

**Asperger Syndrome and its  
Presence during the Adolescent Years**

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Abstract

Asperger's syndrome is increasing in incidence with children. The characteristics of Asperger syndrome and its effects during the adolescent years are addressed. The social, emotional, and educational factors are discussed, along with interventions and strategies.

### Asperger Syndrome and its Presence during the Adolescent Years

In recent years, the issue of Asperger syndrome and its presence in children has become increasingly significant. However, this syndrome seems to have the greatest impact during the adolescent years. Asperger syndrome can affect adolescents socially, emotionally, and academically.

Asperger syndrome was named for the Austrian doctor, Hans Asperger, who helped to discover autism a year after Leo Kraner, an American psychologist. The term refers to those who are less impaired developmentally than those with autism (“Pervasive Developmental Disorders,” 2000). Dr. Lorna Wing, a psychiatrist, described Asperger’s as a “triad of impairments affecting social interaction, communication, and imagination, accompanied by a narrow, rigid, repetitive pattern of activities” (Bashe & Kirby, 2001, p. 9). It is a type of pervasive developmental disorder that is referred to as part of the autism spectrum disorder (Bashe & Kirby, 2001). Fisher (2003) stated that Asperger syndrome should be viewed as a “unique neurological disorder with genetic overtones” (p. 2).

Individuals with this disorder have average or above average intelligence and normal language abilities (“Pervasive Developmental Disorders,” 2000). Most children with Asperger syndrome usually develop regularly and a problem is not recognized until they reach school age (Bashe & Kirby, 2001). The age six or seven is the usual age for diagnosis (Fisher, 2003). However, Asperger syndrome can be difficult to diagnose because it may be comorbid with symptoms of Attention Deficit Disorder (Barnhill, 2002), along with anxiety disorders, mood disorders, seizure disorders, Tourette’s

syndrome, Oppositional Defiant Disorder, or learning disabilities (Bashe & Kirby, 2001).

It is characterized by problems in social situations (Fisher, 2003), good language skills with deficits in following directions or instructions given verbally and in interpreting the nonverbal cues of others. Individuals with Asperger's usually have difficulties with making friends and have a "restricted range of interests or a perseverative interest or behavior that permeates their lives" (Barnhill, 2002, p. 2).

The adolescent years "bring about a variety of changes, new behaviors, and a need for discovery (Willey, 2003, p. 70). During this time, problems become even more substantial as individuals deal with not only the syndrome, but other issues such as experiencing puberty and growing up in general. As Pearce states, "adolescents sense a secret, unique greatness in themselves that seeks expression" (cited in Willey, 2003, p. 13). Yet, adolescents with Asperger syndrome usually have communication problems that will cause them at times to avoid talking with their peers. Their vocabulary is often extensive and they are often involved with own interests. These individuals are usually socially inflexible because they prefer routine. In school, they experience difficulties because they have problems staying organized and motivated. It is important to realize that the severity of these problems vary from person to person (Willey, 2003).

#### *Social Effects on Adolescents*

Asperger syndrome is often described as a type of "social dyslexia" (Willey, 2003, p. 15) because those with the disability have such difficulties comprehending social situations and language. Not having an understanding of the basic social rules can even

make having an appropriate conversation an arduous task; these individuals are often unaware of a person's personal space and do not know how to make acceptable comments (Marks et al., 1999).

During the adolescent years, it is crucial for students to be able to fit in and individuals with Asperger's often yearn for peers to like and understand them. However, due to their disability, they not only have problems interpreting and learning social rules; but also with conversing with their peers and developing friendships. At school, these adolescents tend to become stressed because they have to deal with changes in routine, it is expected that they behave appropriately, interact with their peers and teachers, and perform well academically (Carrington, Templeton, & Papinczak, 2003). These are all areas that can be difficult for any adolescent but for one with this syndrome it can be particularly overwhelming.

