but we found that it brought calm and peace to Albert and our family.

Dr. Jerry Jampolsky, author of Love is Letting Go Of Fear and founder of the Center for Attitudinal Healing, offers many principles I find helpful in teaching us to love ourselves, thereby enhancing self-esteem, both in ourselves and then with others. Some of his principles include:

- Become love finders rather than fault finders
- Health is inner peace
- Learn to love others and ourselves by forgiving rather than judging
- Live in the now
- The essence of our being is love
We can choose to be peaceful inside regardless of what's going on outside
We're all students and teachers to each other

Part of Jerry's message is that by focusing on life as a whole, rather than in fragments, we can see what is truly important. His concepts, when embraced, positively affect how a youngster with Aspergers thinks and feels about him or herself. Anger, resentment, judgment and similar feelings are all forms of fear. Since love and fear cannot co-exist, letting go of fear allows love to be the dominant feeling.

Look for the Miracles Daily, there are miracles and good things happening all around us. Learn intimately the challenges that kids with Aspergers face in their everyday lives. Be on their team by tuning into who they truly are - unique expressions of divine light. Empower them to be themselves, perfectly okay with who and how they are. Do this by loving them for who they are now, today, not who you think they should become, after ABA, or speech therapy or learning 'appropriate' social skills. Consider that kids and adults with Aspergers are wonderful beings here to teach us empathy, compassion, understanding and most importantly, how to love. Most importantly, do whatever it takes to include them in life rather than merely integrate their presence.

In genuine star sapphires there are tiny imperfections and inclusions that reflect light perfectly to form a star in the stone. Each youngster with Aspergers is like this precious gem, unique in every way. Without the tiny inclusions, there would be no star. It is our job as parents, educators and professionals to "bring out the stars" in all of our special kids by shining the light on their natural beauty. In so doing, we see their different abilities rather than their disabilities. And, then they will see them, too.

04:27PM (-08:00)

Stephen's Story: Parents Share Their "Aspergers" Experience

While we are a bit sad about our son Stephen's diagnosis of Aspergers, we are also actually somewhat happy to find out. Finally, we have direction and some understanding!

Just like you read about kids with Aspergers or PDD-NOS (Pervasive Developmental Disorder - Not Otherwise Specified), Stephen has a lot of idiosyncracies, practices, attitudes, etc. that get him in trouble and teased and ridiculed.

He's also very sad at times, very depressed to the point of talking about suicide at least every other day.

We had problems with him being attacked at school, over and over again, and after much screaming and threats of lawsuit over the lack of safety contributing to Stephen being repeatedly assaulted we were finally granted a meeting with the Director of Pupil Services, the District Psychologist and the Principal and Vice Principal of the school.
After reciting Stephen's history to the District Psychologist she then asked us if anyone had ever mentioned Aspergers in regards to Stephen’s difficulties.

As soon as that meeting was over and we got home I started researching Aspergers online and it wasn't long before I was convinced that this is what Stephen has been dealing with all this time.

I downloaded information from online, highlighted sections and made notes that were specific to Stephen’s issues and scheduled a couple appointments, one with a psychiatrist (med doctor) and one with a particular psychologist whom Stephen is familiar with and connects with.

Our suspicions were confirmed and Stephen was officially diagnosed with Aspergers in November 2005.

After his diagnosis, his depression subsided quite substantially. I think it's because of a few reasons...

1. I think our son somewhat realizes that we understand him better and sees that we are fighting for him to make life in school smoother for him.

2. The psychiatrist that he has started seeing (he was seeing just a behavioral doctor for behavioral issues) has changed his medication, he eliminated the Risperdal and put him on Prozac.

3. We are able to understand him better and we now realize that he's not necessarily purposely breaking rules, not necessarily purposely hurting feelings and not necessarily purposely 'bugging' people and because of this newfound understanding we are working with him differently now.

4. Mark Hutten’s eBook entitled My Aspergers Child has given us the tools to deal with Stephen’s meltdowns. We had no idea what to do about these intense temper tantrums before. But the information in the eBook and videos has made a tremendous difference in how we react to our son, which in turn has made a big difference in how our son reacts to us – his parents. There is much less tension in our home now, which gives everyone more energy to focus on the really important things.

Six-Step Plan for Teachers of Aspergers Students

Step 1: Educate Yourself—

As the person responsible for the education and behavior management of all your children, including a youngster with Aspergers, you must have a working understanding of Aspergers and its associated behaviors. Different behaviors are very much a part of Aspergers. When kids with Aspergers do not respond to the use of language or act out in class, it is typically not because they are ignoring you, trying to clown around, or waste class time. These behaviors may be more related to their Aspergers, and they may be having difficulty interpreting language and expressing their needs in socially acceptable ways. It is important to find ways to create a comfortable environment for your children with Aspergers so that they can participate meaningfully in the classroom.

Learning about Aspergers in general and about the specific characteristics of your child will help you effectively manage this behavior and teach your class. You have already started your education by reading this guide. Below are some helpful hints that can guide everyday school life for young people with Aspergers. They can be applied to individuals with
Aspergers across the school years and are applicable to almost all environments.

Operate on “Asperger time.” “Asperger time” means, “Twice as much time, half as much done.” Children with Aspergers often need additional time to complete assignments, to gather materials, and to orient themselves during transitions. Provide this time or modify requirements so they can fit in the time allotted and match the child’s pace. Avoid rushing a youngster with Aspergers, as this typically results in the youngster shutting down. When time constraints are added to an already stressful day, the child can become overwhelmed and immobilized.

Manage the environment. Any changes—unexpected changes, in particular—can increase anxiety in a child with Aspergers; even changes considered to be minor can cause significant stress. Whenever possible, provide consistency in the schedule and avoid sudden changes. Prepare the youngster for changes by discussing them in advance, overviewing a social narrative on the change, or showing a picture of the change. The environment can also be managed by incorporating child preferences that may serve to decrease his or her stress. For example, when going on a field trip, the child might be assigned to sit with a group of preferred peers. Or if the field trip is going to include lunch, the child has access to the menu the day before so he or she can plan what to eat.

Create a balanced agenda. Make a visual schedule that includes daily activities for children with Aspergers. It is essential that the demands of the daily schedule or certain classes or activities be monitored and restructured, as needed. For example, “free time,” which is considered fun for typically developing youth, may be challenging for children with Aspergers because of noise levels, unpredictability of events, and social skills problems.

For a youngster with Aspergers, free time may have to be structured with prescribed activities to reduce stress and anxiety. A good scheduling strategy is to alternate between
preferred and non-preferred activities with periods in the schedule for downtime. It is important to distinguish free time from downtime. Free time refers to periods during the school day when children are engaged in unstructured activities that have marked social demands and limited teacher supervision. Lunch time, passing time between classes, and time at school before classes actually begin all meet the criteria for free time. These activities are stressful for many children with Aspergers. Downtime, on the other hand, provides an opportunity for the youngster or youth with Aspergers to relax or de-stress. Children’ downtime may include using sensory items, drawing, or listening to music to relieve stress. During downtime, excessive demands are not made on the children.

Share the agenda. Children with Aspergers have difficulty distinguishing between essential and nonessential information. In addition, they often do not remember information that many of us have learned from past experiences or that to others come as common sense. Thus, it is important to state the obvious. One way to do this is to “live out loud.” Naming what you are doing helps the youngster with Aspergers accurately put together what you are doing with the why and the how. In addition, “living out loud” helps the child to stay on task and anticipate what will happen next.

Simplify language. Keep your language concise and simple, and speak at a slow deliberate pace. Do not expect a child with Aspergers to “read between the lines,” understand abstract concepts like sarcasm, or know what you mean by using facial expression only. Be specific when providing instructions. Ensure that the youngster with Aspergers knows what to do, how to do it, and when to do it. Be clear, and clarify as needed.

Manage change of plans. When planning activities, make sure the child with Aspergers is aware that the activities are planned, not guaranteed. Children with Aspergers need to understand that activities can be changed, canceled, or rescheduled. In addition, create backup plans and share them with the youngster with Aspergers. When an unavoidable situation occurs, be flexible and recognize that change is stressful for people with Aspergers; adapt expectations and your language accordingly.

For example, a teacher could state, “Our class is scheduled to go to the park tomorrow. If it rains, you can read your favorite book on dinosaurs.” Prepare children for change whenever possible; tell them about assemblies, fire drills, guest speakers, and testing schedules. In addition to changes within the school day, recurring transitions, such as vacations and the beginning and end of the school year, may cause a youngster with Aspergers to be anxious about the change. Children with Aspergers may require additional time to adjust to the new schedule and/or environment.

Provide reassurance. Because children with Aspergers cannot predict upcoming events, they are often unsure about what they are to do. Provide information and reassurance frequently so that the child knows he is moving in the right direction or completing the correct task. Use frequent check-ins to monitor child progress and stress.

Be generous with praise. Find opportunities throughout the day to tell young people with Aspergers what they did right. Compliment attempts as well as successes. Be specific to ensure that the child with Aspergers knows why the teacher is providing praise.
Step 2: Reach Out to the Parents—

It is vitally important to develop a working partnership with the moms and dads of your child with Aspergers. They are your first and best source of information about their youngster and Aspergers as it manifests itself in that youngster’s behavior and daily activities. Ideally, this partnership will begin with meetings before the school year. After that, it is critical to establish mutually agreed-upon modes and patterns of communication with the family throughout the school year. Your first conversations with the family should focus on the individual characteristics of the child, identifying strengths and areas of challenge. The family may have suggestions for practical accommodations that can be made in the classroom to help the youngster function at his or her highest potential. In these conversations, it is critical to establish a tone of mutual respect while maintaining realistic expectations for the course of the year.

Building trust with the moms and dads is very important. Communication with families about the progress of the child should be ongoing. If possible, schedule a monthly meeting to discuss the youngster’s progress and any problems he or she may be having. If regular telephone calls or meetings are hard to schedule, you can exchange journals, e-mails, or audiotapes with families. While the information you exchange may often focus on current classroom challenges, strategies employed, and ideas for alternative solutions, do not forget to include positive feedback on accomplishments and milestones reached. Families could respond with their perspective on the problem and their suggestions for solutions. Families can also support you from home in your social and behavioral goals for your child with Aspergers.

Open, ongoing communication with families of children with Aspergers creates a powerful alliance. Be aware that some families may have had negative experiences with other schools or educators in the past. You will have to help them work through that. If you make the effort to communicate with the family about the progress of their youngster and listen to their advice and suggestions, they will accept you as their youngster’s advocate and thus be more likely to give you their complete support.

Step 3: Prepare the Classroom—

Having learned about the individual sensitivities and characteristics of your child with Aspergers, you now have the information you need to organize your classroom appropriately. There are ways that you can manipulate the physical aspects of your classroom and ways you can place kids with Aspergers within the classroom to make them more comfortable without sacrificing your plans for the class in general. Appendix C contains information about specific approaches for structuring the academic and physical environment to address the particular behaviors, sensitivities, and characteristics of your individual child with Aspergers.

Step 4: Educate Peers and Promote Social Goals—

Perhaps the most common myth about kids with Aspergers is that they do not have the ability, motivation, or desire to establish and maintain meaningful relationships with
others, including friendships with peers. This, for the most part, is not true. There is no doubt that kids with Aspergers have social deficits that make it more difficult for them to establish friendships than typically developing kids. However, with appropriate assistance, kids with Aspergers can engage with peers and establish mutually enjoyable and lasting relationships. It is critical that educators of kids with Aspergers believe this to be true and expect children with Aspergers to make and maintain meaningful relationships with the adults and other kids in the classroom.

Clearly stated social skills, behaviors, and objectives should be part of the IEP and assessed regularly for progress. While teasing may be a common occurrence in the everyday school experience for young people, kids with Aspergers often cannot discriminate between playful versus mean-spirited teasing. Educators and moms and dads can help kids with Aspergers recognize the difference and respond appropriately. A more serious form of teasing is bullying. It is important for educators and school staff to know that children with Aspergers are potentially prime targets of bullying or excessive teasing and to be vigilant for the signs of such activities to protect the youngster’s safety and self-esteem.

One strategy for educators could be to assign a “buddy” or safe child in the classroom. In this way, the child with Aspergers would have a friend to listen to them and to report any potential conflicts with other children. Also, educators should routinely check in with the child with Aspergers and/or the moms and dads to ensure the comfort of the child in the classroom. In addition to the “buddy” strategy described above, it may also be important to educate typically developing children about the common traits and behaviors of kids with Aspergers.

The characteristics of Aspergers can cause peers to perceive a youngster with the disorder as odd or different, which can lead to situations that involve teasing or bullying. Research shows that typically developing peers have more positive attitudes, increased understanding, and greater acceptance of kids with Aspergers when provided with clear, accurate, and straightforward information about the disorder. When educated about Aspergers and specific strategies for how to effectively interact with kids with Aspergers, more frequent and positive social interactions are likely to result.

Many of the social interactions occur outside the classroom in the cafeteria and on the playground. Without prior planning and extra help, children with Aspergers may end up sitting by themselves during these unstructured times. To ensure this does not happen, you may consider a rotating assignment of playground peer buddies for the child with Aspergers. The child will then have a chance to observe and model appropriate social behavior of different classmates throughout the year. This “circle of friends” can also be encouraged outside of school. The academic and social success of young people with Aspergers can be greatly enhanced when the classroom environment supports their unique challenges. Peer education interventions, such as those listed in the Resources section of this guide, can be used with little training and have been shown to improve outcomes for both typically developing peers and young people with developmental disorders, such as autism and Aspergers.

Step 5: Collaborate on the Educational Program Development—
The next key step in your preparations will be to participate in the development and implementation of an educational program for your child with Aspergers. It is critical to develop this plan based on the assessment of the youngster’s current academic skills and his or her educational goals, as defined in the IEP.

A Brief Legislative History…

Congress passed the Education of All Handicapped Kids Act in 1975 and reauthorized it in 1990 as IDEA. This legislation guarantees that all children with disabilities will be provided a free and appropriate public education (FAPE). It also states that children with disabilities should be placed in the least restrictive environment (LRE), where they can make progress toward achieving their IEP goals, meaning that as much as possible, kids with disabilities should be educated with kids who are not disabled. Finally, it states that children with disabilities must have an IEP, which describes the child’s current level of functioning, his or her goals for the year, and how these goals will be supported through special services.

IEPs are an important focus of the six-step plan, and they are discussed in greater detail below. Because the challenges associated with Aspergers affect many key aspects of development, the impact of the disorder on education and learning is profound. Therefore, kids with Aspergers are considered disabled under the IDEA guidelines and are legally entitled to an IEP plan and appropriate accommodations from the school to help them achieve their developmental and academic goals.

Individualized Education Program…

IEPs are created by a multidisciplinary team of education professionals, along with the youngster’s moms and dads, and are tailored to the needs of the individual child. The IEP is a blueprint for everything that will happen to a youngster in school for the next year. Special and general education educators, speech and language therapists, occupational therapists, school psychologists, and families form the IEP team and meet intermittently to discuss child progress on IEP goals.

Before the IEP team meets, an assessment team gathers information together about the child to make an evaluation and recommendation. The school psychologist, social worker, classroom teacher, and/or speech pathologist are examples of educational professionals who conduct educational assessments. A neurologist may conduct a medical evaluation, and an audiologist may complete hearing tests. The classroom teacher also gives input about the academic progress and classroom behavior of the child. Moms and dads give input to each specialist throughout the process. Then, one person on the evaluation team coordinates all the information, and the team meets to make recommendations to the IEP team. The IEP team, which consists of the school personnel who work with the child and families, then meets to write the IEP based on the evaluation and team member suggestions.

