



Fact Sheet

Aspergers Syndrome

General Overview

Defined by Hans Asperger, a Viennese Paediatrician, of children with poverty of social interaction, failure of communication and the development of special interests. This definition included a consistent pattern of abilities and behavior that predominantly occurred in boys.

The pattern behaviours included:

- Lack of empathy
- Little ability to form friendships
- One-sided conversations
- Intense absorption in a special interest
- Clumsy movements

EFFECTS ON DEVELOPMENTAL AREAS

Children may exhibit the following developmental characteristics

Social and Emotional Development

- May be confused by emotions of others
- May have difficulty in expressing own feelings
- May have limited facial expression
- May use body language to express anger or frustration but less frequently to express emotions such as embarrassment or pride
- May be unable to pick up subtle cues of other's body language e.g. frown meaning anger

Aspergers Syndrome

Physical Development

- May experience 'motor-clumsiness'
- May lack upper or lower limb co-ordination
- May have difficulties catching and throwing – poor co-ordination and timing
- May have impaired imbalance
- May have impaired inability to use both hands (manual dexterity).

Language and Communication Development

- May have delay in development of speech
- May have impaired ability to have a natural conversation
- May have an impaired understanding of language in the social context
- Expressive language may appear superficially perfect
- May have peculiar voice characteristics – unusual pitch, stress or rhythm
- May have impairments in comprehension, including misinterpretations of literal/implified meanings
- May have repetitive speech patterns
- May have difficulty with auditory discrimination e.g. focusing on one voice when there is noise in the background.

Cognitive Development

- May have good long – term memory (may have a photographic memory)
- May have a one track mind and rigid thinking
- May have unusual imaginative play (child may take on the role of an object in play rather than a person).



Aspergers Syndrome

INCLUSION STRATEGIES

Each child diagnosed with Aspergers Syndrome will be different and individual. It is important to gain information from the parents as to what characteristics of Aspergers Syndrome their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapist who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Be aware of the child's social and emotional impairment and plan experiences to help these skills to develop
- Read stories about different feelings and emotions
- Display pictures of children engaging in different activities and talk about their facial expressions and why they may be feeling that way
- Make "happy" books with a picture of a happy face on the cover (perhaps a photo of the child looking happy if you have permission to do so) and find pictures, draw pictures etc of things that make a child feel happy to put in the scrap book
- Sing songs about facial expressions and feelings
- Toys such as "Mr. Potato Head" can help children explore facial expressions
- Support developing friendships with other children
- Model appropriate social behaviours for children
- Talk about what is happening in the social environment and teach children how to look for social cues
- Children may need to be taught specifically how to engage in, participate in and end social situations such as play
- Use language sessions to talk about friendships and friendly behaviours such as co-operation and sharing
- Provide clear explanations to children about misunderstandings or inappropriate displays of social behaviour
- Encourage the child to be aware of what other children are doing in the room and use these cues as indicators reinforcing appropriate behaviours to the child

Aspergers Syndrome

- Explain things clearly avoiding figures of speech and double meanings
- Allow children time and opportunity to explain their ideas/thoughts
- Sing songs and play games that encourage children to use loud and soft voices
- Use different pitches and rhythms when singing
- Read stories that include social interactions between characters for verbal and pictorial representation of social behaviours.

Cognitive Development

- Games such as "what's wrong" cards can be used to encourage flexible thinking
- Provide visual and concrete representations of cognitive tasks
- Use concrete representations of daily events/routines to encourage awareness of what comes next.

Physical Development

- Provide opportunities for children to develop balance etc using obstacle courses
- Use low beams or ropes for children to walk along
- Play games that encourage throwing and catching skills—bouncing balls etc
- Be aware of the child's skills and always provide appropriate and achievable challenges (caution—over challenging can cause frustration)
- Be aware of sensory sensitivity to sound, touch, pain, temperature etc

References

The Autistic Children's Association of Queensland Inc (1995):
Umansky, W. and Hooper, S. (1998)

*General Overview of Autism
Young Children with Special
Needs - Third Edition*, New Jersey,
USA:Prentice-Hall
*Resources for Teaching Children
with Diverse Abilities - Birth
through Eight*. Harcourt Brace

Deiner, P.L. (1993)

DISCLAIMER

Noah's Ark Children's Services Resource Unit provides information to Children's Services upon request. The information provided is obtained from a number of sources e.g. library, other services, resource books and Internet. The information provided is not intended to, nor does it, constitute medical or other advice. Persons access this information assume full responsibility for its usage. Acknowledgement of source of information is required if passed onto a third person.