ASPERGER’S DISORDER: A DIFFERENT WAY OF THINKING

Developed by
Healthy Minds/Healthy Children Outreach

Outline

- What is Asperger’s Syndrome?
- The Difference Between Asperger’s and “High-Functioning” Autism
- What Causes Asperger’s Syndrome?
- Challenges Faced by Children And Adolescents with Asperger’s Syndrome
- Strategies for Helping a Child with Asperger’s Syndrome
- References and Resources

What is Asperger’s Syndrome

- The Name Asperger’s Syndrome comes from an Austrian physician, Dr. Hans Asperger, who first described the disorder in 1944.
- Children with Asperger’s display social isolation and eccentric behaviour in early childhood.
- Asperger’s is considered part of a continuum called Autistic Spectrum Disorder.
What is Asperger's Syndrome

- Autistic Spectrum Disorder includes Autistic Disorder, Asperger's Syndrome, and Pervasive Development Disorder (sometimes called "Atypical Autism").
- Individuals with Asperger’s Syndrome exhibit a deficit in social and communication skills that can range from mild to severe.
- Children with Asperger’s Syndrome generally have a normal IQ and some children may have an exceptional talent or skill in some area.

“From my clinical experience, I consider that children and adults with Asperger's Syndrome have a different, not defective, way of thinking.

The person usually has a strong desire to seek knowledge, truth, and perfection with a different set of priorities than would be expected with other people. There is also a different perception of situations and sensory experiences. The over-riding priority may be to solve a problem rather than satisfy the social or emotional needs of others.”

- Tony Attwood, Clinical Psychologist and Autistic Spectrum Disorder Specialist

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What is Asperger's Syndrome

**DSM-IV DIAGNOSTIC CRITERIA FOR ASPERGER'S DISORDER:**

A. Qualitative impairment in social interactions, as manifested by at least two of the following:

1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction, and/or
What is Asperger’s Syndrome

2) failure to develop peer relationships appropriate to developmental level, and/or
3) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (for example, by a lack of showing, bringing, or pointing out objects of interest to other people), and/or
4) a lack of social or emotional reciprocity.

What is Asperger’s Syndrome

B. Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:

1) an encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, and/or
2) an apparently inflexible adherence to specific, nonfunctional routines or rituals, and/or
3) stereotyped and repetitive motor mannerisms (such as hand or finger flapping or twisting, or complex whole-body movements), and/or
4) persistent preoccupation with parts of objects.

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
What is Asperger’s Syndrome

D. There is no clinically significant general delay in language (for example, single words used by age 2 years, communicative phrases used by age 3 years, etc.).

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

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

What is Asperger’s Syndrome

- Prevalence:
  - 1 in 250 individuals
  - the ratio of boys to girls having the disorder is 4:1
  - 46% have a first-degree relative with an Autistic Spectrum Disorder
  - there is often a family history of mood disorders
  - associated with certain professions (such as engineering, science, mathematics, accounting, and medicine)

What is Asperger’s Syndrome

- Experts speak of a triad of impairments in people with Autistic Spectrum disorders, these being:
  - social behaviours/understanding
  - communication
  - imagination (narrowed interests)
What is Asperger's Syndrome

A. Social Behaviours/Understanding

- They have difficulty understanding the meaning of other's behaviour (for example, reading social cues or predicting another person's emotion in a given situation).
- They may have repetitive body movements and/or peculiar mannerisms.

B. Communication

- They have difficulty reading "nonverbal cues" and problems picking up on things like "personal space", jokes, and sarcasm.
- They often exhibit few facial expressions.

- Their narratives can be disjointed and out of context, and they may have difficulty appreciating that others do not understand what they are talking about.
- They may be so absorbed in their specific area of interest and focus that they fail to notice that the listener has lost interest.
What is Asperger's Syndrome

- Their vocabularies are usually impressive and they can sound like "little professors"; however, they are extremely literal and have difficulty using language in a social context or joining in day-to-day conversation.
- Their voices may be monotone, because expressing emotion is part of keeping the listener interested and this is not understood.

What is Asperger's Syndrome

C. Imagination

- They are not likely to engage in pretend or fantasy play.
- There is often little awareness of their "inner world".
- Individuals often have obsessive routines and are preoccupied by some particular subject of interest.
- They often have repetitive or restrictive patterns of thought and behaviour.