IEPs always include annual goals, short-term objectives, and special education services required by the child, as well as a yearly evaluation to see if the goals were met. Annual
goals must explain measurable behaviors so that it is clear what progress should have been made by the end of the year. The short-term objectives should contain incremental and sequential steps toward meeting each annual goal. Annual goals and short-term objectives can be about developing social and communication skills, or reducing problem behavior. Appendix E (page 61) provides more information on IEP and transition planning for children with Aspergers, including writing objectives and developing measurable IEP goals for learners with Aspergers.

As a general education teacher, you will be responsible for reporting back to the IEP team on the child’s progress toward meeting specific academic, social, and behavioral goals and objectives as outlined in the IEP. You also will be asked for input about developing new goals for the child in subsequent and review IEP meetings. This resource can decrease the time spent documenting the child’s performance in a comprehensive manner.

Step 6: Manage Behavioral Challenges—

Many children with Aspergers view school as a stressful environment. Commonplace academic and social situations can present several stressors to these children that are ongoing and of great magnitude. Examples of these stressors include:

- Anticipating changes, such as classroom lighting, sounds/noises, odors, etc.
- Difficulty predicting events because of changing schedules
- Interacting with peers
- Tuning into and understanding teacher’s directions

Children with Aspergers rarely indicate in any overt way that they are under stress or are experiencing difficulty coping. In fact, they may not always know that they are near a stage of crisis. However, meltdowns do not occur without warning. There is a pattern of behavior, which is sometimes subtle, that can indicate a forthcoming behavioral outburst for a young person with Aspergers. For example, a child who is not blinking may well be so neurologically overloaded that they have “tuned out.” They may appear to be listening to a lesson when, in fact, they are taking nothing in. Tantrums, rage, and meltdowns (terms that are used interchangeably) typically occur in three stages that can be of variable length. These stages and associated interventions are described below. The best intervention for these behavioral outbursts is to prevent them through the use of appropriate academic, environmental, social, and sensory supports and modification to environment and expectations.

The Cycle of Tantrums, Rage, and Meltdowns and Related Interventions… Rumbling-

During the initial stage, young people with Aspergers exhibit specific behavioral changes that may appear to be minor, such as nail biting, tensing muscles, or otherwise indicating discomfort. During this stage, it is imperative that an adult intervene without becoming part of a struggle.
Intervention-

Effective interventions during this stage include: antiseptic bouncing, proximity control, support from routine and home base. All of these strategies can be effective in stopping the cycle of tantrums, rage, and meltdowns and can help the youngster regain control with minimal adult support.

Rage-

If behavior is not diffused during the rumbling stage, the young person may move to the rage stage. At this point, the youngster is disinhibited and acts impulsively, emotionally, and sometimes explosively. These behaviors may be externalized (i.e., screaming, biting, hitting, kicking, destroying property, or self-injury) or internalized (i.e., withdrawal). Meltdowns are not purposeful, and once the rage stage begins, it most often must run its course.

Intervention-

Emphasis should be placed on youngster, peer, and adult safety, as well as protection of school, home, or personal property. Of importance here is helping the individual with Aspergers regain control and preserve dignity. Adults should have developed plans for (a) obtaining assistance from educators, such as a crisis teacher or principal; (b) removing the child from the area [removing the upset child from the peer group is far less memorable for the peers than is moving the entire peer group away from the upset child]; or (c) providing therapeutic restraint, if necessary. Especially in elementary and middle school, every effort should be made to prevent allowing a child to have a meltdown in view of peers as this behavior tends to “define” the child in the peers’ minds in years ahead.

Recovery-

Following a meltdown, the youngster with Aspergers often cannot fully remember what occurred during the rage stage. Some may become sullen, withdraw, or deny that inappropriate behavior occurred. Other individuals are so physically exhausted that they need to sleep.

Intervention-

During the recovery stage, kids are often not ready to learn. Thus, it is important that adults work with them to help them to once again become a part of the routine. This is often best accomplished by directing the youth to a highly motivating task that can be easily accomplished, such as an activity related to a special interest. If appropriate, when the child has calmed sufficiently, “process” the incident with the child. Staff should analyze the incident to identify whether or not the environment, expectations, or staff behavior played a role in precipitating the incident.

Pulling It All Together—
The six-step plan, discussed on the preceding pages, presents a constructive framework for how to approach the inclusion of a youngster with Aspergers in your classroom. Specific strategies for developing and providing academic, environmental, and social supports are given in the Appendices of this guide. Your classroom is already a diverse place, including many children with varying backgrounds, talents, difficulties, and interests. With the increasing inclusion of children with Aspergers, the challenges associated with managing a diverse classroom into today's educational environment will grow. Just as every youngster with Aspergers is different, so is every school environment. It is quite likely that there will be constraints -- environmental, interpersonal, financial, and administrative -- on the ways that you can implement the approaches suggested in the Guide.

Despite the challenges, your hard work makes a difference in the lives of all the kids in the classroom. It is clear, though, that kids with Aspergers may need more help and support than some of your typically developing children.

As you learn more about kids with differences and how to support their inclusion in the classroom, you will become a mentor to other educators who may be facing this challenge for the first time. Many of the skills that make you a powerful educator will help you succeed in the tasks ahead of you. Your curiosity will fuel your education about Aspergers and other disorders on the autism spectrum; your communication skills will help you create a meaningful alliance with the moms and dads of the youngster with Aspergers in your class.

Most of all, your collaboration skills will help you work as a key part of the team that will support the youngster with Aspergers throughout the course of the school year. The reward for your patience, kindness, and professionalism will be the unique sense of satisfaction that comes with knowing that you have helped a youngster with a special need and will have made a difference in that young person’s life!

**Public Tantrums in Aspergers Children**

**Question**

I need some practical advice on how to deal with public tantrums and meltdowns and shrieking. It seems like sometimes when I try to stop the shrieking in public, it increases. I want to do what is right by my son, but I feel ignorant as he has just been diagnosed with PDD... Please help!

**Answer**

The tantrums and meltdowns caused by ASD or other PDDs can be very different than what most people would consider a ‘temper tantrum’. They are caused by the same sort
of things, but they may happen more easily, or for a much more unusual stimulus. In addition, it may not be that the
youngster particularly wants something, so much as that the world has become too much, and they are simply lashing out
against it.

The most important part about dealing with tantrums and meltdowns is finding out what is causing them. While a lot of
what is causing them can't be avoided, there will be some that can, and you can work on keeping him away from them, or
removing him from the stimulus if it starts. If it can't be removed or dealt with, asking your specialist about various
coping methods would be a good idea. I'm not sure how old your son is or how severe his PDD is, so I can't give more
detailed suggestions on the 'coping mechanisms'. For instance, if your youngster has a meltdown in a very crowded
location, then maybe you can work on finding ways to avoid bringing him into very crowded areas and work your way up.
Maybe it's strong scents, and you can keep them away from the perfume aisles. Of course, it may just be the usual
emotional frustrations, which come even with the most neuro-typical kids.

Now, for actually dealing with them when they happen, the first thing you can do is to try and remember that the meltdown
isn't something that needs to be punished. Most moms and dads might see it as a temper tantrum, but they are "much"
different than that. It's something I'm sure you're aware of, but I'd rather voice it... e.g., type it out loud to be sure.
Keeping that in mind can help, because it can keep you in the frame of mind of 'Help my son through this' rather than
'make my son stop this'. Lashing out at the youngster will just make it harder, since he will be more terrified of losing
control, seeing it as a bad thing. Instead, detach the youngster from the uncomfortable situation and work on some coping
skills. Move it up a little at a time, if you can. He may never be able to handle everything, but he should at least be able to
control himself well enough to say 'Mom, I need to go', rather than fall down and start screaming. Make sure that he feels
you are a safe place in this, and that he can trust you to help him through it.

Now, if these 'meltdowns' genuinely "are" a temper tantrum, rather than an overload, it's possible that you'll need to start
discipline to work on them. In that case, focus on treating them the way that most tantrums are to be treated: primarily
ignore them; don't punish, don't reward. It's not easy, but it's probably the best way to handle a tantrum. Now, I'm not
saying the youngster "is" having tantrums rather than meltdowns, but being unable to hear the details of what's
happening, I'd rather cover all bases.

My Aspergers Child: How to Prevent Tantrums and Meltdowns in Aspergers Children 01:04PM (-08:00)

How to Deal with Your Asperger Child's Temper Tantrums

Some youngsters throw tantrums and some never do. Youngsters throw tantrums as a way of expressing anger and
frustration. If the behavior is dealt with incorrectly, the youngster may learn to use tantrums to manipulate people
and to gain attention. In
dealing with tantrums, the ultimate goal is to teach the youngster acceptable ways of
expressing anger.

Surviving the tantrum—

The most important things to remember when your youngster is in the throes of a tantrum are:

• Don't let the disapproval of other people affect your response to the tantrum.
• Don't punish the youngster.
• Don't reward the youngster.
• Isolate the youngster if possible.
• Keep the youngster safe.
• Stay calm and ignore the behavior to the extent possible.

When your youngster throws a tantrum, she is essentially out of control. You must make sure that you stay firmly in control. Punishing the youngster for throwing a tantrum, by yelling or spanking for example, makes the tantrum worse in the short term and prolongs the behavior in the long term. Trying to stop the tantrum by giving in to the youngster's demands is even worse. This is the way to teach a youngster to use tantrums for manipulation, and will cause the behavior to continue indefinitely, even into adulthood.

At Home—

When the youngster throws a tantrum at home, calmly carry her to a place where she can be left safely by herself, such as a crib or a playpen. Then leave the room, shut the door, and don't go back until she calms down. When the youngster is calm, have a talk with her about her behavior. If you don't feel safe leaving the youngster alone, stay with her, but don't respond to the tantrum in any way. Don't even make eye contact.

In Public—

If the youngster throws a tantrum in public, carry him out of the public area if possible, and take him to a place where you can have some privacy. The best place to take him is to the car, where he can be buckled into his car seat. Then you stand near the car or sit in the car and wait it out without reacting to the tantrum. When the tantrum subsides, talk to the youngster about his behavior, and then return to your activities.

Sometimes it won't be possible for you to escape from the public place easily. For example, if you are in a commercial jet and the youngster throws a tantrum while you are coming in for a landing (as my daughter once did), you are basically stuck where you are. Likewise, you may find it hard to escape if you are standing in a long check-out line at the grocery store with a cart full of groceries. Under such circumstances, all you can do is grit your teeth and hang on. Ignore the screaming youngster. Ignore the glares and snide remarks of the people around you. Keep your cool. (Anyway, a screaming youngster in a check-out line speeds it up, so your youngster is actually doing everyone a favor.) Once you are able to make your escape, talk to the youngster about his behavior.

Teaching the youngster alternatives to tantrums—
Once your youngster has settled down, you and she need to have a talk right away while the memories of the episode are still fresh in her mind. She threw the tantrum because she was angry or frustrated. Don't get into the issue of why she was angry or frustrated. Concentrate on the tantrum itself, explaining to the youngster that the behavior isn't appropriate. Then teach her what she should do instead when she feels angry. This works with youngsters of any age, even toddlers. Your toddler will understand you. Toddlers understand far more than they are able to express.

First describe the behavior: "You felt angry and you threw a tantrum. You were screaming, throwing things, and kicking the walls." You say this so the youngster will understand exactly what you are talking about.

Then you explain that tantrums are not proper behavior. Make sure that you are clear that the tantrum is bad, not the youngster. "Tantrums are not appropriate behavior. In our family, we don't scream and throw things and kick. That behavior is not acceptable." This has an impact on the youngster, because your youngster wants to do the right thing. You help her by explaining that tantrums are the wrong thing. And don't worry about using big words such as "appropriate." If you use big words with a youngster, the youngster will learn big words. If you use only little words, your youngster will learn only little words.

Then give the youngster some alternatives: "I know you felt angry. When you are angry, what you do is say, 'I'm angry!' Can you say that?" Have the youngster repeat the phrase after you.

Next review what you have said. "What are you going to say next time you're angry?" Get her to repeat the phrase, "I'm angry!" Then say, "Next time you're angry, are you going to scream?" The youngster will probably say or indicate "no." "Next time you're angry, are you going to throw things?" "Next time you're angry, are you going to kick?" End up with, "Tell me again what you're going to do next time you're angry."

You will have to repeat this discussion many, many times. It takes a long time for a youngster to learn how to control a temper tantrum.

Preventing tantrums—

You may notice after awhile that certain settings and circumstances seem to precipitate your youngster's tantrums. My daughter, for example, always threw tantrums when we went to a restaurant.

You can prevent tantrums by talking to the youngster beforehand. Explain to the youngster what you are about to do. ("We're going to go have lunch at Taco Youngster.") Then tell the youngster what kind of behavior you expect, putting your expectations in positive terms. ("At Taco Youngster, we're going to behave well. That means we will be polite, speak quietly, and use our words to ask for things and to say how we feel.") After you have told the youngster what you want, tell him what you don't want. ("We will not scream, throw things or kick. We don't do those things in public. It bothers people.") This tells the youngster not only what behaviors to avoid, but why to avoid them. Then get the
youngster to agree to this. Say, "Now, tell me how you're going to behave when we go out. Are you going to speak
quietly?" The youngster should indicate "yes." "Are you going to use your words?" "Yes." "Are you going to scream or
throw things or kick?" "No." Then say, "That's great! We'll have a good time!" My daughter never once threw a tantrum if
she agreed ahead of time not to. Run through this litany every time you plan to go out, because if you forget, the
youngster will revert to tantrums in that environment!

If your youngster tends to throw tantrums in stores after you refuse the youngster's demand for treats, you can often
avert the tantrum by making a game out of the youngster's demand, as follows:

Youngster: "I want candy!
You: "I want a rocket ship to Mars." Youngster: "Give me candy!
You: "Give me a rocket ship to Mars." Youngster: "Give me candy!
You: "I'll give you candy if you give me a rocket ship to Mars." Youngster: "Here." (Pretending to hand you something.)
You: "Here." (Pretending to hand the youngster something.) Youngster: "But this isn't real.
You: "What you gave me wasn't real, either." Youngster: "But I don't have a real rocket ship!" You: "Well, I guess you're
out of luck, then!"

This may not work with every youngster, but it worked with my daughter. It's good for a youngster to learn that it's okay to
want things, but it doesn't follow that a person always gets what he wants.

Another way of dealing with the grocery store tantrum is to discuss treats with the youngster beforehand. Tell the
youngster where you are going, and what kind of treats, if any, the youngster can expect to get at the store. You might
say, "When we go to the store, you can select one lollipop, any flavor you like, as a treat." Make it clear that one lollipop is
all the youngster will get. If you don't want the youngster to get a treat that day, you should tell this to the youngster
ahead of time. A youngster will often accept not getting a treat if told beforehand. But make sure that whatever you tell
the youngster before the trip to the store, you stick to it!