In a qualitative study (Marks, Schrader, Longaker, & Levine, 2000) of three adolescents with Asperger syndrome, it was found that each of the individuals had "deficits in social interactions, social communication, and social imagination" (Marks et al., 2000, p. 12). 'Thomas', who was in middle school, desired social interaction but did not have the skills needed to obtain it. He felt isolated from his peers and his teachers. As he was going through puberty, he also had begun to notice girls, but more aware of his social difficulties, could not approach them. Likewise 'Jay', a fifteen year old, wanted to be able to make friends but instead he did not fit in and was picked on by his peers. His parents' attempts to help him make friends by placing him in non-school activities, such as Cub Scouts, had been unsuccessful because he would still end up by himself. 'Glenn',

another fifteen year old, preferred to spend his time with adults because he had a hard time relating to his peers. He looked down on his peers and their activities, and had become comfortable with not having any friends because he felt it was more important for him to make good grades (Marks et al., 2000).

By analyzing the subjects of the study, the extent to which the deficits that adolescents with Asperger syndrome have in the area of social skills is evident. They have problems talking to their peers because it is hard for them to find an appropriate topic (Marks et al., 1999). These individuals may talk too much or be hard to understand or follow in a conversation and they often have difficulties understanding non-literal language such as jokes or sarcasm (Prior, 2003). Adolescents with the syndrome may talk about only what interests them and find it hard to understand the emotions of others and express their own. Some unintentionally may behave in a manner that is seen as offensive or annoying. Since these individuals have such a hard time talking with their peers, social situations can be uncomfortable (Prior, 2003). They usually do not join in their peers' activities such as sports or games and are not invited to outside events or they may be isolated due to their fixation on their special interests (Willey, 2003). However, some may bond with a person who shares their same interests (Prior, 2003) or get along well with children who are several years younger (Barnhill, 2002). Often, they have a hard time understanding the concept of friendship and their expectations for how a friend should behave may be too high. In order to hide the extent of their social difficulties, many may exaggerate their amount of friends or create them (Carrington et al., 2003). It is very important to their progress during this stage in their life that they are able to make

friends (Willey, 2003).

Unfortunately, adolescents with Asperger's are often the victims of bullying and teasing or can be taken advantage of because they are naïve to what is appropriate socially (Prior, 2003) since they are missing "big pieces of the social picture" (Barnhill, 2002, p. 34). Even understanding basic rules of driving or employee conduct on a part-time job can be tough because they deal with being able to know basic social rules. Asperger syndrome makes it seem as if these individuals lack common sense (Barnhill, 2002) and as they are dealing with not only the syndrome, but adolescence as well, it is important to educate them about the every day risks of life. Teens with Asperger's should be informed about keeping their personal safety, issues of sexuality and sexual assault, harmful peer pressure, and how to report if they are being bullied or teased by someone (Willey, 2003).

These individuals often struggle with developing their own identity, and may imitate others' behaviors, actions, speech, and beliefs (Prior, 2003) because they are "significantly handicapped in their efforts to achieve a generalized sense of personal mastery and self-confidence" (Willey, 2003, p. 18). As Stone and Church stated:

The school-age child spends as much of his time as possible in the company of his peers from whom he learns firsthand about social structure, about in-groups and out-groups, about leadership and followership, about justice and injustice, about loyalties and heroes and ideals...he learns the ways and standards of adult society. (cited in Moyes, 2001, p. 21)

### *Emotional Effects on Adolescents*

Due to their numerous social difficulties, adolescents with Asperger syndrome are in danger of developing depression or committing suicide (Myles, Barnhill, Hagiwara,

Griswold, & Simpson, 2001). This risk is based largely on the fact that these individuals are more aware of their social differences (Barnhill & Myles, 2001). These teens may be rejected from social settings they are trying to enter which often leads to depression, anxiety that needs to be treated, panic attacks, or obsessive/compulsive behavior (Atwood, 1998). As Atwood (1998) said, “wanting to be like others but not knowing how to succeed” is the common cause of these individuals developing these illnesses (p. 159). Adolescents with this syndrome are more susceptible to criticisms from their peers; some may even become anorexic because they are sensitive about their appearance (Atwood, 1998).

