



Help Me Learn More About Asperger's Syndrome (Updated January 2010)

If you do not see a resource or listing for your area,
please contact your local FBR office, the Family Support Coordinator,
or the Chief Operating Officer.

We will make every attempt to meet your needs.

Family Behavioral Resources – Autism Services

Local Phone Number: 724-850-8118, Ext. 25

Toll Free Number: 1-866-4-FBR-ASD

Fax Number: 724-850-9500

autismservices@familybehavioralresources.com

www.familybehavioralresources.com

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Introduction

- ✓ This guide is meant to support those individuals who are looking to learn more about Asperger's Syndrome – characteristics and clinical symptoms, treatment options, relevant resources, and more.

It is our hope that families will find our guide educational and informative. We have made extensive efforts to provide the most comprehensive information and listings in relation to autism treatments, therapies, and providers. We realize that there may be some organizations, facilities, or important resources that still need to be added. If this is the case, please let us know what we have missed so we may share that information with the community.

Family Behavioral Resources is dedicated to providing support to children and families affected by an autism spectrum disorder. We believe that autism is treatable with early intervention and treatment. Our team of Autism Directors and Coordinators are committed to treating children with autism not just through wraparound services, but also by training and supervising other clinicians in a variety of modalities. Our Family Support Coordinator partners with the Autism Team to develop community outreach efforts, such as collaborating with school districts to develop autism support classrooms, offer workshops, and provide resource packets that promote autism awareness and education.

If you would like more information about Asperger's Syndrome (or other forms of Autism), or about the services that FBR can provide to you and your family, please do not hesitate to contact:

Rick J. Murray, LSW, BCBA, Chief Operating Officer
Catherine A. Hughes, Family Support Coordinator
PO Box 879
Greensburg, PA 15601
1-866-4-FBR-ASD or 724-850-8118, Ext. 25 (Office)
724-850-9500 (Fax)
autismservices@familybehavioralresources.com (Email)

Please be sure to visit us on the web at **www.familybehavioralresources.com**.

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The History of Asperger's Syndrome



Most people think of Asperger's Syndrome as a relatively new diagnosis that has just come about in the past ten years.

Many people do not know that the origin of what is now known as Asperger's Syndrome dates back to 1944. An Austrian pediatrician, Hans Asperger, studied a group of children (boys in particular) and noticed similar issues amongst the participants: difficulty socializing, lack of non-verbal communication skills, failure to empathize with others, and clumsiness/poor motor planning skills. His work was somewhat similar work of Leo Kanner, noting a presence of "autistic psychopathy" amongst the children. (Kanner, as many people know, is known for first classifying Autism as a disorder, back then known as Early Infantile Autism) It was not until years later, after Hans Asperger's death in the 1970's, that Lorna Wing published case studies about children with these deficits. Her published article, produced in 1981, finally named the syndrome after Asperger. What we now as Asperger's Syndrome was finally recognized by the Diagnostic and Statistical Manual of Mental Disorders in the mid 1990's.

Symptoms and Clinical Presentation

Diagnostic Criteria For 299.80 Asperger's Disorder per the DSM-IV

(This list provided by <http://www.udel.edu/bkirby/asperger/aswhatisit.html>)

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

1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
2. failure to develop peer relationships appropriate to developmental level
3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people)
4. lack of social or emotional reciprocity

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

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

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning

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

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

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

An Overview of Symptomology and Features of Asperger's Syndrome – In Simpler Terms

- 1) One of the key symptoms is the difficulty with socialization. A person with Asperger's Syndrome experiences difficulty in interacting with peers on an appropriate developmental level. They are not able to process social cues, especially in regards to emotions and facial expressions. They may have an odd gaze and not express emotions as others do. They have an incredibly difficult time understanding non-verbal communication, including gestures. Their body language is clumsy and often inappropriate to certain situations.
- 2) Communication deficits are another aspect of this disorder. Difficulties with language include: pragmatics, art of conversation, scripting, prosody,

