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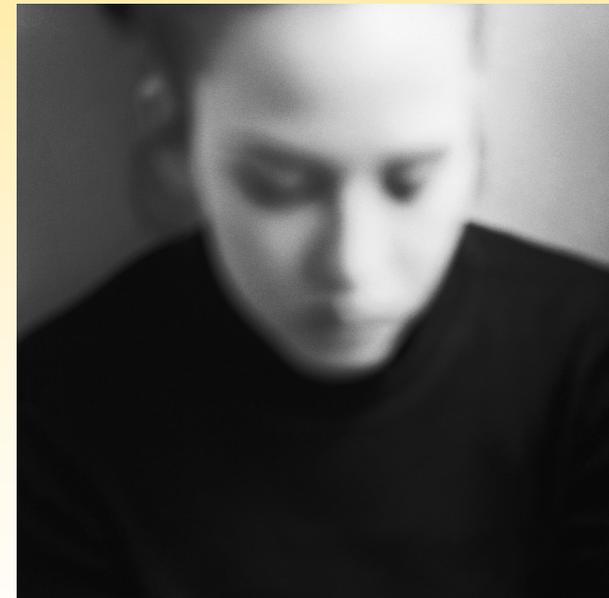
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*An Information Booklet
For Greene County Families and Educators*

Quick Facts: Asperger Syndrome



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

What is Asperger Syndrome (AS)?

Asperger Syndrome (AS) is a neurological disorder that is marked by difficulties in communication, social interactions, and the presence of repetitious or rigid routines and/or limited interests. The cause of AS is unknown, but research has shown that AS has a genetic component. Individuals with AS typically have average to above average intellectual abilities.



Children with AS may have a preoccupation with one particular interest that tends to be the focus of conversations and free play. This area of special interest may persist into adulthood or may change over time with one preoccupation replacing another. Children with AS may also display an inflexible adherence to specific routines or rituals.

Children with AS have varying patterns of language development. While some children have clear language delays, others achieve language milestones within appropriate timeframes. They may speak in an overly formal manner or have unusual patterns in their volume, intonation, or rate of speech. Children with AS may have a vast vocabulary and sound like “little professors,” but often have impaired language comprehension. They often have difficulties with conversation skills, including problems with turn-taking, a tendency to limit conversations to special interests, and sustaining the “give and take” of conversations. They also have difficulties with nonverbal communication, including the restricted use of gestures, inappropriate or limited facial expressions, and adjusting to social proximity.



While some children with AS do not display a desire to interact with peers, many children with AS have interests in social interactions and want to have friendships. However, these children often lack the social skills necessary to interact with peers and may display socially and emotionally inappropriate responses. As a result, they typically fail to develop age-appropriate peer relationships.



Getting Linked

- Family Violence Prevention Center 937-376-8726
<http://www.violencefreefutures.org>
- Family Solutions Center (TCN) 937-427-3837
<http://www.tcn-bhs.org>
- NAMI Greene County 937-322-5600
http://www.namiohio.org/mental_health_affiliates/affiliate/80
- Greene County Juvenile Court 937-562-4000
<http://www.co.greene.oh.us/JUV>
- Greene County Family and Children First 937-562-5600
<http://www.co.greene.oh.us/fcf/default.asp>
- Mental Health and Recovery Board 937-322-0648
<http://mhrb.org>

Asperger Syndrome Resources

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

Nat'l. Alliance on Mental Illness
www.nami.org

SAMHSA
www.mentalhealthsamhsa.gov

Autism Support Daily
www.autismsupportdaily.com

Asperger Syndrome Information & Support
www.udel.edu/bkirby/asperger

Autism Speaks
www.autismspeaks.org

National Institute of Mental Health
www.nimh.nih.gov



Cultural Considerations

Asperger Syndrome is a disorder that occurs across all ethnic, racial, socio-economic, and educational levels. There are gender differences in the rate of Asperger Syndrome; it is 3-4 times more common in boys than girls. Asperger Syndrome has a genetic component: families with one child with Asperger Syndrome are at a greater risk to have another child with the same disorder.