My Asperger's Child: How to Prevent Tantrums in Asperger's Children 01:12PM (-08:00)

Asperger's Children and Discipline Problems

Question

Our son has Asperger's Syndrome but it would appear to be a mild condition as he has developed very well and does not
exhibit extreme symptoms of the syndrome. However
my wife and I have become exasperated of late in trying to teach our child about inappropriate or naughty behaviour. He does not respond to sanctions or punishments and even when he does and the reason for a sanction is explained he does not seem to learn from the sanction so that the behaviour is often repeated again and again and the threat of the same or similar sanction has no effect. Can you make any suggestions? Sanctions include being sent to his room, removal of favourite toys or treats and although he responds/accepts the actual punishment he will not learn the lesson which we are trying to teach him. Thanks in anticipation.

Disciplining kids displaying asperger characteristic behavior will often require an approach which is somewhat unique to that of other kids. Finding the balance between understanding the needs of a youngster with aspergers and discipline which is age appropriate and situationally necessary is achievable when applying some simple but effective strategies. These strategies can be implemented both at home and in more public settings.

General Behavior Problems

Traditional discipline may fail to produce the desired results for kids with Aspergers, primarily because they are unable to appreciate the consequences of their actions. Consequently, punitive measures are apt to exacerbate the type of behavior the punishment is intended to reduce, whilst at the same time giving rise to distress in both the youngster and parent.

At all times the emotional and physical wellbeing of your youngster should take priority. Often this will necessitate removing your youngster from a potentially distressing situation as soon as possible. Consider maintaining a diary of your youngster's behavior with a view to ascertaining patterns or triggers. Recurring behavior may be indicative of a youngster taking some satisfaction in receiving a desired response from peers, parents or teachers.

For example, a youngster with Aspergers may come to understand that hurting another youngster in class will result in his being removed from class, notwithstanding the associated consequence to his peer. The solution may not be most effectively rooted in punishing the youngster for the behavior, or even attempting to explain the situation from the perspective of their injured peer, but by treating the root cause behind the motivation for the misbehavior...for example, can the youngster be made more comfortable in class so that they will not want to leave it?

One of the means to achieve this may be to focus on the positive. Praise for good behavior, and reinforcement by way of something like a Reward Book, can assist. The use of encouraging verbal cues delivered in a calm tone are likely to elicit more beneficial responses than the harsher verbal warnings which might be effective on kids who are not displaying some sort of Asperger characteristic. If necessary, when giving directions to
cease a type of misbehavior, these should also be couched as positives rather than negatives. For example, rather than telling a youngster to stop hitting his brother with the ruler, the youngster should be directed to put the ruler down.

Obsessive or Fixated Behavior

Almost all kids go through periods of development where they become engrossed in one subject matter or another, but kids with Aspergers often display obsessive and repetitive characteristics, which can have significant implications for behavior.

For example, if an Aspergers youngster becomes fixated upon reading a particular story each night, they may become distressed if this regime is not adhered to, or if the story is interrupted. Again, the use of a behavior diary can assist in identifying fixations for your youngster. Once a fixation is identified, it is important to set appropriate boundaries for your youngster. Providing a structure within which your youngster can explore the obsession can assist in then keeping the obsession within reasonable limits, without the associated angst which might otherwise arise through such limitations. For example, tell your youngster that they may watch their favorite cartoon for half an hour after dinner, and make clear time for that in their routine.

It is appropriate to utilize the obsession to motivate and reward your youngster for good behavior. Always ensure any reward associated with positive behavior is granted immediately to assist the youngster recognizing the nexus between the two.

A particularly useful technique to try to develop social reciprocity is to have your youngster talk for five minutes about a particularly favored topic after they have listened to you talk about an unrelated topic. This serves to help your youngster understand that not everyone shares their enthusiasm for their subject matter.

Bridging the Gap between Aspergers and Discipline and Other Siblings

For siblings without Aspergers, the differential and what at times no doubt appears to be preferential treatment received by an Aspergers sibling can give rise to feelings of confusion and frustration. Often they will fail to understand why their brother or sister apparently seems free to behave as they please without the normal constraints placed upon them.

It is important to explain to siblings or peers of Aspergers kids and encourage open discussion about the disorder itself. Encouragement should extend to the things siblings can do to assist the Aspergers youngster, and this should be positively reinforced through acknowledgement when it occurs.

Sleep Difficulties

Aspergers Kids are renowned for experiencing sleep problems. Kids with Aspergers may have lesser sleep requirements, and as such are more likely to become anxious about sleeping, or may find they become anxious when waking during the night or early in the morning.
Combat your youngster's anxiety by making their bedrooms a place of safety and comfort. Remove or store items which might be prone to injure your youngster if they decide to wander at night. Include in the behavioral diary a record of your youngster's sleep patterns. It may assist your youngster if you keep a list of their routine, including dinner, bath time, story and bed, in order to provide structure. Include an image or symbol of them waking in the morning to provide assurance as to what will happen. Social stories have proven to be a particularly successful tactic in decreasing a youngster's anxiety by providing clear instructions on how part of their day is likely to play out.

At School

Another Asperger characteristic is that kids will often experience difficulty during parts of the school day which lack structure. If left to their own devices their difficulties with social interaction and self management can result in anxiety. The use of a buddy system can assist in providing direction, as can the creation of a timetable for recess and lunch times. These should be raised with class teachers and implemented with their assistance.

Explain the concept of free time to your youngster, or consider providing a separate purpose or goal for your youngster during such time, such as reading a book, or helping to set up paint and brushes for the afternoon tasks.

In Public

Kids with Aspergers can become overwhelmed to the point of distress by even a short sourjourn in public. The result is that many parents with Aspergers simply seek to avoid as much as possible situations where their youngster is exposed to the public. Whilst expedient, it may not offer the best long term solution to your youngster, and there are strategies to assist with outings.

Consider providing your youngster with an ipod, or have the radio on in the car to block out other sounds and stimuli. Prepare a social story or list explaining to the youngster a trip to the shops, or doctor. Be sure to include on the list your return home. Consider giving your youngster a task to complete during the trip, or having them assist you. At all times, maintaining consistency when dealing with Aspergers and discipline is key. It pays to ensure that others involved in your youngster's care are familiar with your strategies and techniques, such as those outlined above, and are able to apply them.

Most importantly, don't hesitate to seek support networks for parents with Aspergers, and take advantage of the wealth of knowledge those who have dealt with the disorder before you have developed. The assistance you can gain from these and other resources can assist you in developing important strategies to deal with problems with Aspergers in a manner most beneficial to your youngster.

Additional Points to Consider:

An Asperger youngster may throw tantrum or behave aggressively when he is
disappointed or frustrated as other kids do. But he is not doing it intentionally, because as an Asperger youngster, he is unable to understand that other people have thoughts and feelings. He doesn't know that other people hurt when he hit them. He may learn this as he gets older, but it may take sometimes. So how do parents of Aspergers kids tell them to not hit other people? How can they handle their misbehavior?

Discipline is about teaching your youngster good and appropriate behavior. Discipline is about helping them to become an independent and responsible people. Regardless, your youngster is special need or not, you still need to discipline him with the consideration of his special needs. In particular, you need to keep in mind of his unusual perception of pain. Therefore, hitting them or any physical punishment is big no-no. The hitting will not teach that their behavior is unacceptable. In contrast, it may encourage them that hitting others is an acceptable behavior. It may even encourage self injurious behavior. In fact many experts strongly agree to not use physical punishment on autistic kids and advised them to find alternative methods of discipline method.

The best method is through positive discipline, where you focus on his acceptable behavior and provide rewards so that your youngster would be encouraged to repeat the behavior. To do that, first you need to establish ground rules. The ground rules must states specifically of what is consider as an acceptable behavior and what is not. You must catch and reward them when they are well-behaved and following the rules. A reward need not necessarily be a physical or expensive reward. It can be a genuine praise or word of encouragement. Most importantly, the reward must be clear and specific. The youngster should be able to know exactly the behavior that earned the reward. Rather than saying "Good job," say "Thank you for cleaning up your room."

Some Asperger youngsters are not able to generalize information. They are usually not able to apply what they learn in one learning context to another learning context. For example, he may learn that hitting his friend at school is not acceptable, but he may not necessarily understand that he cannot hit his sister at home. That is, once the situation change, it will be a totally a new learning experience for him. Be consistent and provide many repetitions in disciplining them. If there is punishment, make sure that the punishment is always the same for the bad behavior. Consistent environment and many repetitions will help your Asperger youngster to learn and remember the differences between right and wrong.

Disciplining an Asperger youngster is not easy, but with your loving care and understanding of him will make the task much easier to fulfill. I feel by accommodating his special needs and the loved he feel, he takes discipline a lot better. Be persistent and enjoy every small success. He may not be the captain of a football team, but he is taking small steps to become an independent and responsible person.

My Aspergers Child: Discipline for "Out-of-Control" Aspergers Children 01:40PM (-08:00)
Treating Children with Aspergers and Comorbid Bipolar Disorder

Kids and teenagers with pervasive developmental disorders, including Aspergers, often are seen by pediatricians, pediatric neurologists, child psychiatrists, and other professionals as having a variety of behavioral and emotional disturbances (1–3). Aggression and self-injury are among the most common problematic behaviors that come to the attention of clinicians. In some of these kids and teenagers, these disturbing behaviors are symptoms of a comorbid psychiatric condition. However, many clinicians continue to view them as part of the underlying developmental disorder. In consideration of the long-term disability associated with the pervasive developmental disorders and the absence of specific pharmacological treatments for the core deficits of this disorder, it is of paramount importance to recognize and treat comorbid psychiatric conditions in these kids, which can substantially improve functioning (2, 3).

This report summarizes a clinical case conference presented at McLean Hospital in Belmont, Mass. The presentation was used to inform clinicians about the occurrence of psychiatric disorders among developmentally disabled kids, with an emphasis on those with pervasive developmental disorders. It also serves as an illustration of how aggression and self-injury can be symptoms of comorbid psychiatric disorders and underscores the necessity of proper diagnostic formulation in these kids. For this youngster, the proper diagnosis was not recognized for years. Once he was diagnosed with comorbid bipolar disorder, appropriate treatment led to a decrease in problematic behaviors, an improvement in quality of life for the youngster, and a decrease in family burden.

CASE PRESENTATION—

Michael (not his real name) first came to the McLean outpatient department at the age of 13.5 years. He had just been discharged from inpatient hospitalization and required ongoing outpatient pharmacologic management. His mother stated that he had been diagnosed with Aspergers and despite numerous placements in therapeutic schools, hospitalizations, and medication trials, he continued to be violent and aggressive. None of the medications that he had tried had been effective, except thioridazine. Michael had been treated with thioridazine, 125 mg/day, for an extended period. Both parents, who were well educated, felt that their son did not simply have Aspergers, and they wanted to know what other diagnoses could be made. In addition, Michael’s parents were concerned about his current medication regimen because he had recently developed an unusual tongue movement, which was most prominent when he missed a dose of thioridazine.

At the initial evaluation, Michael had ongoing sleep disturbances, obsessions, sadness, irritability, and racing thoughts. He spoke in a loud, anxious manner. He washed all the clothes in the house in a frenzied and intense manner late into the night, even if the items were clean. Michael obsessed about a girlfriend who he reported was enrolled at a local public high school, although the girlfriend did not, in fact, exist. Michael also felt that God
could transfer thoughts from one person to another and that God and other people could read his mind. Michael stated that something was "haywire" and that he felt like he was "unraveling." He could not follow his own thoughts and felt disorganized. Michael also stated that he felt he could see his dead uncle. He admitted to biting himself when he was upset.

His mother said that Michael had become more aggressive over the past few months. Without provocation, he had hit his younger siblings and struck out at people. In addition, his mother described him as being more perseverative than usual. He was extremely intrusive physically and engaged in some inappropriate touching. His mother stated that Michael's whole family was gravely affected by his behavior. His siblings were afraid of him. His mother, who was a graduate student at the time, had missed many classes, and his father often had to leave work early in order to help with Michael.

His parents described him as quite silly and anxious at age 2.5 years. At age 4, Michael had become aggressive and had engaged in bizarre talk using repetitive nonsensical words. Michael was first hospitalized when he was 8 years old. Psychological testing at that time showed that he had some looseness of association and some breaks with reality. Psychotherapy notes at that time stated that he had "manic-like behaviors."

Since the age of 8, he had undergone numerous evaluations. He had a history of being fidgety, having grandiose and racing thoughts, exhibiting disorganized behavior, and being aggressive. Michael showed mood lability and had discrete episodes of hypomania, evidenced by silliness, hypersexuality, poor sleep, and perseverative and pressured obsessive ritualistic behaviors, such as washing clothes all night. He had received numerous diagnoses in the past, including conduct disorder, attention deficit hyperactivity disorder (ADHD), social learning disability, anxiety disorder, pervasive developmental disorders not otherwise specified, and Aspergers. The most consistent historical diagnosis given to Michael was pervasive developmental disorders not otherwise specified or Aspergers. However, none of the historical diagnoses had captured his symptom complex completely. One treating psychiatrist had entertained the possibility that Michael might have mood dysregulation and tried lithium to treat his symptoms, but no formal diagnosis of bipolar or affective disorder had been made.

The results of past neurologic evaluations, including an EEG and magnetic resonance imaging, had all been within normal limits. A test for fragile X syndrome had been negative. At 6 years old, Michael had psychological testing; his verbal IQ was 111, and his performance IQ was 97. He had difficulty grasping a pencil and was noted to have trouble placing pegs in a Peg-Board with only one hand. He had difficulty "reading" the emotional content in pictures in the Kid's Apperception Test (which contains drawings of familiar social situations, such as a father sitting in a chair with a boy next to him). Michael routinely had difficulty labeling the feelings shown in the pictures accurately and had difficulty perceiving the social interactions that were taking place. The examiner felt that his inability to identify the feelings of others was causing Michael to misperceive what was going on socially in his environment. In addition, Michael was highly anxious and inattentive and had difficulty with self-control. He was seen as managing his anxiety by trying to control social situations in an effort to counter some of the social rejection he faced. The examiner concluded that Michael had a "social learning disability."
numerous subsequent psychological evaluations, Michael was noted to have disorganized thinking.

He had been prescribed a number of medications over the years. He was initially given imipramine but developed a glazed look and stomach aches, so it was discontinued. He had tried four selective serotonin reuptake inhibitors (SSRIs)—fluoxetine, clomipramine, sertraline, and paroxetine—all of which led to an increase in sleep disturbances, agitation, aggression, and, at times, homicidal ideation. In addition, he was given a low dose of methylphenidate (10 mg/day), which increased his agitation. A trial of perphenazine, up to 9 mg/day, caused side effects but no improvement. The psychiatrist who suspected an underlying mood disorder tried lithium, up to 600 mg/day. Lithium decreased Michael’s impulsivity and motor agitation; however, it was discontinued because it caused diarrhea.

Michael had been hospitalized just before his outpatient visit at McLean Hospital because of his worsening depressive symptoms and suicidal ideation. He was sad, could not concentrate, and did not want to attend his new school. Michael was intermittently suicidal and preoccupied with skunks and washing all the clothes in the house. In addition, he began experimenting with electrical appliances, and just before his last hospitalization, he had stuck a knife in an electrical socket.

While in the hospital, he had to be placed in the quiet room frequently because of his aggressive, inappropriately intrusive, and oppositional behaviors. At times Michael had to be placed in six-point restraints because he slammed his body repeatedly against the door of the quiet room. He underwent a short trial of paroxetine during this stay to address his depression and obsessiveness, but he became increasingly irritable, sad, sleepless, and aggressive on this regimen. Michael was discharged from the facility with a diagnosis of Aspergers and “rule out intermittent explosive disorder.” His medications included clonidine, 0.25 mg/day, and thioridazine, 125 mg/day.