What is Asperger's Syndrome

Other symptoms of note:

- They may appear clumsy or uncoordinated.
- They may have sensory sensitivities, such as to light, sounds, tastes, or textures.
What It May Look Like to Others

- Anxious: they are not sure of what to do
- Inattentive: they seem not to listen or be able to focus
- Rude: they do not understand the rules
- Disinterested in what others are talking about: objects are more predictable
- Not interested in “hanging out” with others: not sure how that works
- Appear different: not tuned in; may seem silly

Asperger’s Syndrome Versus High-Functioning Autism

- Asperger’s onset is usually later or it is diagnosed later, generally after age 3 years (usually between 5 and 9 years old).
- With Asperger’s, social and communication deficits are less severe.
- Normal language development by age 3 years is common in Asperger’s children.
- Preoccupations are more prominent with Asperger’s.
- Clumsiness is more frequently seen in Asperger’s children.

Asperger’s Syndrome Versus High-Functioning Autism

- Neurological disorders are less common in Asperger’s children.
- There are no obvious delays in cognitive development or age-appropriate self-care skills in Asperger’s children.
- With Asperger’s, verbal intelligence (I.Q.) is usually higher than nonverbal I.Q., while with autism this is usually reversed.
What Causes Asperger’s Syndrome?

- Asperger’s is a neurodevelopmental disorder that results from an anomaly in the formation of the brain.
- This anomaly involves conservation of brain tissue, so that many people with Asperger’s Syndrome have larger than normal brains in early childhood.
- One hypothesis about the anomaly is that there is a lack of connectivity between centres in the brain.

- A primary consequence of this brain anomaly is that there is a basic problem with nonverbal communication, one result of which is lack of responsiveness in social interactions with caregivers, since Asperger’s children are less pre-adapted to respond to other’s nonverbal cues or to emit their own.
- The cause(s) of the brain anomaly in Asperger’s Syndrome remains uncertain. Over the years many different hypotheses have been put forth and many have later been shown to be incorrect or only slightly related.

- Amongst the many hypothesized causes are the following:
  - numerous different genes, acting separately or together in various combinations
  - environmental triggers, varying with location and history
  - infections
  - vaccinations
  - pesticides
  - diet
  - neuro-transmitter imbalances
  - metabolic imbalances and many others. The jury is still out!
Challenges

A. Low Self-Esteem:
- Asperger’s children face challenges in their daily lives, particularly in their communication with others.
- Children, particularly as they get older, may start to recognize their difficulties in social settings and start to avoid interacting.
- Their confidence and self-esteem may be lowered from negative experiences when interacting with others.

Challenges

B. Anxiety and Depression:
- An inability to communicate feelings of anxiety or sadness, along with lack of facial expression or body language, can leave caregivers in the dark about what may be going on emotionally with their child.
- Social anxiety, depression, and other mood disorders can occur for children as their awareness increases regarding their deficits or lack of ability to form relationships.
- Bullying of children with Asperger’s contributes to negative emotions and possible trauma.

Challenges

- Symptoms of depression in a child with Asperger’s can look different than in others and may include withdrawal, an increase in obsessing about a particular object, refusal to participate in activities, increased aggression, and/or paranoid behaviours, as well as a change in appetite, a change in sleep patterns, lack of energy, and/or an inability to concentrate.
- Professional intervention may be necessary, particularly if safety is of concern.
Challenges

Like all teens, Asperger’s adolescents face many changes in:

- physical appearance
- moods
- feelings for others
- schools
- relationships
- interests
- sexuality
- self-esteem
- identity
- future planning

Challenges

Issues like being “cool”, peer pressure, drug and alcohol use, and sex can be especially confusing to an Asperger’s adolescent.

Ideally, parents will have provided their teen with age-appropriate information about these issues and helped them build a network of supportive adults in their school and community to whom the adolescent can turn in times of uncertainty.

Strategies for Helping

“The most important thing is to understand them, and to try and see the world from their perspective. Their (parent’s) job is then to explain the child’s perception of the world and the logic of their response to those who support them at school and [in] other circumstances.”

- Tony Attwood
Strategies for Helping

Strengths of individuals with Asperger’s Syndrome:

● think about things in a different way (original thinkers)
● recognize different connections and patterns
● have unusual ways of expressing thoughts
● are detail-oriented
● are tenacious (not distracted by emotional or social issues)
● have a strong sense of social justice
● are creative

Something to Consider:

Asperger’s individuals have limited ability to understand that, “I have a mind, you have a mind, and our minds may not know or feel the same things”. This is known as the “Theory of Mind”.

