

## Aspergers Syndrome

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**Aspergers Syndrome is a neurobiological disorder named after a Viennese physician named Hans Asperger, In 1944 he write a research paper which described a pattern of behaviour found in several young boys who had normal intelligence and language development but who also exhibited mild autistic-like behaviours and with marked deficiencies in social and communication skills.** It took nearly another fifty years for Aspergers Syndrome to be officially recognised as a unique disorder. In 1992 the World Health Organisation gave a diagnostic criteria for Aspergers which was separate from Autism in that language and cognitive (intelligence) impairments were not involved.

Aspergers is known to affect those in the average or above average ability range. The incidence ratio is 10 times greater in boys than in girls and the incidence is thought to be 36 per 10,000 (research by Gilberg 1991).

Aspergers is characterised by subtle impairments in three areas of development : social communication, social interaction and social imagination. In some cases there can be a degree of motor co-ordination and organisational problems.

- The behaviour which typifies those with Aspergers must be pervasive in two different environments (i.e. home and school/work) and include the following :
- Shows a marked inability to regulate social interaction by using non verbal language like body posture and gestures, facial expressions, eye contact.
- Does not develop peer relationships which are appropriate to developmental level.
- Does not share achievements, interests or pleasures with others.
- Lacks social or emotional awareness.
- Rigidly sticks to routines or rituals that do not appear to have a function.
- Has stereotyped repetitive mannerisms (like hand flapping).
- Has a preoccupation with parts of objects.
- Has a preoccupation with abnormal focus on a specific subject.

## **Associated Features**

Associated features of Aspergers Syndrome which are not required for diagnosis but are commonly present include delay in motor development – often seen as clumsiness and extreme sensitivity to sensations. In addition, many children with Aspergers will have behavioural problems due to their difficulty in understanding the world around them.

Sadly, many become the victim of bullying or teasing because of their eccentric behaviour and lack of social awareness.

Diagnosis is usually through observation by a psychologist or psychiatrist together with observational checklists completed by parents and teachers.

One of the most disturbing aspects of Higher Functioning children with Aspergers (HFA) is their clumsy, unacceptable social skills. Though they want to be accepted by their peers, they tend to be very hurt and frustrated by their lack of social success.

Their ability to respond is confounded by the negative feedback that these children get from their painful social interactions. This greatly magnifies their social problems. When we get negative feedback, we become unhappy. This further inhibits their social skills, and a vicious circle develops. The worse they perform socially, the more negative feedback they get, so the worse they feel and perform.

## **Reading Social Cues**

Though they do not appear to read social situations well, HFA children actually do.

“I find I'm able to read people really well, but I usually don't respond accordingly” was the comment from one Aspergers child.

Though in real time social situations, HFA's may look and feel as if they do not understand what to do. This is like the person who practises a speech until they sound like Peter O'Toole but then freeze on stage. It is not that they do not have the skills to give the speech. They have clearly demonstrated these skills and knowledge during practice. However, their emotional arousal keeps them from accessing their skills in actual situations. Most Aspergers children can explain what they need to do in social situations, thus demonstrating their knowledge; however, unlike the public speaker, they cannot demonstrate it in the real situation.

There is no specific treatment for the disorder in itself but where the condition is co morbid (occurring together) with other disorders like hyperactivity, obsessive compulsion, depression or anxiety, a wide variety of drug therapy is available from a General Practitioner or Psychiatrist.

When occurring alone, psychotherapy can be part of the treatment and this may include :

- Parent Education
- Behaviour Modification
- Social Skills Training
- Educational interventions.