



# Asperger's Syndrome

Symptoms or Behaviors	About the Disorder	Educational Implications	Instructional Strategies & Classroom Accommodations
<ul style="list-style-type: none"> <li>• Adult-like pattern of intellectual functioning and interests, combined with social and communication deficits</li> <li>• Isolated from peers</li> <li>• Rote memory is usually quite good; they may excel in math and science</li> <li>• Clumsy or awkward gait</li> <li>• Difficulty with physical activities and sports</li> <li>• Repetitive pattern of behavior</li> <li>• Preoccupations with 1 or 2 subjects or activities</li> <li>• Under or over sensitivity to stimuli such as noise, light, or unexpected touch</li> <li>• Victims of teasing and bullying</li> </ul>	<p>Asperger's is a subset of the autism spectrum disorders. Before our knowledge base expanded it was referred to as "high functioning autism." It is a neurobiological disorder that impacts behavior, sensory systems, and visual and auditory processing. Students are usually highly verbal and test average to above-average IQ's. The disorder impacts cognition, language, socialization, sensory issues, visual processing and behavior. There is often a preoccupation with a single subject or activity. They might also display excessive rigidity (resistance to change), nonfunctional routines or rituals, repetitive motor movements, or persistent preoccupation with a part of an object rather than functional use of the whole (i.e. spinning the wheels of a toy car rather than "driving" it around). The most common characteristic occurs with impairment of social interactions, which may include failure to use or comprehend nonverbal gestures in others, failure to develop age-appropriate peer relationships and a lack of empathy.</p>	<p>Many youth with Asperger's have difficulty understanding social interaction, including nonverbal gestures. Forming age-appropriate relationships and displaying empathy are challenges. When confronted with change to routine they may show visible anxiety, withdraw into silence or burst into a fit of rage. They may be very articulate but can be very literal and have problems using language in a social context. They may like school, but wish the other children weren't there.</p>	<ul style="list-style-type: none"> <li>• Create structured, predictable, and calming environments. Consult an occupational therapist for sensory needs suggestions.</li> <li>• Foster a climate of tolerance and understanding. Consider assigning a peer helper to help in joining group activities and socializing. Teasing should not be allowed.</li> <li>• Celebrate the student's verbal and intellectual skills.</li> <li>• Use direct teaching to increase socially acceptable behavior. Demonstrate the impact of words and actions on others; increase the awareness of non-verbal cues.</li> <li>• Create a standard way of presenting change in advance.</li> <li>• Learn the usual triggers and warning signs of a rage attack or "meltdown." Help them learn self-management.</li> <li>• Remain calm and non-judgmental.</li> <li>• Help support parents, some may feel professionals are blaming them for "poor parenting" skills.</li> </ul>

<sup>1</sup> Minnesota Association for Children's Mental Health, St. Paul Minnesota, [www.macmh.org](http://www.macmh.org).