To an Asperger’s person, the rationale goes, “if our minds are the same, then what is the point of communicating”? Therefore, Asperger’s individuals have great difficulty with having empathy for others and having any interest in socializing.

Strategies for Helping

Individuals with Asperger’s Syndrome are often self-described loners, who usually do, however, have a desire for more friends and social interaction.

An activity that an Asperger’s child cannot do or situations with a great deal of free time to socialize would not be helpful. On the other hand, social contact in the context of an interest-based activity group can provide the opportunity to meet others with similar interests.
A. Stories for Skill-Building: What Would Happen Next?

- Abruptness, inconsistency, or sudden disappointment can trigger intense emotional reactions in Asperger’s children who are easily overwhelmed by new or different activities and experiences.
- Reliance on rigid rules and routines is a coping strategy for a person who does not understand and cannot predict other’s behaviour.
- Prepare the child for any changes as much as possible using “What would happen next” stories.

B. Problem-Solving:

- Practice “say-it-to-yourself” solutions to maintain self-control, remain calm, and reduce confusion.
- Practice how to manage “what if” situations with self-talk.

C. Coping Strategies:

- When Asperger’s children are able to figure out what to do in a situation, they often cannot do it quickly and this sometimes creates anxiety.
- Teaching coping strategies, such as remaining calm, asking for help, or asking for more time to think about it, can help and serves to reduce confusion.
D. Predicting Outcomes:
- Practice “what would happen next?” with stories and role playing.
- Watch an acted scene or read about an event and “predict” what would happen next.
- Brainstorm ideas for managing unpredictable events
  These strategies facilitate feeling prepared for the day.

E. Dealing With Anger
- **Anger thermometer**: Using a picture of a thermometer with increments marked from “not at all angry” at the base to “furious and ready to blow up” at the top, ask the child to identify things that trigger her/his anger and rate them on the thermometer. Using this trigger list, brainstorm appropriate responses to each situation and talk about the possible consequences of each response.

- **Antidotes to “poisonous” (negative) thoughts**: Create a list of self-denigrating statements that the child says out-loud or to her/himself when feeling angry and then pair each with a counter-acting positive self-statement. Example: “I can’t do it” Antidote = “asking for help is a smart way to fix this”. Practice using this technique so it becomes easier to use in the heat of the moment.
**Strategies for Helping**

**Understanding Feelings:**

- **Comic Strip Conversations** (developed by Carol Gray)
  
  Creating a comic strip can help a child discover that other people can have very different thoughts and feelings in the same situation.

  Example:

  ![Comic Strip Example](image)

**Strategies for Helping**

- Draw an event or sequence of events in story-board form with stick figures for participants.
- Add speech bubbles to convey emotion (for example, using cloud, square, or heart shapes)
- Use different colours to represent various emotions.

  Example:

  ![Color Representation Example](image)

  As the child writes in the thought and speech bubbles, the choice of colour indicates her/his perception of the emotion conveyed.

  This technique allows teaching of reading facial expressions and be used to clarify the child’s interpretation of events and why she/he said what she/he did.
Comic conversations can visually portray how different responses may result in different thoughts and feelings in various participants and helps the child to better understand the variety of messages and meanings in conversation or play.

**Strategies for Helping**

**Time Management and Organization**

- Organization of schoolwork and day-to-day activities can be difficult.
- Daily routines need to be clearly stated in simple, concrete terms.
- Index cards with each activity or time period that needs to be followed can be helpful visual cues.
- Cards can be kept on a ring so that the order may be changed.

Example:

- Wait in line
- Put lunch and coat away
- Put books away
- Sit and get homework list

Managing time is often a challenge, as Asperger’s children do not understand the abstractness of time and often do not notice time passing. As a result, they may often be late, they tend to feel pressured by time constraints, they misjudge time - how much is left, how much has passed, how long they or others have been talking, and so on.
Strategies for Helping

- Teaching a child how to tell time on a clock with hands can help the child notice the movement of the hands as time passes. Practice noticing the passage of time.
- Practice doing things for a certain amount of time, with the child being the time-keeper.
- Practice comparing amounts of time to do things, which can help the child establish an internal sense of time.

Strategies for Helping

*Strategies for Helping*

*Maintaining Attention & Concentration:*
- Problems with attention, concentration, and processing speed affect the Asperger's child's overall ability to be organized and on task.
- Remove distractions and clutter – these children need as clean and orderly a home and workspace as possible, with little visual and auditory stimulation.
- Headphones with music helps some children focus.
- Front of the classroom seating can avoid some distractions.

