

1  **On the Spectrum and in College:**

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2  **Skip to slides 13-14 for specific suggestions for faculty members**

3  **Asperger's Syndrome: The Facts**

- The characteristics were first studied and written about in 1944 by Viennese pediatrician, Hans Asperger.
- It was not until after Asperger's death in 1980 that the term "Asperger's Syndrome" was first used. British psychiatrist, Lorna Wing, published a paper in 1981 and used the term which provided a new diagnostic category within the autism spectrum.
- A small international conference on Asperger's Syndrome was held in London in 1988. One of the results was the publication of the first diagnostic criteria in 1989 (revised in 1991)... the Gillberg Diagnostic Criteria. To this day, this criteria most closely resemble the descriptions of Hans Asperger.
- In 1994 the American Psychiatric Association published the fourth edition of the Diagnostic and Statistical manual of Mental Disorders (DSM-IV). For the first time, "Asperger's Disorder" was included as one of the Pervasive Developmental Disorders.
- In the DSM-V, which will be published May 2013, Asperger's will not appear as a separate diagnostic category as it does now. It will be listed as one of the "Autism Spectrum Disorders".

4  **Gillberg Diagnostic Criteria**

1. Social Impairment (at least two of the following)

- Difficulties interacting with peers
- Indifference to peer contacts
- Difficulties interpreting social cues
- Socially and emotionally inappropriate behavior
- More rote than meaning

2. Narrow interest (at least one of the following)

- Exclusion of other activities
- Repetitive adherence

3. Compulsive need for introducing routines and interests (at least one of the following)

- Which affect the individual's every aspect of everyday life
- Which affect others

4. Speech and Language peculiarities (at least three of the following)

- Delayed speech development
- Superficially perfect expressive language
- Formal pedantic language
- Odd prosody, peculiar voice characteristics
- Impairment of comprehension including misinterpretation of literal/implied meanings

5  **Gillberg Diagnostic Criteria continued...**

5. Non-verbal communication problems (at least one of the following)

- Limited use of gestures
- Clumsy body language
- Limited facial expression
- Inappropriate facial expression
- Peculiar, stiff gaze

6. Motor clumsiness

- Poor performance in neurodevelopmental tests

"In most clinical practices, a diagnosis of Asperger's Syndrome is made if the Social Impairment criterion is met along with at least 4 of the 5 other criteria." (Attwood 2007)

6  **DSM-IV Diagnostic Criteria for Asperger's "Disorder"**

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
1. Marked impairment in the use of multiple non-verbal behaviors (eye contact, facial expressions, body posture, gestures)
 2. Failure to develop peer relationships appropriate to developmental level
 3. Lack of spontaneous seeking to share enjoyment, interests, or achievements with 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, non-functional routines or rituals
 3. stereotyped and repetitive motor mannerisms
 4. persistent preoccupation with parts of objects

7  **DSM-IV Diagnostic Criteria continued...**

- 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. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior, and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

8  **Asperger's vs Autism**

- 1 • Aspergers:
 - No history of language delay/minimal delay**
 - Average to above average intelligence
 - *Very limited* social skills
 - Diagnosis after age 5
 - *Impairment* in eye contact, facial expressions, gestures
- 2 • Autism:
 - Poor language development**
 - Mental retardation to above average intelligence
 - *Very poor* social skills
 - Diagnosis usually before age 5
 - *Poor* eye contact, no use of gestures or facial expressions

9  **Related Impairments (many Aspergers students also present with these)**

- 1 • Learning disabilities
- Stress management
- Attention/concentration
- Low self- esteem
- Memory
- Anger management
- Poor handwriting
- Overly sensitive to criticism and failure
- Depression
- Anxiety

