Asperger’s Syndrome

Disability Information Session
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What is Asperger’s Syndrome?

- Individuals with AS can exhibit a variety of characteristics and the disorder can range from mild to severe. Persons with AS show marked deficiencies in social skills, have difficulties with transitions or changes and prefer sameness. They often have obsessive routines and may be preoccupied with a particular subject of interest. They have a great deal of difficulty reading nonverbal cues (body language) and very often the individual with AS has difficulty determining proper body space. Often overly sensitive to sounds, tastes, smells, and sights, the person with AS may prefer soft clothing, certain foods, and be bothered by sounds or lights no one else seems to hear or see. It's important to remember that the person with AS perceives the world very differently. Therefore, many behaviors that seem odd or unusual are due to those neurological differences and not the result of intentional rudeness or bad behavior, and most certainly not the result of "improper parenting".

OASIS http://www.aspergersyndrome.org
Origin of Syndrome

- First identified by Hans Asperger in 1944.
- He described a group of boys who found it difficult to “fit in” socially due to poor social interaction; failure in communication; and development of narrow interests.
DSM Classification

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
  1. marked impairments 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 (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people)
  4. lack of social or emotional reciprocity

- B. 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 (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  4. persistent preoccupation with parts of objects

- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning

- D. 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)

- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood

- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia

Diagnostic and Statistical Manual of Mental Disorders, IV-TR
Autism Spectrum Disorders

- Also known as Pervasive Developmental Disorder or PDD.
- Group of 5 diagnoses
- Autism
- Asperger’s Syndrome
- Childhood Disintegrative Disorder
- PDD-NOS
- Rett’s Syndrome
Co-Morbid Conditions

- ADD/ADHD
- Anxiety Disorders
- Seizure Disorders
- Depression
- Bipolar Disorders
- Tourette’s
- Oppositional Defiant Disorder
Common Misconceptions

- Individuals with AS have low-IQ.
- Effect of bad parenting
- Person should be able to control their behavior
Strengths

- Individuals with AS are quirky but are also creative and intelligent.
- Can be successful in “narrow” careers, IT, Engineering
- Have a unique perspective
Challenges

- High level of anxiety
- Sensory integration difficulties
- Auditory integration difficulties
- Deficits in fine and gross motor skills
- Hyper/Hypo sensitive to stimuli
- Not multi-taskers
- Poor executive functioning skills
- Difficulties with transitions
- Literal
- Inflexible
### Transition from High School to College

- Not always willing to disclose disability.
- Social deficits.
- College not as “routine” as high school
- Individualized support not as readily available as in high school
- Dorm life can be problematic.
- What is parental role?
Instructional Implications

- **Issue:** Insistence on Sameness
  - **Solution:** Provide predictable environment. Avoid surprises. Prepare syllabus and do not deviate unless absolutely necessary.

- **Issue:** Impairment in Social Interaction
  - **Solution:** Find a peer/other who can work with the student in group or other class situations. Prevent bullying and teasing.
Instructional Implications:

- Issue: Fixed Range of Interest
  Solution: Limit the amount of questions/discussion a student can have around a particular subject. Set boundaries. Use this interest area to help the student branch out from their comfort zone.
Instructional Implications:

- **Issue:** Poor Concentration
  Solution: Break down assignments. Set clear but firm expectations. In testing environments, write down the amount of time that should be spent on a particular problem.

- **Issue:** Impaired academic skills
  Solution: Motivate students. Emphasize their memory skills. Try to avoid abstract concepts or explain them thoroughly.
Instructional Implications:

- Issue: Emotional Vulnerability
  Solution: AS students can be easily stressed. Minimize stress with consistency. Speak in a calm and steady voice. Refer for help when needed.
Instructional Implications:

- Issue: Poor language skills
  
  Solution: Focus is on the pragmatic. Do not always understand nuances, references, etc. Very literal. Provide encouragement for assistance with writing assignments/papers.

OASIS

http://www.aspergersyndrome.org
Things Faculty Can Do

- Educate yourself
- Meet with students individually to get a sense of how they are feeling/doing in your class.
- Watch how others are treating them.
- Ask questions and know where to go for help!
What Can the DSO do for You?

- Meet with faculty individually and/or with the student.
- Help provide resource material.
- Explain the impact of accommodations in the academic environment.
- Help understand the disability.
Resources

- www.autismspeaks.org
- http://www.autismsource.org/