

Aspergers Syndrome

What is Asperger's Syndrome?

***Please note that the diagnostic criteria according to the DSM-V changed as of May, 2013. Autism Spectrum Disorder now is a single category that encompasses Autistic Disorder, Asperger's Disorder and PDD-NOS. The label of Asperger's Syndrome is no longer a diagnostic label. The information below will now be covered by the Autism Spectrum Disorder label only.*

Asperger's Syndrome is one of several Autism Spectrum Disorders (ASD) characterised by difficulties in social interaction and by restricted, stereotyped patterns of behaviour, interests and activities. It is distinguished from the other ASDs in having no general language delay, language disorder or delay in cognitive development. Although not mentioned in standard diagnostic criteria, motor clumsiness and atypical use of language are frequently reported. As a pervasive developmental disorder, Asperger's Syndrome is distinguished by a pattern of symptoms rather than a single symptom.

What are the common features of Asperger's Syndrome?

- Impairment in social interaction
- Stereotyped and restricted patterns of behaviour, activities and interests.
- No significant delay in cognitive development or general delay in language.
- Intense preoccupation with a narrow subject.
- One-sided verbosity, restricted rhythm, stress and intonation in speech and motor clumsiness are typical of the condition, but are not required for diagnosis.

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Common difficulties often (but not always) experienced by the child with Asperger's Syndrome include:

- Poor understanding of the conventions of social interaction.
- Poor imaginative play.
- Being resistant to change.
- Preference for solitary play.
- Being very literal in what they say and how they understand what others say. For example, if told to 'get lost' (meaning 'go away'), a child with Asperger's Syndrome may leave the place and try to become lost.
- Poor conversational skills and may talk too much or too little.
- Poor 'listening' skills, despite intact hearing.
- Interrupting others and taking over a conversation to talk about their own area of personal interest, failing to notice that other people are not interested in what they are saying.
- Fail to notice that other people are not interested in what they are saying
- Find it difficult to understand the non-verbal language of others (such as facial expressions, gestures and body movements) or the rules of social behaviour.
- They often appear rude or uncaring because they interrupt, have trouble taking turns, move too close to other people or make limited eye contact.
- May be extremely sensitive to criticism and need continual reassurance.
- May have an exaggerated sense of what is right or fair, especially in relation to how other people should treat them.
- May be unable to predict what other people will do in response to their actions.
- May become quite angry and aggressive when things do not happen as they want or expect. They may have prolonged tantrums.
- Have narrow areas of interest and may learn all there is to know about one special thing (such as cars, trains, computers, astronomy, insects, etc).

Management strategies that support the child with

Asperger's Syndrome (at preschool, school or home)

- Routine/planned and structured events.
- A good knowledge of the child strengths and weakness, and areas of extreme interest.
- Extra time/support to transition to school.
- 1:1 support at school, if available.
- The use of social stories to train appropriate responses in social situations.

Occupational Therapy approaches and activities that can support the child with Aspergers Syndrome and/or their carers include:

- **Expanding abilities:** Actively working on broadening their range of skill areas and interests.
- **School/preschool transition:** Providing additional support in the transition into school or preschool and liaising with teachers as required.
- **Pre-warning:** Giving advance notice of change to routine and instructing parents and teachers of appropriate strategies to implement in other environments.
- **Visual cues** can be used at home and preschool/school to reduce anxiety regarding expectations of tasks, to support routine and to introduce new, or a change in, tasks.
- **Social stories:** Developing social stories to help a child understand routines and how to respond in certain situations. This will improve a child's ability of knowing when to talk and what sort of conversation conventions may be appropriate.
- **Physical skills:** Developing strength and coordination to enable a child to participate in a multitude of co-curricula activities which will be a good vehicle for social interaction.
- **Sensory processing:** Improving sensory processing of the child so they are able to demonstrate their skills across a wider variety of environments.
- **Behaviour management:** Teaching families to use a consistent approach to manage behaviour (e.g. if the child finds that every time they are given

a direction, the same response is expected, or that every time they react in a certain way, the same consequence follows, they will learn the appropriate behaviour far more quickly).

Speech Pathology approaches and activities that can support the child with Asperger's Syndrome and/or their carers include:

- **Speech and language assessment** to help the family to understand how the child is processing, understanding, learning and using language and communication.
- **Communication strategies:** Providing the family with strategies and techniques to increase and enhance communication with the child.
- **Daily activities:** Helping the child to understand the environment, routines and language.
- **Developing language:** Helping the child to understand and use richer language and to use their skills more spontaneously.
- **Conversation skills:** Developing conversation skills (e.g. back and forth exchange, turn taking).
- **Concept skills:** Developing concept skills, especially abstract concepts such as time (e.g. yesterday, before, after).
- **Non-literal language:** Developing an understanding of metaphors, idioms and sarcasm.
- **Visuals** can be used to help with understanding and a child's ability to express their needs, wants, thoughts and ideas.
- **Social skills:** Development of social skills (i.e. knowing when, how to use language in social situations).
- **Enhancing verbal and non-verbal communication** including natural gestures, speech, signs, pictures and written words.
- **Visual strategies:** Using visual information to help understand, organise and plan daily routines.
- **Social stories** to help a child understand routines and how to respond in certain situations.
- **Liaising with educational staff** and other professionals involved in the child's care regarding the nature of the difficulties and ways to help the child to access the curriculum.

Why should I seek therapy if I notice traits of Asperger's Syndrome in my child?

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

If left untreated, the child with Asperger's Syndrome may have difficulties with:

- **Following instructions** within the home, preschool or school environment.
- **Understanding jokes** and figurative language during interactions with others, and when watching TV shows and movies and reading books.
- **Managing a full school day** due to poor strength and endurance.
- **Participating in sporting activities** leading to an inactive lifestyle, increasing the risks of other health related issues such as obesity, diabetes, cardiovascular disease or similar conditions.
- **Self esteem and confidence** when they realise their skills do not match their peers.
- **Bullying** when others become more aware of the child's difficulties.
- **Fine motor skills** (e.g. writing, drawing and cutting) due to poor core stability, meaning they do not have a strong base to support the use of their arms and hands.
- **Completing self-care tasks** (e.g. doing up shoelaces, buttons, zips, using cutlery).
- **Self regulation and behaviour**, as the child is unable to regulate

themselves appropriately to settle and attend to a task for extended periods of time.

- **Accessing the curriculum** because they are unable to attend to tasks long enough to complete assessment criteria.
- **Sleep** habits, impacting upon skill development due to fatigue.
- **Anxiety and stress** in a variety of situations leading to difficulty reaching their academic potential.
- **Reading/understanding social situations** and being perceived as 'rude' by others.
- **Social communication**, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- **Academic performance:** Developing literacy skills such as reading and writing and coping in the academic environment.
- **Academic assessment: Completing tests, exams and academic tasks in higher education.**

More specific implications of failing to seek treatment will be influenced by the specific difficulties that are *functionally* most influencing your individual child.

What does the diagnosis of Asperger's Syndrome really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.

- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

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