At the time of his initial evaluation, Michael lived with his supportive family. His mother and father, married for 16 years, were both in their late 30s at the time. His three siblings were all younger than Michael. His father had experienced episodes of major depression, which responded to pharmacologic treatment. An uncle had been diagnosed with ADHD, and a maternal grandfather had alcoholism. There was no family history of anxiety disorder, obsessive-compulsive disorder (OCD), developmental disorders, psychosis, or bipolar disorder. There was also no family history of neurological disorders.

Michael’s mother’s pregnancy was uncomplicated and went to full term; his birth weight was 7 lb, 10 oz. His mother did not use alcohol, illicit drugs, or prescription medications during pregnancy. He was slightly jaundiced at birth but did not require phototherapy. His mother breast-fed him for 15 months, and he gained weight normally. His mother described Michael as an infant as calm and cuddly and liking to be held. His sleep patterns were irregular from an early age. As an infant, Michael seemed to visually track objects in his crib, even if there was nothing there. As a toddler, Michael had only fair eye contact. He never had stereotypic movements. Michael had a tendency to be preoccupied with objects, particularly mechanical things, at times to the exclusion of people.
Michael’s parents noticed that Michael was different from other kids when he was 2 years of age. For example, although his speech development was timely, he tended to speak in a loud voice, with odd prosody. Although he was very bright and often had precocious speech, Michael spoke with pronominal reversals, repeated nonsensical words, and engaged in lengthy pedantic monologues regarding his circumscribed topics of interest. His motor development was timely. In addition, Michael had difficulty with fine motor skills and was noted at age 6 to have an awkward pencil grip while writing. He had little capacity for reciprocal interaction. Michael did not seem to have the capacity to understand other people’s feelings and had little capacity to empathize with others. He had difficulty making friends because he was controlling and bossy and wanted all the other kids to engage in his activity of choice while adhering strictly to his rules. He also had difficulty sharing and taking turns in a socially appropriate manner. Michael often preferred to be in the company of adults and related to adults better than to his peers. He had an odd preservative way of seeking comfort during times of distress, during which he would intrusively ask questions repeatedly.

Over the years, his focus of interest shifted. For example, as a preschooler, he was preoccupied with his stuffed animals and needed to line them up in a certain way; as a preadolescent, he was preoccupied with trains and collected all the train schedules that he could acquire; and as an adolescent, he focused more on mechanical items, such as electrical sockets and washing machines, with an intense inquisitiveness as to how they worked. In addition, he was very good with numbers as a young child and was able to do multiplication at age 6. He had extreme difficulty adjusting to changes in his routine and was very rigid in his insistence on adhering to his daily schedule.

Upon initial examination in our clinic, Michael appeared well dressed, well groomed, and eager to converse. He made brief eye contact but more often he looked around the room with darting eyes. He was quite fidgety. His speech was somewhat pedantic in style, pressured, and loud. He described his mood as "fine." His affect was irritable and labile, ranging from anger to sadness. His thought content was notable for grandiosity; he thought that he had the capacity to understand everyone in the world. He asserted that he had a girlfriend (who did not exist). Michael believed that he could read other people’s minds, that other people could take thoughts out of his head, and that other people could then turn his own thoughts against him. He felt that his younger siblings were intentionally trying to hurt him. He was not suicidal or homicidal at the time. His thought process was overly inclusive, perseverative, and, at times, circumstantial. There was no evidence for current auditory, visual, tactile, or olfactory hallucinations, although he stated that he had been conversing with a dead person just before his recent hospitalization. He did not have the capacity for reciprocal conversation. He also did not seem to understand that other people might have feelings separate from his.

Michael was given the following diagnoses: bipolar disorder (mixed, with psychotic features) and Aspergers, with features of OCD. Shortly after his initial outpatient evaluation, Michael was hospitalized at McLean because of ongoing agitation and unsafe behavior. His thioridazine and clonidine doses were slowly tapered, and he was given other medications, including valproate and propranolol. Both trials were of short duration and limited efficacy owing to side effects. Eventually, a combination of 1 mg b.i.d. of oral
clonazepam, 2100 mg/day of lithium (1.0 mM), and 3 mg/day of risperidone led to a marked reduction in his behavioral symptoms. Over the next few months his mood normalized and his aggressive, extreme compulsive and disruptive behaviors stopped.

FOLLOW-UP—

Michael has not been hospitalized for several years now. In the intervening years, his risperidone has been slowly tapered to 1.5 mg/day, and his lithium dose has remained at 2100 mg/day. He has continued to do well with his medication regimen, with minor adjustments for occasional episodes of mild hypomania. During these hypomaniac periods, Michael’s obsessiveness also increases, and it has become clear over the years that his obsessiveness cycles with his mood and is more of a manic preoccupation than the type of obsessiveness typically seen in kids with pervasive developmental disorders.

Michael currently attends a therapeutic day school that specializes in educating individuals with autistic spectrum disorders, where he receives psychotherapy, group therapy, behavioral and social pragmatic intervention, and vocational preparation. The professional staff at the school and at McLean Hospital are in regular contact regarding his progress.

His mother states that Michael is more responsible, he is helping appropriately around the house, he is trying to be a good big brother to his siblings, and he is an excellent driver. His siblings look up to him now and are not afraid of him. In addition, once Michael’s condition was stable, his mother was able to finish her graduate program and went back to work.

Although Michael’s impaired mood symptoms are currently under control, he continues to have difficulty in a number of areas: in peer relationships (he prefers the company of adults to peers), in his ongoing preservative way of seeking comfort when distressed, in his ongoing interest in circumscribed topics (although it is not as intense and pressured as when he is manic; Michael now has the capacity to be redirected from his obsessions), in his pedantic speech (although he is no longer pressured and disorganized), in the monotonous quality to his speech, in his ongoing difficulty understanding the feelings of others, in his awkward gross motor movements, and in his difficulty adjusting to change in his routine. Aside from these ongoing symptoms of underlying Aspergers, the only remaining issues are those that his mother feels are typically seen in adolescent boys, as he struggles to individuate from his parents. Michael was able to personally describe his other successes in an interview.

INTERVIEW WITH MICHAEL—

Michael: [Immediately after he was introduced, Michael eagerly went to the front of the room and began addressing the people attending the conference without any questions having been asked of him.] First of all, I started high school in August of [deleted]. I am going to get my high school diploma in [deleted]. So far, I’m doing very, very well, and when I get my diploma, I am probably going to go on to college or something like that, but I would like to share some of my improvements with you: I started this high school program, which does not end until [deleted]. I also now have a driver’s license [applause].
Thank you very much. This license says I can drive. [Michael held up his license for all to see.]

Also, I would like to share that despite walking out a couple of times, I now have a job as a cashier in a food grocery store. I had a job before this, but I quit in the middle of the day the first time. I had the job, then I called them later and said, "May I please come back?" and they said, "Sure," after a few days of thinking. I quit in the middle of the day a second time too and did not go back to that site. Now I have a different job at another food store; the old job was a food store job as well. At this job, I am the cashier making $6.40 an hour, for those that are interested.

I also want to say I am a very religious person, I'm very strong with God; I'm not going to get deeply into it, as it's not very appropriate at this time. I just want to say I am very religious; I always have been.

Also, I have had no accidents since I got my license, and that shows a lot of ability to drive well.

Regarding this high school program issue, I have my hard times in this high school program in regards to making friends, but in general I have done well over all, and I thank God and I thank all for your help.

Dr. Jackson: Now, tell me when you had this job and you quit it on two occasions. The first job at the first grocery store did not go well?

Michael: Actually work-wise, I did a good job. I'm very good at being polite to customers and helping them out, but I had this one day when something went wrong. I said, "Good-bye, I'm leaving," and I left without any notice.

Dr. Jackson: So, it sounds like you are really doing well with your new job. Michael: I like it a lot.

Dr. Jackson: You said you had some problems with making friends at work and at school?

Michael: Friendships have never been completely easy for me, but at my house, I have a lot of neighborhood friends because the kids in my school are obviously like me in some ways. They are not going to be happy and cannot offer the perfect friendship.

Dr. Jackson: Could you tell me about some of your friends in your neighborhood?

Michael: Well, I have this one friend. He is more my brother's friend than mine, but he really helps me a lot because he said that I have a nice personality, and I do. I have a very nice personality. I'm very helpful and caring, every single day. For example, now I walk my dog to be helpful to the dog and to the family. Although, some days I might get off because I have something important, but most days I give my dog a very quick 3-mile walk.
Dr. Jackson: Do you have any hobbies?

Michael: I like to read the Bible, I like to go to church, I like to drive, and I like to work. Dr. Jackson: How long have you been seeing Dr. Frazier?

Michael: I met Dr. Frazier for the first time...

This was weird, because I actually announced to my mom that I needed to go back in the hospital; she didn’t say I had to go back, I announced it. She said, "Well, if you say so, let's go." So I went and that was my first time as an inpatient here and when I met Dr. Frazier.

I am too upset to think about that [the hospitalization]. But...do you want my honesty? Dr. Jackson: Yes.

Michael: Well, the reason I wanted to go to the hospital was to visit all the people that I met the first time I was in the hospital.

Dr. Jackson: It also sounds like you were still having a difficult time.

Michael: I was still having a hard time, but I basically liked my first time in the hospital. About a month after I left the hospital, I said to myself, "I miss those people there... the staff. I would love to go back to see them." I knew that one way that was possible was to be hospitalized again, because you can’t go back to visit. So, I went back—I said, "Mom I need the hospital again. I’m going nuts" (even though I was really fine, and I wasn’t really that upset). I just thought I had to say something to convince her. I went back to the hospital, and I was only there for a day, then I was transferred here and started working with Dr. Frazier. That’s how I’m with her. When I was hospitalized here, I just wouldn’t stop running around.

Dr. Jackson: Do you remember what the hospital stay here was like?

Michael: Yes, I mean, like, I’m bipolar, and until I got on to this lithium, which protects me from it, I was really not doing well because sometimes, when I was really feeling low, I’d run into my mother and jump on her lap and start crying like my little brother. Once I met Dr. Frazier, she put me on lithium and I was fine, depression-wise. I still get depressed sometimes but not like before, and even when I am depressed... I can drive just fine.

Dr. Jackson: Mrs. [deleted], what changes have you observed since Michael was hospitalized 3 years ago?

Mrs. [deleted]: Before the hospitalization, we were at the end of our rope. Michael’s problems were dominating the family, frightening his siblings. Safety issues were a constant concern. My husband and I were looking into a residential placement. Now, Michael is a different person—responsible, hardworking, and a conscientious big brother.
Aspergers is a developmental disorder that is on a diagnostic continuum with autism and falls under the category of pervasive developmental disorders. The American Psychiatric Association included this diagnosis in DSM-IV. The disorder is characterized by a paucity of empathy, naive and inappropriate interactions, a limited ability to form friendships with peers, pedantic and poorly intoned speech, egocentrism, poor nonverbal communication, intense absorption in circumscribed topics, and, at least in some patients, ill-coordinated movements. Although Aspergers is similar to autism in many respects, the distinguishing feature in individuals with the disorder is their relatively normal speech development. In addition, individuals with Aspergers are less likely to have stereotypical behaviors and tend to have normal intelligence. In fact, a delayed onset of language may be the only developmental variable that predicts diagnosis when kids with high-functioning autism and Aspergers are compared (4). The long-term outcome for individuals with Aspergers is generally more positive than for those with autism. For example, many individuals with Aspergers go on to college and start their own families. The disorder may have a later age at onset (>24 months) than autism. Before the publication of DSM-IV, Aspergers was often described as high-functioning form of pervasive developmental disorder and was coded as pervasive developmental disorders not otherwise specified.

Diagnosis-

An English study by Howlin and Asgharian (5) found that the diagnosis of Aspergers is often delayed in affected individuals, despite parents' concerns about their kid's abnormal social development, beginning around age 30 months. Kids with autism tended to be diagnosed around age 5.5 years on average, whereas those with Aspergers tended to be diagnosed around age 11 (5). Earlier diagnosis and appropriate intervention can optimize a youngster's functioning. The American Academy of Child and Adolescent Psychiatry published practice parameters for the assessment and treatment of individuals with autism spectrum disorders (6). In addition, the Child Neurology Society and the American Academy of Neurology proposed a method for diagnosing and assessing autism that entails a dual-level approach: 1) routine developmental surveillance and 2) diagnosis and evaluation of autism. (Specific recommendations for each of these two levels are described in reference 7.)

Prevalence and Genetics-

Estimates of the prevalence rate for autism have varied somewhat over the past decade. Autism was thought to occur in 1 out of 2,000 kids and more recently has been estimated to occur in 1 out of 500 kids (1, 7). In a recent English survey of 15,500 kids (aged 2.5–6.5 years) (8), the prevalence rate for autism was found to be 16.8 per 10,000 kids and 45.8 per 10,000 kids for other pervasive developmental disorders.

The concordance rate for autism in monozygotic twins is 60%; the concordance rate for a broader autism phenotype is 90% (9, 10). In one study (11), the risk of recurrence for autism (i.e., the frequency of autism in subsequent siblings) was estimated at 6%–8%, or
up to 200 times the risk in the general population. However, a more complicated analysis of the same data using a mixed-model method (i.e., a major gene model, a polygenic model, a sibling-effect model, and a mixed-model consisting of major-gene and shared-sibling effects) (12) estimated that the relative risk of recurrence of autism is only 4.5%, which is 65 times greater than the risk in the general population. The difference in concordance between monozygotic twins and dizygotic twins or first-degree relatives is consistent with the requirement for multiple interacting genes; a combination of three separate risk genes provides the most plausible model (13). Current genetic research in autistic spectrum disorders is directed at identifying genetic loci that may be associated with components of the disorder, such as social impairments, cognitive deficits, and obsessional traits (14).

As a component of autistic spectrum disorders, Aspergers has been estimated to occur in 8.4–10 of 10,000 kids in one study (1, 8). Aspergers may be highly heritable. For example, a recent familial aggregation study (15) demonstrated that in families of kids with pervasive developmental disorders (34 with two affected kids, 44 with one affected youngster, and 14 with an adopted youngster with pervasive developmental disorders), all components of the lesser variant of pervasive developmental disorders (or with traits like those in pervasive developmental disorders) were more common in biological relatives than nonbiological relatives, which confirmed the familial aggregation of the traits. Kids who had a greater risk of family members being affected were those with a higher level of functioning who came from families in which two kids were affected with pervasive developmental disorders (15). However, the genetics of Aspergers, in particular among the pervasive developmental disorders, have not been well studied. Future research needs to focus on the genetics specific to this disorder.