Strategies for Helping

*Giving Directions and Making Requests:*
For all directions and requests, written or verbal, the best are
- simple
- clear
- concrete
- few at a time

Give one or two, ask the child to repeat back in her/his own words what was said or seen, wait for these to be done, then give the next one or two.

Never assume the child knows what you mean. Literal or concrete understanding can result in directions being followed in a way you did not intend!
Social Skills:

- Simple skills that can be practiced with caregivers and others, as directed by parents and professionals, include:
  - Waiting to be acknowledged in a group or class before speaking out
  - Introducing oneself appropriately
  - Using appropriate conversational pleasantries
  - Looking into someone’s eyes when talking with them

Strategies for Helping

- Using facial expressions appropriate to the content of the speech
- Noticing other’s facial expressions, body posture, and one’s physical proximity to others
- Speaking clearly
- Using a varied tone of voice and appropriate volume
- Choosing topics of conversation that are appropriate to the setting and the participants

Strategies for Helping

- Maintaining a topic in conversation
- Showing flexibility in changing topics
- Taking turns in conversation
- Asking for help when it is needed
Asperger’s children need to have a program in place to address social skills, when it is age appropriate.

Everyone involved with the child will need to be supportive in practicing social interaction skills.

The child may need to work with a psychologist, an occupational therapist, and/or a speech/language therapist to develop social skills.

Caregivers and teachers need to be involved in practicing skills at home and at school.

**Strategies for Helping**

**Grooming:**

- Grooming can be a problem for some children as they do not notice themselves through the eyes of others.
- Sensory integration issues can cause difficulties with using water, shampoo, or toothpaste, or wearing certain fabrics or clothes, resulting in poor hygiene and a disheveled appearance.
- Parents, professionals and caretakers need to start early teaching the child that grooming makes a difference around other people.

**References and Resources**


References and Resources


A. General Resources

- Autism/Asperger’s Friendship Society 403-608-5651
- Allies for Autism Foundation www.alliesforautismfoundation.supersites.ca
- Autism Calgary Association 403-250-5033
- Autism Society of Canada 613-789-8943
- Autism Society of Central Alberta 403-347-2498
References and Resources

- Autism Society of Edmonton and Area 780-453-3971
- Calgary Community Living Society 403-245-4666
- Chinook Autism Society 403-394-2216
- Families for Effective Autism Treatment of Alberta 780-435-0960
- Hope for Healing Children 403-236-4746
- Providence Children’s Centre 403-255-5577

References and Resources

- Renfrew Educational Services 403-291-5038
- The Children’s Link Society 403-230-9158
- Access Mental Health 403-943-1500
- Health Link 403-943-LINK (403-943-5465)

B. Respite/Home Care/Relief Services

- Autism/Asperger’s Friendship Society 403-608-5651
- Bayshore Health Care 403-229-3929

References and Resources

- Home Care/Community Care, Calgary Region 403-943-1920
- Calgary Home Support Services Ltd. 403-232-8770
- Calgary Integrated Support Services 403-283-4405
- Developmental Disabilities Resource Centre (DDRC) of Calgary, Community Respite Network 403-777-5833
References and Resources

- DDRC In-Home Respite Care  
  403-240-7331
- Eckert Centre for Learning and Wellness  
  403-230-2959
- Future Care Home Care Services  
  403-547-6686
- Just 4 U Family Services  
  403-590-2122
- OPTIONS  
  403-271-4260
- Para-Med Health Services  
  403-482-3370

References and Resources

- Rehoboth Christian Ministries Relief Services Program  
  403-250-7333
- The Respite Care Connection  
  403-233-2273
- Victorian Order of Nurses, Calgary Branch  
  403-640-4765
- We Care Home Services  
  - 403-297-9744 (north)
  - 403-225-1222 (south)
- Supported Lifestyles  
  403-207-5115

References and Resources

C. Funding

- Persons With Disabilities Board (PDD)  
  - 403-297-5011 (info.)
  - 403-297-5139 (intake)

D. Crisis Response

- Child and Family Services  
  403-297-2995
- Kids Help Phone  
  1-800-668-6868
References and Resources

- Teen Help Line
  403-264-TEEN (403-264-8336)
- Mental Health Help Line
  1-877-303-2642
- Wood’s Community Resource Team (CRT)
  403-299-9699
- Distress Centre
  403-266-1605
- Children’s Cottage Crisis Nursery
  403-283-4200

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