- volume/pitch of speech, monotony, pedantic speech, figurative or abstract language, verbal fluency, and verbal filters.
- 3) Persons with AS have limited and peculiar interests and routines. These obsessions provide a source of comfort and enjoyment for someone with AS. Often times, they also serve the purpose of reducing anxiety. They are also a means of organizing their thoughts. Sometimes, these interests appear to indicate extreme intelligence. Examples of such strange interests may include dinosaurs (knowing every species/scientific classification of dinosaurs), space/astronomy (memorizing names/locations of constellations), computer technology, politics, maps/directions (memorizing directions, street numbers/addresses, etc.), and much more.
 - 4) Like those with Autism or PDD, persons with Asperger's present with motor clumsiness. Fine motor skills, coordination, dexterity are just a few areas in which the child may present with a problem. Occasionally, facial tics (which are often associated with Tourette's Syndrome, a diagnosis than commonly co-exists with AS) occur.
 - 5) Persons with AS and with any disorder on the spectrum, have difficulty with "Theory of Mind" concepts. At its most basic, ToM refers to the ability to understand that other people have different opinions, feelings, and perspectives than his/herself.
 - 6) These children are often at extreme ends of the spectrum for reading, spelling, and math/number skills. Some of these children are noted to be hyperlexic (precocious reading ability, intense preoccupation of letters and numbers).
 - 7) Play skills are often scripted or learned, or may appear isolative in nature.
 - 8) Like most children on the spectrum, those with AS have difficulty with sensory integration – sounds/auditory processing, tastes, smells, visual interpretation, and tactile processing may be under and over sensitive.
 - 9) Executive function skills such as organizing, planning, self-monitoring, and prioritizing may be deficit.

So Then What's the Difference Between Autism and Asperger's Syndrome?

This is a common argument amongst professionals, and has been for years. It is very common for the terms "High Functioning Autism" and "Asperger's Syndrome" to be used interchangeably. Since AS is a spectrum disorder, many people assume this is acceptable and accurate. However, most professionals agree there are indeed significant differences between those diagnosed with Autistic Disorder or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) and those who have Asperger's Syndrome.

Perhaps most notable is the language component. People with Asperger's typically have a very precise; pedantic manner in which they speak. Children who have AS are often called "little professors" because of the language they may utilize at such a tender age. They relate much better to adults as a result, as typically developing children have no idea what the child with AS is saying.

Persons with AS also do not have any form of mental retardation or lagging cognitive development like some children with Autism or PDD-NOS. They often have above-average intelligence, but may have splinter skills. For example, they may excel in reading and read at one or two grade levels ahead, but have difficulty with mathematical story problems.

AS is often diagnosed late in a child's life, sometimes as late as 11 or 12 years of age. The child who starts to slip through the cracks in school may not show signs of disability until

third or fourth grade. A reason for this oversight is that it may not be until the child is given intense social demands and more abstract table work in school that someone notices that something is really wrong. Also, due to society's lack of awareness, parents usually do not know the warnings signs of AS/Autism. The "little professors" may be simply viewed as "super smart" and rejected by peers as a result of their intelligence. Teachers, as well as classmates, may simply pass off the AS child as "the quirky kid." They are cognitively not behind, so it is easy to overlook their disability, since they certainly do not appear "disabled."

Perhaps one of the most confusing aspects of the Autism Spectrum (especially in regard to PDDNOS, the "catch all" diagnosis for a child that fits into no one diagnostic category) is that each spectrum diagnosis has such similar features and presenting symptoms. It is common for professionals to argue even amongst themselves as to which diagnosis a child actually has. Let's take for example, a child with AS who presents with non-verbal language difficulties, social problems, sensory concerns, undesirable behaviors, splinter (or uneven) skills and increased anxiety. A child with these symptoms may carry any of the following diagnoses: Autistic Disorder, Asperger's Syndrome, PDD-NOS, Hyperlexia, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Disruptive Behavior Disorder, Oppositional Defiant Disorder, Non-Verbal Learning Disorder, and/or ADHD. This child could be seen by five different physicians and receive five different "labels." As society's awareness and understanding of Autism increases and as we continue to research into the causes and root of Autism, perhaps this confusion will subside.