Comorbidity of Asperger’s and Bipolar Disorders-

Several investigators have described kids with mood lability who satisfy many of the diagnostic criteria for bipolar disorder in their prepubertal years (16–19). Kids with presumptive bipolar disorder exhibit mixed mood states, chronic irritability, rapid cycling, suicidality, and oppositionality. Kids with developmental disabilities have a two-to-six-times greater risk of experiencing comorbid psychiatric conditions than their developmentally normal peers (3, 20–22). The presence of comorbid affective disorders in these kids may more severely impair an individual with already limited cognitive functions and social skills (23). However, individuals with Aspergers and other developmental disabilities can suffer from treatable comorbid mood disorders for years, despite frequent medical assessments and developmental and psychiatric evaluations. The reasons for this delay in diagnosis of a comorbid mood disorder are complex and multiple. The symptoms of mood disorders can be masked by other symptoms or behaviors in the population with autistic spectrum disorders; for example, behaviors that are characteristic of or associated with autistic spectrum disorders (i.e., obsessiveness, stereotypies, hyperactivity, inattention, social intrusiveness, social withdrawal, aggression, and self-injurious behaviors) may become more pronounced, intense, or exaggerated during manic or depressive phases. The changes in these behaviors in individuals with both Asperger’s and bipolar disorders are usually episodic and occur within the context of a mood state and are responsive to effective treatments for mood disorders. Individuals with autistic spectrum disorder or Aspergers have a limited ability
for abstract thinking, restricted or odd expression of emotions in their faces, voices, or words, and limited capacity to understand the mental states and feelings of themselves or others. Most individuals with autistic spectrum disorders are very sensitive to changes in their environment, and their moods and behaviors shift in response to these changes (24).

Diagnosing Comorbid Bipolar Disorder-

Bipolar disorder should be entertained as a possible diagnosis when there is deterioration in cognition, language, behavior, or activity; when there is a clear pattern of fluctuation or cyclicity in activity, behavior, and interests (with "good times" and "bad times"); and when observed behavior indicates a mood problem. (As examples of the latter, an increase in crying, self-injury, sleep disturbances, and social withdrawal, a decrease in activity, and a loss of interest in activities of daily living may indicate depression; an increase in silliness, distractibility, poor judgment, intrusiveness, laughing, aggression, pressured speech, noncompliance, and agitation may represent symptoms of mania [24–26].)

Although more research needs to be done to delineate the similarities and differences in mood states between individuals with Aspergers and developmentally normal individuals, Sovner (25) (and with Parry [26]) proposed some criteria as a starting point. Sovner noted that there are four specific domains of functioning in individuals with developmental disorders that can be further affected by a comorbid affective illness, making the task of diagnostic formulation difficult. These four domains are intellectual distortion, psychosocial masking, cognitive disintegration, and baseline exaggeration (25).

Rates of the prevalence of comorbid pervasive developmental disorders, specifically Asperger’s and bipolar disorders, are difficult to ascertain as Aspergers is a relatively new diagnostic category that first appeared in DSM-IV, and the actual prevalence of pediatric bipolar disorder will be difficult to fully ascertain until the definition of bipolarity in kids is more fully agreed upon. However, in a population of kids evaluated by a pediatric psychopharmacology clinic, Wozniak and colleagues (27) reported that out of 727 kids, 52 met criteria for pervasive developmental disorders, 114 met criteria for mania, and 14 of 52 kids with pervasive developmental disorders met criteria for both pervasive developmental and bipolar disorders (which represented 2% of all referrals, 12% of the kids with bipolar disorder, and 27% of the kids with pervasive developmental disorders). Clearly, these data suggest that there was an overrepresentation of kids with pervasive developmental disorders in the overall group with bipolar disorder and an overrepresentation of kids with bipolar disorder in the group with pervasive developmental disorders. However, the study did not specifically represent individuals with Aspergers, and it is not clear how generalizable these data were to the group with general pervasive developmental disorders because they represented kids who were evaluated in a pediatric psychopharmacology clinic. To date, there is little known about the prevalence of mood disorders in a group of kids with Aspergers who were not specifically referred for treatment of serious behavioral problems.

There are a number of published case reports and studies that suggest an association between autistic spectrum disorders and bipolar disorder (27–31), although not all of these reports are explicit regarding the number of kids that actually had Aspergers.
because they predate DSM-IV. For example, Komoto and colleagues (28) described three autistic kids who also had an affective disorder and a positive family history of depression or bipolar disorder. Gillberg (29) described a patient with Aspergers and recurrent psychosis who had a family history of bipolar disorder. Lainhart and Folstein (24) reviewed all of the current published case reports regarding kids with autistic spectrum disorders and comorbid affective disorders (N=17). In a study of a group of patients with Aspergers who were followed into adolescence, Wing (30) found that nearly one-half of the patients developed affective disorders. In another study (31), kids with autistic spectrum disorders who had a family history of bipolar disorder were compared with kids with autistic spectrum disorders who had no a family history of bipolar disorder; clear differences in symptom profiles were seen in the two groups. The kids without a family history of bipolar disorder did not have marked cyclic variations in behavior, showed less florid agitation, fearfulness, and aggression, and were of lower functioning, whereas the kids with a family history of bipolar disorder showed extremes of affect, cyclicity, intense obsessive interests, neurovegetative disturbances, and regression after a period of normal or precocious development.

There is an accumulating body of literature that suggests that autism spectrum disorders may be associated with a family history of affective disorders (28–36); several of the studies indicate that there is a greater risk of bipolar disorder in family members of individuals with Aspergers, in particular. For example, a higher prevalence of affective disorders, especially bipolar affective disorder, was found in the families of about one-third of the individuals who were diagnosed with autism spectrum disorders (31, 32, 35). DeLong and Dwyer (33) found that relatives of probands with pervasive developmental disorders had a 4.2% prevalence of bipolar disorder (nearly five times greater than that expected in the general population) and that the prevalence was highest among relatives of probands with Aspergers (6.1% versus 3.3% for relatives of probands with autism). On the other hand, Gillberg (34) found rates of affective disorder in this group that were similar to those found in the general population. He found that four (17%) of 23 kids with Aspergers and three (13%) of 23 with autism had family histories of major affective disorders. On the other hand, Piven and colleagues (35) found that although major depression had a higher lifetime prevalence in the moms and dads of autistic probands (27%) than in the normal population, bipolar disorder did not. Finally, DeLong and Nohria (36) studied 40 kids with autistic spectrum disorder, 20 of whom had no identifiable neurological disorder that could account for their autism. A family history of affective disorders enriched by sevenfold the risk of autistic spectrum disorders in the group compared with those who did have an underlying neurological disorder, such as tuberous sclerosis or congenital rubella.

Neurobiology-

In 1978 Damasio and Maurer proposed a mesolimbic model of autism (37). More recently, Bachevalier (38) demonstrated deficits in social reciprocity and an increase in circumscribed behaviors in nonhuman primates who had had their amygdao-hippocampal complexes lesioned during infancy. The amygdala is a critical component of the limbic or affective loop in the brain and has been implicated in both neuropathological and neuroimaging studies of Aspergers, autism, and bipolar disorder. The involvement of the amygdala and the limbic system and the apparent involvement of the right side of the
brain in Aspergers suggest areas of overlap with bipolar disorder, which also has been described as involving dysfunction of the right hemisphere (39).

Treatment-

Unfortunately, despite the fact that there are medications that can help kids with mood disorders in the autistic spectrum, many kids are never diagnosed properly, nor do they come to the attention of mental health professionals. For example, in an epidemiological study (40), at least 41% of the kids who were developmentally disabled were affected by comorbid psychiatric disorders, but less than 10% of the kids with comorbid psychiatric disorders had seen a specialist.

There are numerous system biases and multiple issues that contribute to the lack of proper psychiatric diagnoses and treatment for kids with autistic spectrum disorders. These kids may suffer from two disorders, both carrying with them a societal prejudice. This prejudice partly influences medical professionals to the degree that psychiatric evaluation and treatment are often overlooked in these kids, which results in the phenomenon known as "diagnostic overshadowing," in which changes in mood and behavior are wrongly attributed to the individual's developmental disorder rather than to a comorbid psychiatric condition (23). Owing to the individual's poor communication and social skills, the expression of psychopathology (e.g., self-injurious behavior, aggression, and rocking) may be different from that of a cognitively and developmentally normal individual. Understanding the etiology of a disturbing behavior is extremely important.

The selection of medications for treating problematic behaviors requires careful observation of the younger with an autistic spectrum disorder over a period of time, owing to the patient's limited ability to express problems verbally and poor insight. In general, targeting symptoms of a psychiatric disorder, and not of an individual behavior, should be the basis of treatment with psychopharmacologic agents. For example, the individual behavior of self-injury may be a symptom of numerous psychiatric disorders. Proper formulation needs to occur before treatment is initiated.

It is important to emphasize that there are a limited number of controlled trials regarding the use of psychopharmacological interventions in this population. Therefore, pharmacological intervention should be chosen judiciously, and patients should be closely monitored for symptom improvement and side effects. Given that these patients are often treated with psychotropic medications, there is a crucial need for systematic controlled trials to establish both the safety and efficacy of pharmacological agents in kids with Aspergers and with developmental disabilities in general.

Historically, kids with developmental disabilities have been reported to have a higher rate of dyskinesias (29.7%) when treated with neuroleptics (41). However, when 16 neuroleptic-naive autistic kids were assessed at baseline for stereotypies, mannerisms, and dyskinetic movements, 25% were found to have abnormal movements (42). In addition, the raters in this study were unable to distinguish these abnormal baseline movements from the dyskinesias that other autistic kids had developed during treatment with neuroleptics. Nonetheless, tardive dyskinesia is a concern to clinicians, especially when they are considering use of typical antipsychotics in this population. Therefore,
atypical agents, with their lower (but not yet fully determined) risk of tardive dyskinesia, offer much promise for the pharmacotherapy of these kids and other pediatric populations (43–45).

Thioridazine is a typical antipsychotic agent that has been used historically in child psychiatry with relative frequency. Like the atypical agents, thioridazine has lower acute extrapyramidal side effects and some serotonin 5-HT2 receptor antagonism, which has made it an attractive agent for use in youth. However, thioridazine has recently been given a "black box" warning because of its tendency to cause prolongation of the QT interval on ECGs.

Risperidone, when used in kids with autistic spectrum disorders, leads to significant reduction of repetitive behaviors, aggression, impulsivity, and some elements of social relatedness (43). The effectiveness of risperidone was evaluated in a retrospective chart review of the treatment of kids with bipolar disorder who did not have pervasive developmental disorders. In this study (45), risperidone was extremely helpful in decreasing mania, psychosis, and aggression. In addition, studies using other atypical agents for the treatment of childhood bipolar disorder are beginning to appear in the literature (44).

Although pharmacological studies of lithium are few among developmentally disabled individuals, case reports indicate that lithium can be quite helpful in the treatment of bipolar symptoms in kids with pervasive developmental disorders (28, 31, 46). In addition, DeLong and Dwyer (33) reported that four out of seven kids with Aspergers and comorbid bipolar disorder and a family history of bipolar disorder had a good response to lithium treatment (33).

Kids with Aspergers generally require ongoing multimodal intervention to achieve optimal functioning; psychotherapy, social skills training, speech and language intervention at times, occupational and physical therapy, vocational training, and psychopharmacologic intervention can treat the severely impairing symptoms of comorbid psychiatric disorders (1, 6). Coordination of services and communication between various providers is essential. Our patient, Michael, was ultimately placed in a special school for individuals with Aspergers that provided psychotherapy, social pragmatics, group therapy, and some vocational training.

CONCLUSION—

Michael’s story illustrates a number of important points regarding the comorbidity of bipolar and Aspergerss. From an early age, Michael clearly had characteristics that are seen in kids with Aspergers. Furthermore, the hallmarks of Aspergers remained with Michael, even after his comorbid bipolar disorder was appropriately treated. Although Michael was impaired by his developmental disorder, it is quite clear that the symptoms of Michael’s bipolar disorder led to severe disruption of functioning. Michael had symptoms of an affective illness beginning at an early age. For him, delayed diagnosis and treatment led to 5.5 years of progressive dysfunction and a worsening of symptoms. His affective disorder exacerbated the underlying symptoms of Aspergers. For example, when he was manic, Michael became more intrusive and engaged in more socially
inappropriate behaviors; his pedantic speech became more pressured, he engaged in lengthy monologues, and his obsessionality became intense. Once comorbid bipolar disorder was diagnosed and appropriate treatment occurred, Michael gradually began to recover and his self-injury, aggression, and intense pressured obsessiveness disappeared. Michael’s father has a history of depression, which is consistent with the findings of a higher rate of affective illness in the first-degree relatives of kids with Aspergers.

Michael has a history of treatment with a typical antipsychotics, during which he developed oral dyskinesia. Some literature has suggested that kids with autistic spectrum disorders may have a slightly higher incidence of dyskinesias or withdrawal dyskinesias (41). Of note, Michael’s tongue movements disappeared when he was switched to risperidone. In addition, Michael responded well to the combination of lithium and risperidone. Both medications (lithium and risperidone) have been described in the literature as being helpful and well tolerated in individuals with autistic spectrum disorders (31, 32, 43).

Educating pediatricians, pediatric neurologists, child psychiatrists, and other mental health professionals about the high prevalence of comorbid psychiatric conditions in individuals with autistic spectrum disorders is crucial so that these kids receive appropriate treatment. Appropriate treatment can greatly enhance a youngster’s ability to optimize his or her developmental trajectory (6, 7), as shown in this case conference.

Finally, since kids with autistic spectrum disorders and other developmental disorders have historically been excluded from treatment trials, the existing psychopharmacological literature is sparse. More rigorous research is needed on the use of psychopharmacological agents in this population to assess more fully the risks and benefits of treatment for comorbid affective disorders and other psychiatric conditions.

REFERENCES


My Aspergers Child: Preventing Meltdowns and Tantrums in Aspergers Children 12:40PM (-08:00)

Aspergers Children and Self-Injury

Question

I am wondering if there is a larger number of people with Aspergers who self-mutilate out of depression and other pressing emotions, more so than regular people. I want to know if there are members with Aspergers on this site that have ever engaged in this activity and what caused it. Depression or is it from the Aspergers?

Answer

Self-injury is often a coping mechanism, particularly with the feeling of being rejected. This is a particular problem for anyone who has difficulty in understanding non-verbal communication, for example, those with Aspergers, a form of autism, possibly affecting about 1 person in 200.

For most people, understanding facial expressions, body language, etc., is instinctive, starting as babies before language acquisition. But just as some people having hearing difficulties or are short-sighted or color-blind, others have difficulty with interpreting the non-verbal signs which most people use continuously and which are essential part of how small groups work: tiny cues tell us when to speak and when to stop, and whether people agree or disagree with us, or whether others find us amusing or dull, etc. These cues are not understood by Aspergers kids. Research is continuing into why this is: for example, some recent research has found that while most people use a special bit of the brain for looking at faces, those with autism use the same bit as for looking at inanimate objects.

This disability is not immediately obvious but it is a handicap. However, most Aspergers kids can learn how to cope. Indeed many teach themselves without realizing that they are
not getting all the information available. But it gets more difficult in adolescence when fitting in with friends becomes more important. The give and take of a group requires a skill in picking up non-verbal messages that Aspergers kids just do not have, even though their understanding of what’s being discussed will be as good as anyone’s. As a result, Aspergers kids get isolated and often bullied.

By the time they reach adolescence, most Aspergers kids will realize they are fundamentally different to others at school but, unless diagnosed, will not understand why. Many autistic people are unaware of other people - but not Aspergers kids. Being rejected, repeatedly, by their contemporaries really hurts Aspergers kids. Not surprisingly, many become severely depressed – and may resort to self-injury. This leads me to suspect (but I have not found any research on this) that more than 1 in 200 of those who self-injure may be Aspergers kids.

