Asperger’s Syndrome

Asperger’s syndrome (AS) is an autism spectrum disorder considered to be on the “high functioning” end of the spectrum. Affected children and adults have difficulty with social interactions and exhibit a restricted range of interests and/or repetitive behaviors. Motor development may be delayed, leading to clumsiness or uncoordinated motor movements, however, those with AS do not have significant delays or difficulties in language or cognitive development. Some even demonstrate precocious vocabulary – often in a highly specialized field of interest. While statistics on Autism are well publicized, not much is found specific to Asperger’s syndrome.

Symptoms

- difficulty making friends of the same age, children with AS may feel more comfortable with adults or much younger children
- does not empathize with or seems insensitive to others’ feelings and has a hard time “reading” other people or may have difficulty understanding humor
- engages in one-sided, long-winded conversations, without noticing if the listener is still listening or trying to change the subject
- displays unusual nonverbal communication, such as lack of eye contact, few facial expressions, or awkward body postures and gestures
- doesn’t understand the give-and-take of conversation or engage in “small talk”
- may speak in a voice that is monotone, rigid, jerky or unusually fast
- may be extremely literal or have difficulty understanding the nuances of language, despite having a good vocabulary
- may have an intense obsession with one or two specific, narrow subjects
- may strongly prefer repetitive routines or rituals and becomes upset at any small changes
- may memorize information and facts easily, especially information related to a topic of interest
- may have clumsy, uncoordinated movements
- may perform repetitive movements, such as hand or finger flapping
- may engage in violent outbursts, self-injurious behaviors, tantrums or meltdowns
- may be hypersensitive to sensory stimulation such as light, sound, and texture
Testing & Diagnosing

Many different professionals can diagnose Asperger Syndrome (or pervasive developmental disorder, non-verbal learning disabilities, high functioning autism and other names as well). Psychologists, pediatric neurologists, developmental pediatricians, psychiatrists and other professional diagnosticians can all diagnose Asperger Syndrome.

Generally a multidisciplinary team approach evaluation done at a medical or evaluation center, or a neuropsychological battery of tests, done by a neuropsychologist, provide the most in depth reports. This report then could be used by the parents to understand their child’s thinking and feeling and to help the parents and school create the most effective Individualized Educational Plan or other service package.

Teaching Strategies

Language

Students with Asperger’s tend to interpret language very literally, so avoid slang or idiomatic speech. Students with Asperger’s may also have difficulty interpreting tone and facial expressions. 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-Asperger’s peers. If the student is doing something inappropriate, do not bother asking them why they are doing it. Tell them in clear, short statements what they should do.

Sensory Adjustments

Make allowances for sensory issues. Take time to evaluate the classroom in terms of sensory stimulation and how the environment affects the student with Asperger’s syndrome. Modify the classroom as needed to reduce distraction that may cause self-soothing behavior. In addition, teach the students some self-soothing techniques that are not as disruptive to the classroom (e.g., squeezing a squishy ball; taking a time-out to get a drink of water).

Routine

Consistent routine and structure reduces stress for the student and the organization and consistency of your classroom environment is one of the key factors in managing the student’s deficits. Wherever possible prepare the student for potential changes or transitions.

Exit Strategy

If the student is getting overwhelmed, help the student 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.

Resources:
- https://www.autismspeaks.org
- https://www.aane.org
- http://www.brainbalancecenters.com
- http://www.schoolbehavior.com
- http://www.myaspersgerschild.com
- http://www.autism-society.org

Glossary

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