- Obsessive Compulsive disorder
 - Tourette's syndrome
- 10  **College Life Stressors for Students with Aspergers**
- The transition process...the UNKNOWN is frightening.
 - Sensory Sensitivity- can impact learning
 - Sounds ... three types can be extremely unpleasant:
 - Sudden, unexpected noises
 - High-pitched continuous sounds
 - Confusing, complex or multiple sounds
 - Tastes and smells (others' perfumes, food textures, "picky eaters")
 - Tactile sensitivities (types of clothing, physical contact, water on the face in the shower)
 - Visual (certain colors, fluorescent lights, light reflecting on a whiteboard)
 - Loss of support system that they had in high school
 - Counselors, behavior specialists, teachers, etc...
 - No parental limitations / guidance
- 11  **College Stressors continued...**
- Time Management Difficulties
 - Too much unstructured time / time alone
 - No one to monitor timewasters (gaming, surfing the web, etc...)
 - Planning, organizing, and executing tasks
 - Increased academic demands
 - Group work/ projects
 - Confusing / vague / unstructured syllabi
 - More emphasis on class participation and discussion
 - Social relationships and activities
 - Adjusting to a roommate
 - They probably don't have a peer network from home
 - Looking "normal" can be a disadvantage
 - Reluctance to get involved in campus activities
 - Difficulties with conversing and "fitting in"
- 12  **Executive Functioning Weaknesses**
- planning, organizing, shifting attention, and multitasking
 - problem solving and coping with mistakes
 - approaching complex tasks, breaking them down in to parts, and budgeting time
 - talking about and worrying a project instead of planning and working on it
 - taking notes *and* listening to the teacher
 - finishing one task before beginning a second one
 - inability to leave a task if it's not finished
- 13  **Impact of Aspergers in classroom**
- 1 Aspergers issues
 - 2
 - Picking up on ulterior motives, lying, trickery, duplicity...limited "street smarts"
 - Seeing another's perspective, point of view; cannot follow the "rhythm" of conversations
 - Recognizing the effect that words have on others...everything doesn't have to be verbalized
 - Do not recognize when others are tiring of their monologue
 - The concept of "white lies" and that honesty is not always the best policy
 - Slang (What's up? Catch ya later. How's it going?)
 - 3 Impact in the classroom
 - 4
 - Doesn't get sarcasm, offhanded remarks, classroom "banter"
 - Affects classroom discussions and conversations
 - Comments can come across as rude and abrasive

- Will tend to “grandstand” in the classroom and monopolize discussions without realizing their behavior.
- Tend to be the student who goes to the professor and “reports” what classmates are saying about the class.
- Affects social interaction with classmates and professors

14 Ideas / Suggestions for Faculty

- Provide clear, detailed information in your syllabus regarding the structure of the course, assessments, deadlines, etc...
 - Provide advance notice (preferably in writing) if there are any changes to the schedule.
 - Consider providing copies of power points before class so the student can review and plan questions accordingly
 - Understand that a student with Asperger’s may need frequent clarification / reassurance
- Encourage seating at the front of the class or in a place with the least amount of external distractions.
 - Common classroom distractions: humming of lights/air conditioner/fan; noises outside if the window is open; other students talking/texting/tapping feet etc...
 - Be understanding if a student needs to leave the classroom to “desensitize”.
- Classroom Learning
 - Minimal *incidental* learning... concepts may have to be clarified and/or explained in more depth
 - Sometimes cannot process information at the necessary speed to take accurate notes, ask relevant questions, or make appropriate comments
 - Cannot follow the “rhythm” of conversations...class discussions may be difficult
- Class Presentations
 - *Consider* allowing an alternative method...written, presenting *part* to the class and *part privately*, accepting a video of the presentation
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15 Ideas / Suggestions for Faculty

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- Meet with the student outside of class time to establish a relationship.
 - Students with Asperger’s have difficulty asking for help. If you see a student struggling, you might want to initiate a meeting.
 - Establish rules for in class behavior...be clear and direct!
 - When praising a student , say *exactly* what is right or appreciated (as opposed to “You’re doing a great job!”). The same is true for constructive criticism...try to be precise and detailed, but direct! (Ex. “This page must be revised” as opposed to “You might want to revise this page”)
- Group work/projects
 - Students with AS may have difficulty with the dividing of tasks, managing conflict, managing group goals/timelines, being taken advantage of, working in close proximity to others.
 - The student may need your help finding partners or a group to work with.
 - Make yourself available to the group for help/guidance as needed.
 - Consider alternative assignments, if it won’t compromise the integrity of your course.
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- If you need to meet with the student regarding in class behavior, be direct, clear and concise.
 - A statement such as “You’re asking too many questions in class and monopolizing the discussion” is confusing and ineffective. It’s better to say something like “You may ask only four questions in class, so please choose your questions/comments carefully”.
 - Address behavior issues immediately and privately. Again, be direct and firm.

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- 16  **"You're not defective...you're just *different*." People said to have Asperger's**
 - Bill Gates Charles Schulz
 - Thomas Jefferson Thomas Edison
 - Vincent VanGogh Temple Grandin
 - Michael Palin Sir Isaac Newton
 - Jim Henson Beethoven
 - Mark Twain Bobby Fischer
 - Henry Ford Jane Austen
- 17  **Resources/Suggested Readings**
 - The Complete Guide to Asperger's Syndrome
(2007, Tony Attwood)
 - Students with Asperger's Syndrome: A Guide for College Personnel (2009, Wolf, Brown & Bork)
 - Aquamarine Blue 5: Personal Stories of College Students with Autism (2002, Dawn Prince-Hughes)
 - Look Me In the Eye: My Life with Asperger's
(2007, John Elder Robison)
 - www.aspergersyndrome.com
 - www.tonyattwood.com.au
 - www.wrongplanet.net
 - www.aspergersyndrome.org
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