Cultural influences and beliefs may affect how the child is perceived by their parents, peers, and community. Cultural influences may impact a family's priorities for skills to target as part of the child's education and whether a family will seek or be receptive to certain interventions.



Common Signs and Symptoms of Asperger Syndrome

Impairments in social interaction

- Limited eye contact or socially inappropriate eye contact (staring)
- Difficulty reading social cues, facial expressions, and body language
- Difficulty determining proper body space
- Lack of social or emotional reciprocity
- Difficulty identifying and expressing feelings
- Lack of interactive play and spontaneous initiations with others
- Failure to develop peer relationships appropriate to developmental level

Impairments in language/communication

- Difficulties with rate of speech and volume
- Limited use of gestures and facial expression to communicate socially
- Limited use of non-literal language (metaphor, irony, humor)
- One-sided conversations dominated by their special interests
- Expansive vocabulary but limited language comprehension
- Perseverative or repetitive speech
- Difficulty following multi-step directives

Restricted, repetitive patterns of behavior, interests, activities

- Inflexible adherence to specific routines/rituals/schedules
- Intense, limited interests
- Preoccupation with parts of objects
- Intolerance to making mistakes
- Repetitive motor movements
- Noncompliance, aggressive episodes, tantrums, or outbursts

Impairments in motor skills

- Delays in acquisition of motor skills
- May be physically clumsy, poorly coordinated
- Odd gait or posture
- Difficulty pedaling a bike, catching a ball
- Deficits in fine-motor skills
- Deficits in visual-motor skills

Developmental Variations

Early Childhood (3-5 years old)

Asperger Syndrome is easily overlooked in early childhood. Though some children with AS may have early language and motor development delays, they often hit most of their developmental milestones within reasonable time periods. In fact, some children with AS have particularly strong early skill development in areas such as letter or number recognition or rote memorization of facts. Many young children with AS appear like other children, but have a socially awkward manner characterized by perseverative language and difficulty with spontaneous interactions. They may also have significant difficulties transitioning from one activity to another. Though children with AS may have immature social skills and peer interactions and are often viewed as “odd,” they frequently leave early childhood without being diagnosed with AS.



Middle Childhood (6-12 years old)

Children with AS may have difficulties performing motor skills such as pedaling a bike, catching a ball, or climbing on outdoor play equipment. Once in school, academic skills are often an area of relative strength though the child’s “obsessive” interests often intrude in the classroom setting and interfere with classroom functioning. In addition, children with AS are likely to show delays in important social developmental tasks such as making and keeping friends. They may show particular interest in one or a few children around them, but the depth of their interactions is often relatively superficial.



Adolescence (13-18 years old)

The adolescent years are difficult for children with AS. They have difficulties relating to peers and reading the complex social rules and cues that are associated with this age group. They are often misunderstood, making them targets for teasing and bullying. They may have some behavior challenges including withdrawal, noncompliance, and outbursts and are apt to struggle with less structured settings (cafeteria, PE) and organizational and study skills.



Educational Implications

Asperger Syndrome can have significant impacts on a student’s ability to function in school. Since this disorder is very individualized, the impact on an individual’s educational experience and progress can vary. Students with AS may struggle with language comprehension, nonverbal and verbal communication skills, social skills, prioritizing tasks and planning, organizational skills, multi-step directives, language, fine and gross motor skills, self-regulation, and behavior management. Children with AS perform best with structured routines and schedules. Support should be provided around transitions and changes. Children with AS often require extra educational supports including the use of visual supports, breakdown of difficult tasks into steps, and frequent check-ins during independent work or large projects. Educational programming should ensure that students acquire real-life skills and occupational development in addition to academic skills. In addition, generalization is difficult for children with AS. It may be necessary to modify classroom instruction to ensure that the student generalizes information to everyday situations. Consistency is also vital with children with AS and all school personnel should be familiar with the child’s style and needs. Children with AS may have decreased motivation to perform school-related tasks and frequent reinforcement should be built into their educational programming. Many students with AS have symptoms that impact school functioning pervasively and require a comprehensive, multi-faceted, multi-disciplinary intervention approach.