One suggestion is for parents and professionals to, as with any disease or disorder, treat the symptoms and the individual, rather than treating the disorder or label. It is still important, however, to find a psychologist, psychiatrist, neurologist, or developmental pediatrician who has a strong clinical background in treating and recognizing Autism Spectrum Disorders in order to receive the most appropriate diagnosis possible.

Common Misconceptions About Asperger's Syndrome

Myth: *Every child or adolescent with Asperger's Syndrome is a genius – they're just so smart!*

Fact: Many children with AS have unusually high IQ scores (some at genius level - over the 120 mark) and splinter skills (exceptional reading vs. math, etc.). Some also have fantastic memorization skills. However, a child that may be able to recite the name of every dinosaur that ever roamed the earth may not be able to tie his shoes. They may not be able to interpret a story problem in math class even though they can read all the words a college-level medical journal. Some of these children perform poorly on IQ tests due to their lack of attention span, splinter skills, etc. Therefore, children who do not perform well on these tests are not recognized as being "little geniuses" or "little professors."

Myth: *People with Asperger's Syndrome do not wish to show affection, and cannot form meaningful relationships.*

Fact: This is not true. Children with AS have feelings and needs just like everybody else. The difference is that they lack the ability to recognize feelings and other's perspectives. They have difficulty reading social cues and situations, resulting in them not knowing how to react to certain situations. For example, a child with AS who attends a family member's funeral may, inside, be incredibly sad, yet not know how to express it. They may also not recognize that the frowns and tears on everyone's face indicate sadness. Therefore, that child may end up resorting to a self-stimulatory routine or perseverate on a preferred interest in order to cope. Those unaware of the

symptoms of AS may view the child as being unfeeling or cold, when in reality they may simply lack the social awareness and coping skills.

Another important note for parents concerned about their son or daughter with AS never forming romantic relationships: It is absolutely not unusual for adults with Asperger's Syndrome to marry and even have children. A great resource for more information on this subject is Jerry and Mary Newport's book, "*Your Life is Not A Label.*" Interesting, too, is that some spouses discover that their husband or wife is not just "quirky", but actually AS, only when their child(ren) is(are) diagnosed. AS is very often misdiagnosed and overlooked.

Myth: *People with AS never make eye contact.*

Fact: It all depends on the person. Children who do not frequently make eye contact can learn how to do so. Their eye contact may also simply appear different than another child's gaze. A child with AS may gaze at a person out of the corner of their eye and rely on their peripheral vision, because staring directly at a person may feel "painful" to them because of their visual sensitivities.

Myth: *Children with Asperger's Syndrome are never diagnosed at an early age.*

Fact: Though many children with Asperger's are not diagnosed until sometimes as late as their pre-teen years (and some are not diagnosed until adulthood), children as young as five years old may be diagnosed with the condition. As with any person who has a spectrum disorder – **every child is different.**

Treating Asperger's Syndrome

As with any Autism Spectrum Disorder, a variety of treatments are available today to help a child learn to cope with and process the world around them. A list of potential treatments for children with Asperger's Syndrome is provided below. To learn more about a specific treatment modality, please refer to the websites and books listed later on page ____, or feel free to contact a member of the FBR Autism Team for further explanation. FBR can implement any of the following strategies, concepts, and/or interventions alone or in combination based on a child's individual, clinical needs. This list is by no means complete – it is meant to be used as a guide:

Treatment Modalities:

ABA – Applied Behavioral Analysis
Cognitive –Behavioral Therapy
Relationship Developmental Intervention
Social Skills Training/Groups
**Asperger's - What Does It Mean To Me?*
**Comic Strip Conversations*

**Navigating the Social World*
**Teach Me Language*
(*These are books that have become somewhat of a curriculum for children and adolescents with Asperger's Syndrome)

Concepts/Strategies/Methods of Analyses:

ABLIS Assessment

AFBC – Antecedent, Feeling, Behavior, Consequence – analysis of behaviors, their root/cause and what happens as a result)
Contingent Words
Coping skills
Emotion Identification
Hygiene
I-LAUGH Approach
Idioms
Listening programs
Problem-solving
Role-playing
Self-monitoring materials
Sequencing
SOCCSS program
Social Rules/Norms
Social Skills Assessments
Storytelling/Social Stories
Teaching WH Questions
Topical Conversation
Verbal/social filters

What about prescription medications? Alternative therapies?