Aspergers kids have most difficulty when things are new or strange. They find unpredictability really stressful. So they hate change and uncertainty. Rather Aspergers kids are creatures of habit: liking always to go the same way to school, always to sit in the same place, and preferring old clothes.

Aspergers kids are very rational people – they are wonderfully resistant to those who manipulate emotions. Talking about what’s making them depressed or why they self-injure is really stressful for an Aspergers youngster. An Aspergers youngster would find it more useful to have guidance on how to cope with irrational – i.e., ordinary – people. But most of all, Aspergers kids just want to be accepted as they are: people who, unlike most others, actually mean what they say.

My Aspergers Child: Preventing Meltdowns 12:56PM (-08:00)

Aspergers Syndrome: Frequently Asked Questions

Aspergers is an autism spectrum disorder (ASD) characterized by symptoms such as very focused or obsessive interests, deficits in social skills, and some language differences. Since two of my sons were diagnosed with ASPERGERS and I've written a little on the subject, I've been asked many questions about this confusing and misunderstood disorder.

What exactly is Aspergers, anyway?

As I said before, it's an autism spectrum disorder. Picture something like a number line in your mind; this is the "spectrum". At one end, you will have children who are completely non-verbal, have virtually no social skills or ability to interact with others, and are diagnosed mentally retarded. OK, before we go any further, make sure you throw out that old idea of "retarded" from your grade-school playground. Mental retardation (MR) is a clinical diagnosis; the textbook definition of "retarded" is slow, and most of us are
retarded in one area or another. So if your youngster is on the spectrum (or isn't, for that matter) and has been diagnosed MR, don't sweat it too much. It is not a death sentence or something to be ashamed of. It simply is, and many children with MR have more common sense than those who are considered "gifted", and do quite well for themselves. Back to the spectrum—at the opposite end of your line, you'll have children with high IQs, a few quirky personality traits, and some mild social impairment. This is what classic Aspergers is. Most children with AUTISM SPECTRUM DISORDER will fall somewhere between these two extremes, and the symptoms of Aspergers can vary from person to person. Aspergers is a high-functioning AUTISM SPECTRUM DISORDER, which means the autistic symptoms are present to a lesser degree and most children with ASPERGERS are able to function normally, or almost normally, in society.

What are the symptoms of Aspergers?

Children with Aspergers tend to have very focused interests, and often seem to be obsessed with one or two subjects. These interests are often related to things with moving parts, like trains or automobiles, or how things are built, or fact-based things like history or numbers, but not always. Many younger youngsters develop interests in scientific things like dinosaurs or space. These interests may be life-long, or may change every few months or years. It can be frustrating hearing about the same subject over and over, but this focus is actually something that can work to a person’s advantage. My older son has developed quite an obsession with history, especially WWII history, and he plans on channeling this into a career as an historian or a history teacher. Since children with Aspergers often have excellent memories, especially for things like facts and dates, they can become "walking encyclopedias". My son has been a great help in teaching his younger siblings about history, and he's the one who always reminds us whose turn it is to host different holiday celebrations each year. Of course then there are those times, especially when the youngsters are young, that you wish their memories weren't so good. There's nothing like having your little genius tell everyone at the Christmas party about something embarrassing you did when the kid was only two years old-and tell it with remarkable detail to boot.

Children with Aspergers also have somewhat impaired social skills. They may not understand the reciprocity of a relationship, or the "give-and-take." It may be hard for your youngster to understand that not everyone wants to play what he likes to play. It isn't a matter of being obnoxious or rude; it's just that he really doesn't understand that something that's fabulous to him might not be fabulous to everyone. This can tie in to the obsessive interests as well; he may not understand that not everyone really wants to hear a half-hour lesson on baseball statistics, and children with Aspergers often can't pick up on others' non-verbal cues that they are bored or disinterested. When trying to win the heart of a young lady, a teenage boy with Aspergers may try and woo her with the most fascinating subject he can think of. Unfortunately, she may want to talk about Fall Out Boy or what she should wear to the mall, not hear a tutorial on all the weaponry used in the first half of World War II. Children with Aspergers often fare better in one-on-one situations with friends or in very small groups. Both of my boys are very uncomfortable in group situations, especially those with unfamiliar people, but my older son-the "classic" case of ASPERGERS-deals with it much better than my younger son. A person with Aspergers, when placed in a large group or uncomfortable situation, may look like a
typical person with an extreme case of shyness, looking down at the ground and not speaking to anyone. Often when a person with Aspergers becomes involved in a conversation that makes him uncomfortable, he will change the subject to one that he is comfortable with—there we are again with the interests—and ignore the other person's attempts to get the conversation back on track. When a youngster with ASPERGERS has two friends over to play, he may have a hard time paying attention to both and working with them to find activities they can all enjoy. He may have trouble understanding the rules of games, or accepting that he can't always win, just because he wants to.

Children with Aspergers sometimes appear to lack common sense. They may need to be told step-by-step how to perform a task many, many times before they get the hang of it. They may not be able to look at a situation and see what is the next logical step or they may follow directions a bit too exactly. My son baked a cake once, and the instructions on the box of cake mix said to bake it until a knife inserted in the center came out clean. He made the cake, and it smelled heavenly. After it was done he came to me looking distressed, because he couldn't figure out how to get the knife out of the cake without tearing the whole cake up. He had laid a knife in the center of the cake pan, in the unbaked batter, before putting it in the oven. Most youngsters at fourteen would know that wasn't the right thing to do, but he was simply following the directions as he read them.

Another symptom that often accompanies Aspergers is a range of sensory difficulties. The youngster with Aspergers may have a strong aversion to certain tastes, smells or textures. Conversely, he may seek out different sensory stimuli, smelling or tasting everything he comes in contact with. Certain sounds may be torturous to the Aspergers youngster's ears. There is a name for this condition: Sensory Processing Disorder (SPD), also known as Sensory Integration Disorder, and while it frequently is present in youngsters with AUTISM SPECTRUM DISORDER, it can also be present independently.

Youngsters with Aspergers often have a very strong need for routines and schedules. If the routine is broken, they may have "fits" or withdraw, or simply be pretty darn angry at Mom and Dad. My little one got grounded from the computer for being quite naughty, and all day Monday—his computer day—he was asking why he couldn't play. He's smart, he just couldn't get past the fact that it was his computer day and he wasn't playing. We've had to rethink that particular consequence for him. Children with ASPERGERS frequently like things to be "just so", making them great little organizers and helpers. If you need that silverware drawer organized, you know who to ask.

A person with Aspergers may also exhibit clumsy or uncoordinated movements. He may have an awkward-looking gait or, like my little guy, look like a marionette when he runs. Hand-eye coordination may be a problem in children with Aspergers, along with some fine- and gross-motor delays, although these are usually not significant.

One thing that is often present in children with Aspergers is high IQ and advanced verbal skills. While the person with ASPERGERS may have talked early and have an extensive vocabulary, he may not understand sarcasm or figures of speech, like "It's time to hit the road" or "I put my foot in my mouth". My oldest son and his father have almost a brotherly relationship at times, picking on each other about opposing football teams and their
differing tastes in music. My son knows he doesn't get things sometimes, and will actually stop his dad mid-debate and say "You know I can't tell when you're teasing me; you have to tell me!" So Dad says "All right, you're about to get picked on" and Dylan knows it's time to bring out the zingers about the Steelers' last season. It may also be hard for someone with Aspergers to get to the point of a joke, or to know when it's appropriate to say certain things. You may have to give lots of reminders to the adolescent that just discovered dirty jokes, that Grandma's house is not the place to share them. He may take things very literally—if dinner is in a minute, it better be in sixty seconds exactly or you'll hear about it. Moms and dads of youngsters with Aspergers sometimes feel as if they've had to learn a whole new language, losing the idioms and slang expressions we're all so used to.

Some children with Aspergers may have all of these symptoms; some may have just a few.

When did you first see the signs of ASPERGERS in your youngsters?

This is difficult to answer; I knew my younger son was different since birth, and though he is diagnosed with Aspergers, some of his behaviors place him lower on the spectrum. I was unsure of what was up with him, and it took a series of evaluations, starting when he was in kindergarten, before we came up with a diagnosis that somewhat fit. Bear in mind that the only purpose of a diagnosis or label is to obtain services. You may not want your youngster 'labeled', but if you want help for him, it's a necessity. If I had known the signs and symptoms of Aspergers when my older son was small, I probably would have seen it when he was in elementary school. He was diagnosed with Tourette syndrome at age six (fortunately it's a very mild case) and I believe misdiagnosed with ADHD at the same time. While ADHD can co-exist with Aspergers, looking back I can see that the ADHD behaviors were actually a symptom of his sensory difficulties. We only had him re-evaluated a few months ago, because new issues appear with adolescence. I want his behavior to be understood by his professors when he goes to college, and I also want him to be able to understand his differences (he is very aware of them) and know that there is a medical reason for them.

How is Aspergers diagnosed?

As of now there is no definitive test, like a blood test, for Aspergers. If you suspect your youngster has an AUTISM SPECTRUM DISORDER, take him to his pediatrician for a thorough check-up. My younger son was sent for a full metabolic workup to eliminate a physical cause for his behaviors, and then sent to a developmental pediatrician. Your primary doctor may be able to diagnose ASPERGERS, or it may take a trip (or a few) to a developmental pediatrician or psychologist. We were given a form to fill out called the Gilliam Asperger Scale, which contained many, many questions about the youngster's behavior and symptoms. If your youngster is in school, a form may be sent for the teacher to fill out as well. The form will be scored and if your youngster scores as "a high probability for Aspergers" and the doctor's observations concur, then you'll likely be on your way to a diagnosis of Aspergers. At the visit you'll be asked a lot of questions, as will your youngster, if he is developmentally able to answer. The doctor will observe the youngster and may administer some play-type tests. The diagnosis of Aspergers is
basically done by process of elimination-if the test and observations indicate Aspergers, and there is nothing else that is causing the symptoms, you have an ASPERGERS diagnosis. Your doctor may want to monitor the child for a while before making the official diagnosis.

What can be done to help the child with ASPERGERS?

There is no cure for Aspergers or autism. Some moms and dads swear by nutritional changes or supplements but none of that has worked for us. Your doctor may refer your youngster to an occupational therapist (OT) to address any sensory issues. Some areas have social skills groups for youngsters that could be very beneficial. Try and stick to your routine as much as possible and warn your youngster as far in advance as you can when something is going to change. It is important to have some change, though; things don't run like clockwork in the real world and you have to try and get your youngster to be a bit less dependent on his routines and schedules. If your youngster has an OT, ask her or your doctor about brushing to calm your youngster. Known as the Wilbarger Protocol or Wilbarger Method, brushing is just what it sounds like—brushing the youngster's arms, legs, hands and feet with a small surgical brush. You will need a professional to show you how to do this, along with the joint compressions that go along with it, but it was well worth the time for us. It only took my son's OT a few minutes to demonstrate the technique, and as odd as it sounds, it really works for us.

Where do I go for help?

Online Parent Support has been an invaluable resource for me. They offer support groups, parent-matching (where a parent of a newly-diagnosed youngster with a disability can be matched with a parent who has been through it), informational meetings, and a wealth of information through their library, handouts, and knowledgeable staff. Most states have a Family Support Network or similar programs; check with your pediatrician or department of social services for a list of services for moms and dads. The Autism Society also has many resources for moms and dads of youngsters on the autism spectrum. Look in local papers for lists of support groups and services. If your youngster is in school, the administration there may be of help. Remember that your youngster has a right to a good education and you have the right to be involved in the decisions about his education. If you have problems, the autism society should be able to refer to you the right place for help.

Will my child with Aspergers be OK?

YES! Raising a youngster is never easy, whether they come with some kind of syndrome or not. Aspergers is not fatal or physically debilitating. Children with Aspergers often grow up to be doctors, scientists, teachers, musicians, custodians, laborers, lawyers, artists, heads of huge computer companies worth billions of dollars...yes, Bill Gates is rumored to have Aspergers. So are many other famous people, including Einstein and Andy Warhol. Be aware that there are other disorders such as Tourette syndrome, ADD, OCD and depression that can accompany Aspergers, but they don't always, and all are treatable; millions of people live with these things every day and lead happy, productive lives. Focus on the positive things, be there to support your youngster, learn as much as
Hi. My name is Shawn. I’m a teenager with Aspergers. Here’s my story…

First of all, unlike autistic people, I did not have trouble learning to speak. However, I do have mild hyperlexia, which basically means a large vocabulary. Moreover, it is common for autistics and aspies to have some trouble lying, recognizing lies, and interpreting metaphors. The result is that most Aspergers teens are seen as literal and humorless.

Like many Aspergers teens, my voice can sometimes sound monotonous and emotionless. Similarly, Aspergers teens are known for giving soliloquies about their favorite subjects, or perseverations, not always realizing how much they are boring the individuals they are speaking to.

Aspergers teens sometimes also miss facial expressions, body gestures, and implications. While I can often pick up on someone's emotional state from a quick glance at their face (and it has to be quick because, like most Aspergers teens, I have trouble looking individuals in the eye), I can often completely miss things or misinterpret them. Likewise, my facial expression is usually plain or uncontrolled.

Aspergers teens tend to take an obsessive interest in detailed things. It is typical for an aspie to take an all-encompassing interest in something for a few months and later become interested in something else after having already learned enough about the first subject. In other words, we aspies have “weird,” nerdy interests and hobbies.

This is a chicken-and-egg problem, of course. Do we aspies take up these perseverations because we are unable to occupy ourselves with more neurotypical (NT) (that is, something relating to nonautistics) socializing, or do our perseverations prevent us from socializing? Maybe it's a little bit of both.

Nevertheless, perseverance for me has meant spending my early teenage years learning how to program and becoming especially adept at using Windows. A little later it meant focusing on perfecting my French accent and reading French newspapers like Le Monde. Because of my perseverations, I have a more thorough understanding of history, politics, language, computers, psychology, geography, and numerous other subjects than...
average person. In contrast, I have a deficit of knowledge about today's pop stars, actors, and social gossip. This sometimes makes it hard for individuals to have interesting conversations with me.

It is not uncommon for me to hear high-frequency noises that go unnoticed by most individuals. I can sometimes hear the buzzing of the lights, TV, and other things, especially if I'm trying to fall asleep or it's quiet. A similar thing is I dislike the feel of cotton balls, although I've heard some NTs complain about this too.

Another thing is I frequently mishear individuals and sometimes don't hear them at all. If you say, "I went to the park today," I might hear, "I went tooth per day," or some other nonsense; and so I often have to ask, "Huh?" or "What?"

Sometimes I don't notice things right in front of my face. I have more than once accidentally skipped problems on a test because the question was too close to the directions, which I probably didn't read (did I mention Aspergers teens are sometimes too honest?). Especially in mathematics, I have been known to make absent-minded mistakes by doing things like 6 * 5 = 35. This would disqualify me from being an engineer or surgeon, I think.

For a person with Asperger's (an aspie), friendships, social banter, and romantic relationships can be difficult channels to navigate. Aspergers teens have more than their share of difficulties making friends and finding a loving mate. Part of it is our perseverative interests, another part must be our tendency towards literal interpretations, and a third must be our tendency to be rigid and conservative--unfun. Many of us long for better social acceptance or at least friends to keep our lives interesting, but sometimes this seems beyond our grasp.

