

ASPERGER SYNDROME

What Is Asperger Syndrome?

An Introduction

- Asperger Syndrome is an Autism Spectrum Disorder (ASD) and was first included in the Diagnostic and Statistical Manual (American Psychiatric Association) under the general category of Pervasive Developmental Disorders (PDDs) in 1994. In Vienna, pediatrician Hans Asperger wrote about this cluster of characteristics as early as 1944.
- Although research on the prevalence rate for Asperger Syndrome is ongoing, it is thought that as many as 60 individuals per 10,000 have some form of an Autism Spectrum Disorder. Based on current population statistics for Ontario, this prevalence rate translates to 74, 356 individuals in Ontario living with an Autism Spectrum Disorder.
- Asperger Syndrome traits may make it difficult for children to function well in school and for adults to find and keep employment.
- Many individuals with Asperger Syndrome exhibit extensive knowledge of a specific interest and therefore are capable of major accomplishments.
- Although Asperger Syndrome can be first detected in childhood, many individuals are not diagnosed until well into adolescence or adulthood.
- The cause of Asperger Syndrome is not yet established, but a leading theory at this time points to genetic causes. Many individuals diagnosed with Asperger Syndrome identify similar traits in their family members.
- Treatments for people with Asperger Syndrome may include counselling, psycho-education, social skills training, medication, family intervention, occupational therapy, speech-language pathology, special diets, and others.
- Without diagnosis, support and intervention, children, adults and their families struggle to understand their puzzling profile of strengths and deficits.

Common Traits of Individuals with Asperger Syndrome

Social/Communication Traits

- Despite a desire for friends, difficulty in initiating or maintaining close relationships
- Problems reading non-verbal or social cues or understanding/using social rules
- Very socially naïve and as a result are often taken advantage of, rejected, or bullied
- Social contact may be directed by them (e.g. play is “on their terms” or not at all)
- Poor (or intense) eye contact, atypical use of gestures and flat or inappropriate facial expressions
- One-sided conversations, and little ability for “small talk”
- May appear overly shy or overly extroverted, but inappropriately so

- Unaware of others' thoughts, feelings or perceptions resulting in inadvertently appearing rude or inconsiderate
- Literal interpretation of communication from others
- Avoidant of social contact or events, and may experience heightened anxiety in social situations
- Language is learned and used in "chunks" (e.g., phrases, dialogue from TV shows, etc.)
- Communication is used for delivering information or requesting, not as a way of interacting socially

Behavioural Traits

- May respond poorly to changes, sensory stimuli, transitions, lack of structure, and restrictions
- Repetitive movements (e.g., jumping, rocking, pacing) and speech (i.e., talking about favourite topics, interest)
- Rigid, inflexible and rule-bound behaviour
- Inappropriate behaviour given the social situation (e.g., speaking too loud in place of worship)
- Exaggerated emotional response to situations (e.g., tantrums when asked to do something that they don't want to do)
- Superior ability to focus on favourite activity or area of interest (e.g., spends hours mastering video game to the exclusion of other pastimes)

Cognitive Traits

- Average to superior intelligence
- Detail oriented approach to tasks which may result in missing the "bigger picture"
- May have associated learning disabilities (e.g., non-verbal learning disability)
- Often have high verbal scores in a cognitive assessment, and low performance scores
- Difficulty seeing "parts-to-whole" and "whole-to-parts" relationships
- Prefer technical/factual information over abstract

Associated Challenges

- Anxiety and depression
- Attentional difficulties (e.g., shifting attention; attending to unimportant stimuli)
- Tics or Tourette Syndrome
- Gross and fine motor deficits
- Poor organizational skills (e.g., time management and planning, prioritizing tasks)