FBR recognizes that children with Asperger’s Syndrome may need supplemental treatment in addition to behavioral therapies. For this reason, we have several outpatient clinics throughout the nine counties we serve in Southwestern PA that offer **medication management** by certified, clinical psychiatrists. We recognize that many children need this type of intervention to ultimately benefit from their behavioral treatments.

Alternative therapies, such as specialty diets or vitamins and minerals, equestrian therapies, music therapies, etc. are not offered through Family Behavioral Resources. We do, however, recognize that many parents utilize alternative treatments for their loved ones based on strong anecdotal evidence. We encourage families to make informed, educated decisions and always consult with a licensed physician before beginning any type of treatment. Some information about alternative therapies (books, articles, etc.) is available through the Autism Services office. Please contact our Family Support Coordinator for such information.

Useful Books and Websites to Reference

BOOKS:

Asperger's Syndrome: A Guide for Parents and Professionals by Tony Attwood

Asperger Syndrome and the Elementary School Experience: Practical Solutions for Academic & Social Difficulties by Susan Thompson Moore

Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns by Brenda Smith Myles

Asperger Syndrome in Adolescence: Living with the Ups, the Downs and Things in Between
by Luke Jackson (Foreword), Liane Holliday Willey (Editor)

Asperger Syndrome and Adolescence: Helping Preteens & Teens Get Ready for the Real World
by Teresa Bolick

The OASIS Guide to Asperger Syndrome: Completely Revised and Updated : Advice, Support,
Insight, and Inspiration by Patricia Romanowski Bashe

Asperger Syndrome: What Teachers Need to Know by Matt Winter

A Parent's Guide to Asperger Syndrome and High-Functioning Autism: How to Meet the
Challenges and Help Your Child Thrive by Sally Ozonoff

Asperger Syndrome and Sensory Issues : Practical Solutions for Making Sense of the World
by Winnie Dunn

Asperger's – What Does It Mean To Me? by Catherine Faherty

Autism/Asperger's: Solving the Relationship Puzzle by Dr. Steven Gutstein

Comic Strip Conversations by Carol Gray

Freaks, Geeks and Asperger Syndrome: A User Guide to Adolescence
by Luke Jackson, Tony Attwood (Foreword)

Helping a Child with Nonverbal Learning Disorder or Asperger's Syndrome: A Parent's Guide by
Kathryn Stewart

Inside Out: What a Person With Social Cognitive Deficits Tick? by Michelle Garcia-Winner

Navigating the Social World: A Curriculum for Individuals with Asperger's Syndrome, High
Functioning Autism and Related Disorders by Jeannette McAfee

Pretending to be Normal by Liane Holliday Willey

The OASIS Guide to Asperger Syndrome: Completely Revised and Updated : Advice, Support,
Insight, and Inspiration by Patricia Romanowski Bashe, et al

Social Skills Activities for Special Children by Darlene Mannix

Teach Me Language by Sabrina Freeman

This Is Asperger Syndrome by Elisa Ganon, Brenda Smith Myles

WEBSITES:

www.autismspeaks.com

www.autism-society.org

www.aboard.org

users.wpi.edu/~trek/aspergers.html

www.aspennj.org/index.html
www.aspergerinfo.com/
www.aspergers.com/
www.aspergersyndrome.org
www.aspergertips.com
www.ASPIE.com
www.donnawilliams.net
www.futurehorizons-autism.com
www.isn.net/~jypsy
www.TheGrayCenter.org
www.tonyattwood.com
www.udel.edu/bkirby/asperger/

Another options for **Yahoo! MSN, or AOL Users** – Join a message board or chat forum all about Asperger’s Syndrome – support forums are available for families, professionals, and adolescents or adults with Asperger’s Syndrome!

How Do I Contact FBR?