Many Aspergers teens show signs of attention-deficit/hyperactivity disorder, especially the inattentive type. In fact, many Aspergers teens are misdiagnosed as having ADD.

There also seems to be a relationship between autistic spectrum disorders and obsessive-compulsive disorder (OCD). While Aspergers teens do have perseverative (obsessive) interests, a significant portion develops actual OCD. Aspergers children with OCD may or may not show the typical symptoms of OCD, like compulsive hand washing.

Various anxiety disorders and anxious personality disorders other than OCD, especially social phobia and avoidant personality disorder, may also develop, as the autistic life can be stressful.

Depression is also not uncommon among Aspergers teens. My own life has too often been filled with this mood. I was first and most depressed in 8th and 9th grades when my life seemed to have reached a low point. I had recently changed from a Catholic elementary school to the public school system, and adjustment was harsh. The only emotions I knew were anger and frustration. I could only see the worst of intentions in others towards me, and I became the more socially secluded than I'd ever been before. My recover from this strong depression included becoming an atheist, changing my attitude towards life, and becoming more accepting. I still become depressed sometimes.
but not nearly as badly as back then.

The aspie sense of humor is somewhat different from most individual's sense of humor. I am especially good at making odd connections about social happenings and use highly sarcastic humor to criticize actions like the invasion of Iraq. My disconnection from society along with my attempts to better understand society are a gold mine containing the nuggets of social injustices and inequalities, hypocrisies, and self-aggrandizement.

I vent my unattainable need for excitement and companionship through art. I can sketch disturbing images of distorted faces and forms as well as near photorealistic pictures--if I'm looking at the object or a photograph of that object. Writing, especially humorous writing is another thing that allows me to assuage my unfulfillment.

I have written--even perseverated on--this article in the sincere hope that someone might better understand aspies and not write us off as clueless geeks. We aspies only want what everyone else wants: happiness.

My Aspergers Child: How to Prevent Meltdowns in Aspergers Children and Teens 07:39AM (-08:00)

Diagnosis of Asperger’s and Resultant Grief

Question

I have a son with Aspergers and am in denial about my family situation but I want to start to take some control back where should I start?

Answer

The feelings you are experiencing are completely normal. A diagnosis of Asperger’s Syndrome brings with it a mourning process. Every parent faced with a life-changing situation will need time (some more than others will) to sort out the emotions.

Denial is natural. Even if the diagnosis has been a long time coming, you still feel like someone ripped the rug from beneath your feet. Your first reaction, not my child, is not just common but expected. Be aware that there are several steps in the mourning process. Anger and depression are other steps of mourning that can come at any time.

The fact that you sense the need to take control shows that you are moving through the process. You are reaching acceptance. Your child needs you and you want to offer him the very best support possible. Here are some ideas you can use to regain control of your home life.

* Finding support is crucial. Autism support groups are a great place to connect with other parents. You do not have to go through this trial alone. Gathering with others living with Asperger’s can give you the strength you need to find acceptance.
* Arm yourself with information on Asperger’s Syndrome. Read books, consult specialists, and contact research organizations. Knowledge equals power. When you know what to expect, your situation becomes smaller than you are, allowing you to conquer what once seemed too big.

* Work together as a family to change your circumstances. Do the things you have been avoiding because of the diagnosis. Get out of the house together, enjoy each other, and don’t worry about what other people think or say.

* Consider going to a counselor. Sometimes we need a neutral, caring professional to talk with about our situation. Couples counseling can also help. Having a special needs child can be tough on a marriage. Group therapy for the family can get everyone on the same page, united and ready to move forward.

* Now you can get down to the business of treatment. Children with Asperger’s usually do very well with a little assistance. Discuss treatment options with your child’s physician, psychologist, and school special education team.

You will find that taking action, even if you have to start out with baby steps, will help you get out of that hole called denial and have you moving along toward a brighter future.

Diagnosing "Asperger's Syndrome" in Children

When moms and dads seek help for their youngster, they encounter varied opinions – he’ll outgrow it, leave him alone, it’s no big deal, he just wants attention, and so on. Many professionals try to work with the Aspergers youngster as if his disorder is like other developmental disorders, but it is quite different. In most cases, there is a great misunderstanding by many people of the needs of these special individuals.

For the inexperienced, recognizing the six defining characteristics of Aspergers as outlined in the introduction can be difficult, and misdiagnoses are quite common. This is further complicated by the fact that an Aspergers youngster or teen has many of the same characteristics found in other disorders. These various characteristics are often misinterpreted, overlooked, under-emphasized, or over-emphasized. As a result, a youngster may receive many different diagnoses over time or from different professionals.

For example, if a youngster with Aspergers demonstrates a high degree of attention deficit hyperactivity disorder (ADHD) — that might be the only diagnosis he receives. However, this is a common characteristic of Aspergers kids. The same holds true if obsessive or compulsive behaviors are displayed — the youngster gets labeled with obsessive-compulsive disorder (OCD) instead of Aspergers. The following traits are also
commonly seen in those with Aspergers in varying degrees. However, just because these traits are there, it doesn't mean that the youngster should be diagnosed differently; these traits should be noted as significant features of Aspergers:

- Anxiety
- Difficulty with pragmatic language skills
- Hyperlexia (advanced word recognition skills)
- Motor deficits
- Oppositional defiant disorder (ODD)
- Sensory difficulties
- Social skills deficits

As mentioned, professionals who do not have much experience with Aspergers have a hard time identifying the defining characteristics. For example, social skill deficits may be noted by a professional, but then they are often downplayed because the youngster or adolescent appears to be having appropriate conversations with others or seems to be interested in other people. But with an Aspergers youngster, the conversations are not generally reciprocal, so the youngster must be carefully observed to see whether or not there is true back-and-forth interaction.

Also, many Aspergers kids have an interest in others, but you need to clarify if the objects of their interest are age appropriate. Do they interact with peers in an age-appropriate fashion? Can they maintain friendships over a period of time or do they end as the novelty wears off? These are the types of observations and questions that must be asked in order to ensure a proper diagnosis.

Another example of an overlooked area is the narrow routines or rituals that are supposed to be present. This does not always manifest as obsessive-compulsive behavior in the typical sense, such as repeated handwashing or neatness, but rather in the insistence on the need for rules about many issues and situations. These kids may not throw tantrums over their need for rules, but may require them just as much as the person who has a meltdown when a rule is violated. In essence, there is no single profile of the typical Aspergers individual. They are not all the same, as you will see in later chapters.

Because of these subtleties and nuances, the single most important consideration in diagnosis is that the person making the initial diagnosis be familiar with autistic spectrum disorders – in particular, Aspergers. They should have previously diagnosed numerous kids. To make a proper, initial diagnosis requires the following:

1. An evaluation by an occupational therapist familiar with sensory integration difficulties may provide additional and valuable information.

2. It is important to include a speech and language evaluation, as those with Aspergers will display impairments in the pragmatics and semantics of language, despite having adequate receptive and expressive language. This will also serve to make moms and dads aware of any unusual language patterns the youngster displays that will interfere in later social situations. Again, these oddities may not be recognized if the evaluator is not
familiar with Aspergers.

3. The youngster should see a neurologist or developmental pediatrician (again, someone familiar with autistic spectrum disorders) for a thorough neurological exam to rule out other medical conditions and to assess the need for medication. The physician may suggest additional medical testing (blood, urine, fragile X, hearing).

4. You and your youngster should have sessions with a psychologist where your youngster is carefully observed to see how he responds in various situations. This is done through play or talk sessions in the psychologist's office and by discussions with both moms and dads. The psychologist may ask you to complete checklists or questionnaires to gain a better understanding of the youngster's behaviors at home and/or school. If the youngster is in school, the psychologist may call the youngster's teacher or ask her to complete additional checklists. The checklists or questionnaires used should be ones that are appropriate for individuals with Aspergers. It is important to determine the IQ level of your youngster as well. An average or above-average IQ is necessary for a diagnosis of Aspergers.

My Aspergers Child: Preventing Meltdowns in Aspergers Children 11:08AM (-08:00)

Examples of Schedules for Aspergers Children

Question

i have a 5 yr old son who has been diagnosed with aspergers and i need help on making a daily schedule or routine that will help us both. i am at a loss. can anyone help me, please. i would love examples of schedules.

Answer

A daily schedule benefits Aspergers children by providing the structured environment that is critical to their sense of security and mastery. If you spend any time in a kindergarten or elementary school, you will marvel at the teacher's ability to organize the kid's day.

When you understand the nature of attachment in older Aspergers kids, you realize that shared communication and goals replace the attachment patterns of very young Aspergers kids. The daily schedule communicates the family's shared goals and allows kids to contribute to their accomplishment. Each time he follows the schedule, the child has a small, but cumulative, experience of mastery of his environment.

Follow these simple steps to create a daily schedule for your family: Step 1 - Analyze Your Day—

Do a simple, but consistent time study. The easiest way to do this is to print a daily
calendar. Note what each family member is doing at each time of the day. Look for the problem times, and think about how the schedule can be structured to eliminate problems related to behavior, stress, fatigue, hunger, and disorganization.

Step 2 - Brainstorm What You Want—

Less confusion in the morning, homework done by dinner, kids in bed by a certain hour, family play time, relaxation, a clean house - this is the time to think about what you want in your family life. Focus on a balance of activity and rest for your family. Take an honest look at both moms and dads' and kid's needs.

Step 3 - Write It Down—

Get a poster board and a marker, and write it down for all to see. Post it in the kitchen, and tell the Aspergers youngster that you will now be following it. You're likely to get some opposition, so moms and dads need to stand firm.

Step 4 - Follow the Schedule for a Week—

Check the schedule often, and let it guide your days for at least one week. Instruct the kids to check the schedule and follow it. If you must remind them, do so; but, your goal is for the kids to learn to take responsibility for their part of the schedule.

Step 5 - Tweak the Schedule—

After the first week, take a look at what is working and how the schedule needs changing. Make changes in the schedule, and write it on a new poster. Continue to follow your daily family schedule until it is second nature. In a few weeks, you'll marvel at how this simple tool has changed your family life for the better.

Here is just one of many examples of schedules for Aspergers children: EARLY MORNING SCHEDULE—

7:30 - 8:15 a.m. - Youngster and parent prepare for breakfast.

8:15 - 8:45 a.m. - Breakfast and clean-up: As youngster finishes breakfast, he reads books or listens to music until free play begins.

MORNING SCHEDULE—

8:45 - 9:00 a.m. – Sharing time: Conversation and sharing time; music, movement, or rhythms; finger-plays.

9:00 - 10:00 a.m. - Free play: Youngster selects from one of the interest areas: art, blocks, library corner, table toys, house corner, sand and water.
10:00 - 10:15 a.m. - Clean-up: Youngster puts away toys and materials; as he finishes, he selects a book to read.

10:15 - 10:30 a.m. - Story time: The length of story time should vary with the age of the youngster.

10:30 - 10:50 a.m. - Snack and preparation to go outdoors.

10:50 - 11:45 a.m. - Outdoor play: Youngster selects from climbing activities, wheel toys, balls, hoops, sand and water play, woodworking, gardening, and youngster-initiated games.

11:45 - 12:00 noon - Quiet time: Youngster selects a book or listen to tapes. LUNCH AND REST—

12:00 - 12:45 p.m. - Prepare for lunch, eat lunch, clean up: As youngster finishes lunch, he goes to the bathroom and then read books on his bed in preparation for nap time.

12:45 - 1:00 p.m. - Quiet activity prior to nap: Story, song by parent, quiet music, or story record.

1:00 - 3:00 p.m. - Nap time: As youngster awakens, he reads books or plays quiet games such as puzzles or lotto on their cots (kids who do not sleep or who awaken early are taken into another room for free play with books, table toys, and other quiet activities).

AFTERNOON SCHEDULE—

3:00 - 3:30 p.m. - Snack and preparation to go outdoors.

3:30 - 4:30 p.m. - Outdoor play: Youngster selects from climbing activities, wheel toys, balls, hoops, sand and water play, woodworking, gardening, and youngster-initiated games.

4:30 - 5:15 p.m. - Free play: Youngster selects from art (activity requiring minimal clean-up time), blocks, house corner, library corner, and table toys.

5:15 - 6:00 p.m. - Clean-up: After snack, parent plans quiet activities such as table toys; songs, finger-plays, or music; stories; and coloring. Older kids might help parent prepare materials for the next day.

My Aspergers Child: Preventing Tantrums and Meltdowns in Aspergers Children 07:16AM (-08:00)
Aspergers in Grown-ups

More males than females have Aspergers. While every man or woman who has the syndrome will experience different symptoms and severity of symptoms, some of the more common characteristics include:

- Adherence to routines and schedules, and stress if expected routine is disrupted
- Average or above average intelligence
- Difficulties in empathizing with others
- Hampered conversational ability
- Inability to manage appropriate social conduct
- Inability to think in abstract ways
- Problems with controlling feelings such as anger, depression and anxiety
- Problems with understanding another man or woman's point of view
- Specialized fields of interest or hobbies

The emotions of other individuals—

A man or woman with Aspergers may have trouble understanding the emotions of other individuals, and the subtle messages that are sent by facial expression, eye contact and body language are often missed. Because of this, a man or woman with Aspergers might be seen as egotistical, selfish or uncaring. These are unfair labels, because the affected individual is neurologically unable to understand other individual's emotional states. They are usually shocked, upset and remorseful when told their actions were hurtful or inappropriate.

Sexual codes of conduct—

Research into the sexual understanding of individuals with Aspergers is in its infancy. Studies suggest that affected individuals are as interested in sex as anyone else, but many don't have the social or empathetic skills to successfully manage adult relationships.

Delayed understanding is common; for example, a man or woman with Aspergers aged in their 20s typically has the sexual codes of conduct befitting a teenager. Even affected individuals who are high achieving and academically or vocationally successful have trouble negotiating the 'hidden rules' of courtship. Inappropriate sexual behavior can result.

Being a partner and parent—

Some affected individuals can maintain relationships and parent children, although there are challenges. Dutch research suggests that the divorce rate for individuals with Aspergers is around 80 per cent.

A common marital problem is unfair distribution of responsibilities. For example, the
partner of a man or woman with Aspergers may be used to doing everything in the relationship when it is just the two of them. However, the partner may need practical and emotional support once children come along, which the individual with Aspergers is ill equipped to provide. When the partner expresses frustration or becomes upset that they're given no help of any kind, the individual with Aspergers is typically baffled. Tension in the relationship often makes their symptoms worse.

The workplace—

The Commonwealth Department of Family and Community Services, in conjunction with a range of specialist employment services, help to place individuals with disabilities in the workforce. A man or woman with Aspergers may find their job opportunities limited by their disability. It may help to choose a vocation that takes into account the individual’s symptoms, and plays to the strengths rather than the weaknesses. The following career suggestions are adapted from material written by Temple Grandin, who has high-functioning autism and is an assistant professor at Colorado University, USA.

