What is Asperger’s Syndrome (AS)?

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Asperger’s Syndrome (AS) is a neurobiological developmental disorder often referred to as the milder form of Autism. AS had originally been described by Dr. Hans Asperger, Austrian pediatrician in 1944, however, it has only been included in the US Diagnostic Statistical Manual-IV (DSM-IV) in 1994. Individuals with AS are characterized by intellectual capacity within the normal range, severe impairment in subtle social interaction combined with restricted stereotyped patterns of behaviour, interest, activities and behaviour (DSM-IV, 1994). They desire to fit in socially and have friends, but have a great difficulty making effective social connections. Many are at risk for developing mood disorders (anxiety, depression), especially at the age of adolescence. AS is a diagnosis that affects approximately 1 in every 200 to 250 individuals (Kadesjo, Gillberg, & Hagberg, 1999). A single cause of AS is unknown at this time.

Common AS characteristics:

Social Interaction
- Impairment in the use of multiple non-verbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interactions.
- Failure to develop peer relationships appropriate to developmental level.
- May not seek to share enjoyment, interests or achievements with other people (e.g. lack of showing or pointing out objects of interest to others).
- Lack of social or emotional reciprocity

Restricted, Repetitive and Stereotyped patterns of Behaviour
- Encompassing preoccupation with one or more areas of interest that is abnormal in intensity of focus
- Inflexible adherence to specific, nonfunctional routines or rituals
- Stereotyped and repetitive motor mannerisms (e.g. hand flapping)
- Preoccupation with parts of objects

Other
- No significant delay in language. Single words used by 2 years, phrases by 3 years.
- No significant delay in cognitive development. Normal IQ often present.
- No significant delay in age appropriate self-help skills.

(Adapted from DSM IV, 1994)

Impact on Daily Living

Social Relations
- May have difficulty maintaining social interactions.
- May engage in social interaction only on his or her terms.
- May have difficulty perceiving unwritten social rules (e.g. you can swear when you are with your friends but not when you are with a parent).
- May have difficulty understanding and expressing various emotional states.
- May have difficulty taking the perspective of another person.

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Communication
- May have highly articulate expressive language skills around topics of interest however have difficulty maintaining conversations with others.
- May have difficulty understanding the rules of conversations (e.g. not interrupting, staying on topic, initiating vs responding).
- May have difficulty interpreting non-verbal cues of others such as: voice tone, voice volume, facial expressions, gestures, and personal space.
- May have difficulty regulating own non-verbal cues.
- May have abnormal pitch, rhythm and/or modulation of voice tone (prosody)
  - (e.g., monotone voice and singsong voice).
- May interpret information literally and concretely resulting in a difficulty with figurative language, joking, and multiple meaning words.

Restricted and Repetitive Patterns of Behaviour
- May insist on sameness - may be overwhelmed by changes in routine.
- Child’s behaviour is often rule governed and he or she may become upset when self or others break rules.
- May have difficulty organizing verbal and written thoughts and organizing materials.
- May talk/read about a limited range of topics and ask repetitive questions regarding topics of interest.
- May be easily distracted by environmental stimuli (e.g. noisy room, fire bell, and physical touch).

Recommendations
- Minimize distractions when presenting an instruction (e.g. turn off television, clear clutter of the table)
- Break tasks down into small steps, use short clear instructions, and highlight important information
- Present tasks in several ways (visual, verbal, physical)
- Eye contact can be too distracting so don’t force it. It doesn’t mean that your child is not paying attention. He/she is focusing on what you’re saying and perhaps looking at your mouth rather than your eyes.
- Feelings and emotions are very difficult to comprehend for children with AS. Don’t assume your child know how you’re feeling, tell them explicitly.
- Avoid emotional nuances, multiple levels of meaning (sarcasm, irony, metaphor, idioms) as they may often be misunderstood.
- AS individuals have a difficult time comprehend abstract concepts offer added explanation and try to simplify concepts that are abstract. Use visual cues, such as drawings or written words, to augment the abstract idea.
- Offer a high level of consistency. Prepare your child for changes in daily routine (written or visual timetable) to lower anxiety. Teach him/her strategies to manage anxiety when it becomes overwhelming, e.g. diaphragmatic breathing relaxation.
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Facilitate Social Learning

- Teach understanding of emotions of others and correct way to respond academically. When you see your child make a social error offer him/her an alternative more socially appropriate response.

References


www.aspennj.org

Resources

About Asperger’s Syndrome:


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What is Asperger’s Syndrome (AS)?

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