Would you like to speak to a member of the Autism Team? Please feel free to contact us:

Either Rick Murray or Catherine Hughes would be happy to assist you personally, or put you in contact with your local Regional Director of Autism Services or Autism Coordinator for support in regard to specific resources in your area. For your convenience, here is a listing of our office locations that offer wraparound services, and our outpatient clinics offering outpatient therapy and medication management.

ARMSTRONG – 206 Fifth Avenue, Suite B, Ford City, PA 16226
724-763-1002/724-763-1031

BEAVER – 1301 Riverside Drive, Beaver, PA 15009
724-775-1362 / 724-775-3793

BEDFORD – 9528 Lincoln Highway, Suite 1, Bedford, PA 15537
814-623-5077 / 814-623-5405

BLAIR – 764 Plaza Rt 764, Suite 2, Duncansville, PA 16635
814-695-2282 / 814-695-2460
(*OFFERS AUTISM SERVICES AT THIS TIME)

BRENTWOOD – Brentwood Towne Square, 101 Towne Square Way, Suite 239, Pittsburgh, PA 15227
412-881-2400 / 412-881-6400

BUTLER - Warner Center 200 Renaissance Dr., Suite 401, Butler, PA 16001
724-282-9010/ 724-282-9019
(*OFFERS FAMILY-BASED SERVICES)

CAMBRIA – 313 West High Street, Suite 209, Ebensburg, PA 15931
1-866-4-FBR-ASD / 724-850-9500
(*OFFERS AUTISM SERVICES AT THIS TIME)

CRANBERRY – One Landmark North Suite 101, 20399 Rt. 19, Cranberry Twp., PA 16066
724-772-2677/724-772-2669

◆ ***GREENSBURG** - One Corporate Circle, Suite 2000, Greensburg, PA 15601
724-850-7300 / 724-850-8011 (*Clinic Only)

◆ **INDIANA BHRS** - 1380 RT. 286 Hwy East, Suite 526, Airport Prof. Center, Indiana, PA 15701
724-463-3600 / 724-463-3633

INDIANA CLINIC - 1380 RT. 286 Hwy East, Suite 524, Airport Prof. Center, Indiana, PA 15701
724-465-0369 / 724-465-1081

LANCASTER– Sycamore Court, 245 Centerville Road, Suite 11, Lancaster, PA 17603

1-866-4-FBR-ASD / 724-850-9500
(*OFFERS AUTISM SERVICES AT THIS TIME)

LATROBE-3576 Rt. 30W, Suite 7, Latrobe, PA 15650
724-537-8100 / 724-537-2070

MERCER - *Colonial Square; 701 North Hermitage Road; Suite 10; Hermitage, PA 16148
(* 2/5/2010, moving to: 197 N. Buhl Farm Drive)
724-981-4462/724-981-4558

MONROEVILLE - 2526 Monroeville Blvd., Suite 200A, Monroeville, PA 15146
412-824-4005 / 412-824-4006

NEW KENSINGTON BHRS- 4 Kensington Square, Suite A, New Kensington, PA 15068
724-339-1134 / 724-339-1554

NEW KENSINGTON CLINIC- 3 Kensington Square, Suite B, New Kensington, PA 15068
724-335-9733 / 724-335-9734

NORTH HILLS-8035 McKnight Road, Suite 102, Pittsburgh, PA 15237
412-366-8342 / 412-366-8346

NORTH HUNTINGDON - 8960 Hill Drive, North Huntingdon, PA 15642
724-861-9200 / 724-861-5926

ROBINSON- Park West One; 1000 Cliff Mine Road, Suite 100; Pittsburgh, PA 15275
412-788-4224 / 412-788-4553

SOMERSET – 140 West Union Street; Somerset, PA 15501
814-444-0620 / 814-444-0640

◆ **UNIONTOWN** - 253 S. Mt. Vernon Ave., Uniontown, PA 15401
724-438-4960 / 724-438-1809
(Serving Fayette and Greene Counties)

WASHINGTON – 90 West Chestnut St., Millcraft Center, Suite 110 LL, Washington, PA 15301
724-229-0311 / 724-229-3277

◆ = Outpatient Clinic Available

