

DISCLAIMER

The information contained within this document does not constitute medical advice or diagnosis and is intended for education and information purposes only. It was current at the time of publication and every effort is made to keep the document up to date.

The information contained herein includes both psychological and non psychological interventions. The delivery of psychological services requires a medical referral whilst non psychological services do not.

Each person is an individual and has a unique psychological profile, biochemistry, developmental and social history. As such, advice will not be given over the internet and recommendations and interventions within this website cannot be taken as a substitute for a thorough medical or allied health professional assessment or diagnosis.

Asperger's Syndrome

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WHAT IS ASPERGER'S?

Asperger's Syndrome is a neurobiological disorder named after the Austrian psychiatrist Hans Asperger, who first documented the condition in 1944. It is often described as a [pervasive developmental dysfunction](#) said to lie within the "high functioning end" of the [autistic spectrum of disorders](#).

Its primary characteristics are similar to those of Autism, yet it can be differentiated from Autism by later onset, and relatively well preserved language and cognitive abilities, but the disorder in manifestation can range from mild to severe. While language development appears normal, individuals with AS tend to be extremely literal and exhibit problems using language in a social context. Because of their "high degree of functionality", those with Asperger's Syndrome (AS) are often viewed as eccentric or odd, and can easily become victims of teasing and bullying.

Estimates suggest at least 1 in 10,000 individuals have Asperger's syndrome and males are more often affected than females. There is a tendency for the disorder to run in families.

Asperger's can generally be characterised by naively inadequate social interaction, an inability to make friends, impaired emotional intonation and gesturing, pedantic monologues, restricted repertoire of interests (e.g. rail and air time tables), and the appearance of having a lack of empathy with others.

The Asperger's individual has much difficulty with transitions or changes, preferring things to remain as they have been. They often have obsessive routines and may be preoccupied with a particular subject of interest. They have a great deal of difficulty reading nonverbal cues or body language, and very often, the individual with AS has difficulty determining proper body space. AS individuals are often overly sensitive to sounds, tastes, smells, and sights, and may prefer soft clothing (e.g. labels and seams in socks will often irritate), certain foods, and be bothered by sounds or lights no one else seems to notice.

As with all developmental disorders, it needs to be remembered that each person is a unique individual, with individual etiology. There is considerable variability in functional levels attained.

[DSM-IV](#) states that Asperger's syndrome is a qualitative impairment in social interaction as manifested by at least two of the following:

- Marked impairment in the use of multiple non-verbal behaviours such as eye to eye gaze, facial expression, body postures, and gestures to regulate social interaction.
- Failure to develop peer relationships to developmental level
- 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).
- A lack of social or emotional reciprocity

Additionally, according to DSM-IV, for Asperger's to be present, restricted repetitive and stereotyped patterns of behaviour, interests and activities as manifested by at least one of the following:

- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
- Apparently inflexible adherence to specific, non-functional routines or rituals.
- Stereotyped and repetitive motor mannerisms (e.g. Finger or hand flapping or twisting, or complex whole-body movements).
- Persistent preoccupation with parts of the body.

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

Usually with Asperger's syndrome, there is no clinically significant general delay in language (eg. Single words used by age 2 years, communicative phrases by age 3 years). Cognitive development is usually not significantly impaired, nor is the development of age appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood. It is therefore difficult to diagnose at an early age.

Finally, for Asperger's to be diagnosed by DSM-IV criteria, there must be **no** criteria met for any other specific Pervasive Developmental Disorder or Schizophrenia.

Generally, people with Asperger's have feelings for others and care about social relationships, but they tend to lack the skills needed for such social interaction.¹

CAUSES

The actual causes of Asperger's Syndrome (AS) are presently unknown, however, it has been observed that AS is often found in children with pre-, peri-, or post - natal problems and nearly half of those diagnosed with Asperger's Syndrome have suffered lack of oxygen at birth.

It has been noted in clinical studies that the brain's right hemisphere is dominant for the nuances of social conduct and interaction, and that the right lobe may have a role in adherence to social rules², and studies carried out in 1994 and 1995 appear to confirm that Asperger's may be a selective learning disability of the right hemisphere.³⁻⁴

The right hemisphere, particularly the right frontal lobe, is functionally and anatomically structured for multidimensional processing. It is involved in processes such as attention, visuospatial skills, emotional interpretation and expression that require the integration of diverse sensory and cognitive input.⁵

INTERVENTIONS

Many of the weaknesses observed in AS can be remediated with specific types of interventions aimed at imparting social and pragmatic skills. The often co-morbid anxiety that leads to significant rigidity can be also addressed. Interdisciplinary interventions of a highly comprehensive, intensive and highly structured nature are usually necessary.

Some or all of the following may be used in conjunction with other interventions:

- Goal setting, lifestyle, diet and nutrition
- Social skills training
- Adaptive skills development
- Counselling
- Behaviour management
- Family / employer education and training
- Other interventions as appropriate to the individual

CONCLUSION

With intensive training, AS individuals are able to function independently. Adults with Asperger's can have relationships, provided of course they have a fully understanding partner and are aware of their own deficits. The Asperger's person will need to learn to self monitor and work on this area of themselves. Many have families and live happy and productive lives. A few people with Asperger's syndrome are very successful and until recently were not diagnosed as 'having' anything, but were seen as being brilliant, eccentric, absent minded, socially inept, and perhaps a little awkward physically. Many will need continuing support and education due to social interaction problems.

For more information or to make an appointment please contact us on (02) 9637 9998 during business hours.

FURTHER READING SUGGESTIONS

- Pervasive Developmental Disorders
- Autism and Autistic Spectrum Disorders

LINKS

PLEASE NOTE :

Learning Discoveries offers the links below as a convenience to our clients and the users of this website. However, we do not control third party websites and we are not responsible for the websites content.

- **Asperger's Services Australia**

<http://www.asperger.asn.au/Home.aspx>

Asperger Services Australia provides support to parents, families, carers, individuals, service providers and professionals.

- **Asperger's Syndrome Support Unit – NSW, Australia**

<http://www.autismsupport.org.au/>

The Autism and Aspergers Support Group was formed in 1998 by a group of parents and carers of individuals who had the diagnosis of either Autism or Aspergers Syndrome: both are forms of Autism known as Autism Spectrum Disorders (ASD).

- **Tony Attwood's Website**

<http://www.tonyattwood.com.au/>

This website is a guide for parents, professionals and people with Asperger's Syndrome and their partners.

And on this site you will find issues related to Asperger's Syndrome, resources, resource papers Tony has authored, related topics and Tony's presentation schedule.

- **DSM-IV**

To view the DSM-IV criteria and revisions online please go to BraveNet Clinical Capsules on the above link.

<http://www.behavenet.com/capsules/index.htm>

DSM-IV is a coded reference manual published by the American Psychiatric Association to provide clear descriptions of diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study, and treat people with various mental disorders.

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