Careers to avoid—

Careers that rely on short term memory should be avoided. Examples include:

• Air traffic controller
• Cashier
• Receptionist
• Short order cook
• Taxi dispatcher
• Waitress

Career suggestions for visual thinkers— Suggestions include:

• Appliance repair
• Building maintenance
• Building trades
• Commercial art
• Computer programming
• Drafting
• Equipment design
• Handcraft artisan
• Mechanic
• Photography
• Video game designer
• Webpage designer

Career suggestions for those good at mathematics or music— Suggestions include:
• Accounting
• Bank teller
• Computer programming
• Engineering
• Filing positions
• Journalist, copy editor
• Mathematician
• Physician
• Piano (or other musical instrument) tuner
• Statistician
• Taxi driver
• Telemarketing

Common issues for partners—

An adult’s diagnosis of Aspergers often tends to follow their child’s diagnosis of autism spectrum disorder. This ‘double whammy’ can be extremely distressing to the partner who has to cope simultaneously with both diagnoses. Counseling, or joining a support group where they can talk with other individuals who face the same challenges, can be helpful. Some common issues for partners include:

• A sense of isolation, because the challenges of their relationship are different and not easily understood by others.
• After accepting that their partner’s Aspergers won’t get better, common emotions include guilt, despair and disappointment.
• Difficulties in accepting that their partner won’t recover from Aspergers.
• Failure to have their own needs met by the relationship.
• Feeling overly responsible for their partner.
• Frequent wondering about whether or not to end the relationship.
• Frustration, since problems in the relationship don’t seem to improve despite great efforts.
• Lack of emotional support from family members and friends who don’t fully understand or appreciate the extra strains placed on a relationship by Aspergers.

Depression—

Like all mental conditions which cause people to behave differently from the norm, Aspergers is associated with depression. Depression can be caused by a number of things including:

• Anxiety and Panic Attacks
• Fatigue or Tiredness due either to the condition that all to the treatment of the condition
• Guilt or regret over past actions/outburst/meltdowns
• Miscommunications / Misunderstandings
• Overwhelming feelings and thoughts
• Social troubles because you do not seem to fit in
Recent research suggests that depression is common in individuals with Asperger syndrome with about 1 in 15 people with Aspergers experiencing such symptoms. There are a number of factors which would influence the onset of depression. These include as follows:

• Difficulty reading of other people's body language expressions and tone (leading to misunderstandings)
• Obsession with completeness, order and patterns
• Obsessive compulsion
• Unusual world view/Paradigm
• Very good long term memory

Things to remember—

A man or woman with Aspergers often has trouble understanding the emotions of other individuals, and the subtle messages that are sent by facial expression, eye contact and body language are often missed. Research suggests that the divorce rate for individuals with Aspergers is around 80 per cent. Social training, which teaches how to behave in different social situations, is generally more helpful to a man or woman with Aspergers than counseling.

My Aspergers Child: Preventing Meltdowns 10:36AM (-08:00)

Aspergers Children: Medication & Side Effects

Kids who have Aspergers think and function very differently than other kids. In most cases, they need special help and coaching to function more successfully in their school and home environments. Treatments for ASPERGERS focus on helping kids manage in these settings.

Special education services, behavior therapy, speech therapy, and physical or occupational therapy may help the youngster learn to function more effectively and harmoniously with others. Training and counseling for parents and other family members also may be helpful.

There are no specific medications used to treat ASPERGERS. However, kids who suffer from anxiety, depression, hyperactivity, or obsessive-compulsive disorder as a result of Aspergers may benefit from medication to help with these symptoms. When these medications are prescribed, the youngster will be monitored by his or her health care provider at regular intervals throughout treatment.

To treat depression, drugs such as fluoxetine (Prozac®, Sarafem®) may be prescribed. It is important for parents to work closely with the youngster's health care provider and to fully understand how to monitor the youngster for side effects of antidepressant medication. In some kids and teenagers, these medications may increase suicidal
thoughts and actions.

Other side effects that should be reported to the youngster's health care provider immediately include the following:

- Aggressive or impulsive behavior
- Agitation or restlessness
- Increased activity level
- Increased chattiness
- Increased depression or anxiety
- Increased irritability
- Panic attacks
- Sleep difficulties
- Strange moods or behavior changes

Kids should be monitored especially closely when they first begin taking antidepressant medication or if the dosage of the medication is changed. These medications should not be discontinued or the dosage changed without consulting a qualified health care provider.

To treat obsessive-compulsive behavior (OCD), clomipramine (Anafranil®) may be prescribed. Clomipramine is also an antidepressant and increases the risk for suicidal thoughts and actions in kids and teens. Patients should be monitored closely while taking this medication. Side effects that should be reported immediately to the youngster's health care provider include the following:

- Weakness
- Tremors
- Tiredness
- Seizures
- Muscle stiffness
- Loss of bladder control or difficulty with urination
- Increased heart rate
- Hallucinations
- Eye pain
- Depression
- Breathing difficulties

The following side effects, which generally are less serious, should be reported to the youngster's health care provider if they persist or cause particular discomfort:

- Sinus congestion
- Nervousness
- Loss of memory or difficulty concentrating
- Intestinal symptoms
- Headache
- Drowsiness
- Changes in appetite
These medications should not be discontinued or the dosage changed without consulting a qualified health care provider.

To treat inattentiveness or hyperactivity, stimulants such as methylphenidate (Concerta®, Ritalin®) or dextroamphetamine (Dexadrine®) may be prescribed. These medications can be habit forming and should be used with caution in patients who have heart problems or psychiatric conditions. The youngster's health care provider will take a careful health history and perform a medical evaluation before prescribing this medication.

Methylphenidate and dextroamphetamine can interfere with the youngster's growth and weight gain. If this occurs, the youngster's health care provider should be contacted right away. The following serious side effects also should be reported immediately:

- Vision problems
- Speech difficulties
- Shortness of breath
- Seizures
- Pounding heartbeat
- Numbness in arms or legs
- Muscle weakness
- Mood changes
- Hives
- Hallucinations
- Extreme tiredness
- Dizziness
- Distorted perceptions of reality
- Chest pain

The following side effects generally are less serious and should be reported to the youngster's health care provider if they persist or cause particular discomfort:

- Sleep problems
- Shakiness, nervousness, or restlessness
- Nausea or vomiting
- Loss of appetite
- Headache
- Gastrointestinal distress
- Dry mouth

These medications should not be discontinued or the dosage changed without consulting a qualified health care provider.
Aspergers Child Abuse: Physical, Emotional, and Sexual

Aspergers Child Physical Abuse—

The statistics on physical child abuse are alarming. It is estimated hundreds of thousands of kids are physically abused each year by a parent or close relative. Thousands actually die as a result of the abuse. For those who survive, the emotional trauma remains long after the external bruises have healed. Communities and the courts recognize that these emotional “hidden bruises” can be treated. Early recognition and treatment is important to minimize the long term effect of physical abuse. Whenever a youngster says he or she has been abused, it must be taken seriously and immediately evaluated.

Aspergers kids who have been abused may display:

- a poor self image
- aggressive, disruptive, and sometimes illegal behavior
- anger and rage
- anxiety and fears
- drug and alcohol abuse
- fear of entering into new relationships or activities
- feelings of sadness or other symptoms of depression
- flashbacks, nightmares
- inability to trust or love others
- passive, withdrawn or clingy behavior
- school problems or failure
- self destructive or self abusive behavior, suicidal thoughts
- sexual acting out
- sleep problems

Often the severe emotional damage to abused kids does not surface until adolescence or even later, when many abused kids become abusing moms and dads. An adult who was abused as a youngster often has trouble establishing lasting and stable personal relationships. These men and women may have trouble with physical closeness, touching, intimacy, and trust as adults. They are also at higher risk for anxiety, depression, substance abuse, medical illness, and problems at school or work.

Early identification and treatment is important to minimize the long-term consequences of abuse. Qualified mental health professionals should conduct a comprehensive evaluation and provide treatment for kids who have been abused. Through treatment, the abused youngster begins to regain a sense of self-confidence and trust. The family can also be helped to learn new ways of support and communicating with one another. Moms and dads may also benefit from support, parent training and anger management.
Physical abuse is not the only kind of child abuse. Many kids are also victims of neglect, or sexual abuse, or emotional abuse. In all kinds of child abuse, the youngster and the family can benefit from evaluation and treatment from a qualified mental health professional.

In the view of some experts, Asperger's child abuse in this country has reached almost epidemic proportions. According to a recent report, more than two million kids are subjected to neglect and physical, emotional, or sexual abuse every year.

There is no standard definition of what constitutes child abuse, but each state has statutes that describe the forms of child abuse. Regardless of distinctions in legalistic terminology, however, experts agree that the abuse cases reported represent a small percentage of the actual number of kids who are victims of severe abuse.

Causes and Consequences:

Most moms and dads prefer to think of chronic child abuse as something that happens to other people's kids. While it is evident that certain kinds of stress make abuse statistically more likely — poverty, job loss, marital problems, extremely young and poorly educated mothers — abuse also occurs across all economic lines and in seemingly good homes. Many people blame the prevalence of violence on TV and in the movies, and while that theory has not as yet been fully substantiated, media violence may contribute to our acceptance of physical aggression toward kids. It is worth noting that cultures in which corporal punishment is not sanctioned have much lower rates of child abuse.

Asperger's Child Sexual Abuse—

Child sexual abuse has been reported up to 80,000 times a year, but the number of unreported instances is far greater, because the kids are afraid to tell anyone what has happened, and the legal procedure for validating an episode is difficult. The problem should be identified, the abuse stopped, and the youngster should receive professional help. The long-term emotional and psychological damage of sexual abuse can be devastating to the youngster.

Child sexual abuse can take place within the family, by a parent, step-parent, sibling or other relative; or outside the home, for example, by a friend, neighbor, child care person, teacher, or stranger. When sexual abuse has occurred, a youngster can develop a variety of distressing feelings, thoughts and behaviors.

No youngster is psychologically prepared to cope with repeated sexual stimulation. Even a two or three year old, who cannot know the sexual activity is wrong, will develop problems resulting from the inability to cope with the overstimulation.

The youngster of five or older who knows and cares for the abuser becomes trapped between affection and loyalty for the person, and the sense that the sexual activities are terribly wrong. If the youngster tries to break away from the sexual relationship, the abuser may threaten the youngster with violence or loss of love. When sexual abuse occurs within the family, the youngster may fear the anger, jealousy or shame of other
family members, or be afraid the family will break up if the secret is told.

A youngster who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness and an abnormal or distorted view of sex. The youngster may become withdrawn and mistrustful of adults, and can become suicidal.

Some kids who have been sexually abused have difficulty relating to others except on sexual terms. Some sexually abused kids become child abusers or prostitutes, or have other serious problems when they reach adulthood.

Often there are no obvious external signs of child sexual abuse. Some signs can only be detected on physical exam by a physician.

Sexually abused Aspergers kids may also develop the following:

- aspects of sexual molestation in drawings, games, fantasies
- delinquency/conduct problems
- depression or withdrawal from friends or family
- refusal to go to school
- secretiveness
- seductiveness
- sleep problems or nightmares
  - statements that their bodies are dirty or damaged, or fear that there is something wrong with them in the genital area
- suicidal behavior
- unusual aggressiveness, or
- unusual interest in or avoidance of all things of a sexual nature

Child sexual abusers can make the youngster extremely fearful of telling, and only when a special effort has helped the youngster to feel safe, can the youngster talk freely. If a youngster says that he or she has been molested, moms and dads should try to remain calm and reassure the youngster that what happened was not their fault. Moms and dads should seek a medical examination and psychiatric consultation.

Moms and dads can prevent or lessen the chance of sexual abuse by:

- Encouraging professional prevention programs in the local school system
  - Teaching kids that respect does not mean blind obedience to adults and to authority, for example, don't tell kids to, Always do everything the teacher or baby-sitter tells you to do
  - Telling kids that if someone tries to touch your body and do things that make you feel funny, say NO to that person and tell me right away

Sexually abused kids and their families need immediate professional evaluation and treatment. Child and adolescent psychiatrists can help abused kids regain a sense of self-esteem, cope with feelings of guilt about the abuse, and begin the process of overcoming the trauma. Such treatment can help reduce the risk that the youngster will develop serious problems as an adult.
Many moms and dads are unsure or squeamish about bringing up sexual matters, especially with their kids. Yet, there are ways of laying the groundwork so that you can talk to your youngster without scaring her. Establish an open dialogue about sexual issues early on. If you introduce the subject of sex in a discussion of abuse, there is the danger that the idea of sex may become automatically linked in your youngster’s mind with danger and anxiety.

If you have fostered in your youngster a sense of ownership regarding her body, she will likely have an instinct about what is okay for her body and what is not. You build on her natural sense of ownership of her body by letting her pick out her own clothes or wash herself in her own way. Also, avoid pushing her to kiss or hug other adults when she clearly does not want to.

Finally, when moms and dads treat their kid’s bodies with respect, kids tend to demand that others treat their bodies in a similar manner. Kids who are consistently hit, grabbed, or physically punished at home may feel that adults are entitled to misuse their bodies simply because they are bigger.

Responding To Aspergers Child Sexual Abuse—

When a youngster tells an adult that he or she has been sexually abused, the adult may feel uncomfortable and may not know what to say or do. The following guidelines should be used when responding to kids who say they have been sexually abused:

What to Say—If a youngster even hints in a vague way that sexual abuse has occurred, encourage him or her to talk freely. Don't make judgmental comments.

• Assure the youngster that they did the right thing in telling. A youngster who is close to the abuser may feel guilty about revealing the secret. The youngster may feel frightened if the abuser has threatened to harm the youngster or other family members as punishment for telling the secret.

• Show that you understand and take seriously what the youngster is saying. Child and adolescent psychiatrists have found that kids who are listened to and understood do much better than those who are not. The response to the disclosure of sexual abuse is critical to the youngster’s ability to resolve and heal the trauma of sexual abuse.

• Tell the youngster that he or she is not to blame for the sexual abuse. Most kids in attempting to make sense out of the abuse will believe that somehow they caused it or may even view it as a form of punishment for imagined or real wrongdoings.

• Finally, offer the youngster protection, and promise that you will promptly take steps to see that the abuse stops.

What to Do—Report any suspicion of child abuse. If the abuse is within the family, report it to the local Child Protection Agency. If the abuse is outside of the family, report it to the police or district attorney’s office. Individuals reporting in good faith are immune from prosecution. The agency receiving the report will conduct an evaluation and will take
action to protect the youngster.

Moms and dads should consult with their pediatrician or family physician, who may refer them to a physician who specializes in evaluating and treating sexual abuse. The examining doctor will evaluate the youngster's condition and treat any physical problem related to the abuse, gather evidence to help protect the youngster, and reassure the youngster that he or she is all right.

Kids who have been sexually abused should have an evaluation by a child and adolescent psychiatrist or other qualified mental health professional to find out how the sexual abuse has affected them, and to determine whether ongoing professional help is necessary for the youngster to deal with the trauma of the abuse. The child and adolescent psychiatrist can also provide support to other family members who may be upset by the abuse.

While most allegations of sexual abuse made by kids are true, some false accusations may arise in custody disputes and in other situations. Occasionally, the court will ask a child and adolescent psychiatrist to help determine whether the youngster is telling the truth, or whether it will hurt the youngster to speak in court about the abuse.

When a youngster is asked as to testify, special considerations--such as videotaping, frequent breaks, exclusion of spectators, and the option not to look at the accused--make the experience much less stressful.

Adults, because of their maturity and knowledge, are always the ones to blame when they abuse kids. The abused kids should never be blamed.

When a youngster tells someone about sexual abuse, a supportive, caring response is the first step in getting help for the youngster and reestablishing their trust in adults.