These teens often have problems with low self-esteem, tend to blame themselves when something bad happens, and have a general pessimistic attitude towards their success in life. Many suffer from “learned helplessness” because they are not able to relate success to hard work. If they fail, it is seen as lack of ability and if they do well, it is viewed as luck (Barnhill & Myles, 2001). It has been shown that the more an individual believes their social failure is their fault, the more likely they are to become depressed. It is not shocking to find that a large amount of adolescents with Asperger syndrome take antidepressants because they feel responsible for their social deficits (Myles et al., 2001).

Feelings of aggression and frustration due to social deficits are also seen with these teens. These individuals are often viewed as overly sensitive and become stressed or anxious in situations that would not bother others (Bashe & Kirby, 2001). They often feel overwhelmed or confused by their loss of control in situations and as they watch

their peers surpass them in certain abilities (Simpson & Myles, 1998). Since they are more aware of themselves, adolescents may become embarrassed, self-conscious, and afraid of making social mistakes so they may isolate themselves completely from their peers (Bashe & Kirby, 2001).

### *Academic Effects on Adolescents*

Since adolescents with Asperger's tend to have average or above average intelligence, they are usually included in general education (Prior, 2003). Yet, according to Asperger, individuals with this disability are often inconsistent academically; "the same children who can astonish with their advanced and clever answers fail miserably at their lessons" (cited in Myles et al., 2003, p. 362). Students with Asperger syndrome often have organization problems and seem to be in their own world in class, thus distracting them from class activities. Due to their language abilities, they are often able to mimic what they have seen or heard making it appear as though they comprehend what is going on in the classroom when they do not (Williams, 2001). Safran (2002) stated that while there are "no clinically significant delays in language development or cognitive abilities, there may be speech and language peculiarities" (p. 60). Students may have difficulties in written language with expression and complexity, as well as knowledge of grammar (Myles et al., 2003). These individuals are usually creative (Safran, 2002), have great memory and vocabulary, but may have difficulty thinking abstractly or solving problems. They often lack motivation and are not interested in topics that are not part of their own special interests (Fine & Myers, 2004).

As adolescents with Asperger's transition from middle to high school, the changes

in school size and teachers, along with the raised expectations for behavior, and ability to do well academically can prove problematic. Often students may experience a “serious downward spiral” with their grades (Adreon & Stella, 2001, p. 267). These problems academically may be the result of their difficulties adjusting socially and emotionally during this period. The demands of high school often require teens with Asperger syndrome to use skills that they do not possess (Adreon & Stella, 2001). These students have a hard time following school rules and regulations, and the directions or procedures of teachers (Lamarine, 2001). In the classroom, an adolescent with Asperger syndrome may become stressed or anxious if a teacher provides too many choices or the assignments are unclear. Also, activities or information that needs to be organized or interpreted may pose problems. It is an arduous task for these students to understand hidden meanings, look for other methods to solve problems, or use their imagination for events that they have not experienced (Prior, 2003). Students with this syndrome require “strict external structure, persistent teacher feedback, guided direction, and individualized assignments” to be successful in a classroom environment (Fine & Myers, 2004, p. 3).

### *Effective Strategies and Interventions for Adolescents*

Since Asperger syndrome often makes the lives of adolescents difficult because of their social and academic deficits, and emotional problems, it is important to examine the measures that can be taken to aid these individuals. In terms of improving social skills, there are numerous interventions and strategies that can be utilized. For example, Applied Behavior Analysis which is a “specific, highly structured technique for analyzing the causes and effects of behaviors with the goal of teaching socially appropriate behavior,

self-help skills, academic skills, and speech and language” (Bashe & Kirby, 2001, p. 178). Many professionals see this technique as unnecessary because they believe individuals with Asperger syndrome need social skills training instead (Bashe & Kirby, 2001) but it can be helpful. Social skills training or intervention can increase the ability of adolescents with the syndrome to participate in appropriate conversations and form relationships. Some are even able to make eye contact and better interpret the nonverbal cues of others (Barnhill, Cook, Tebbenkamp, & Myles, 2002). It is crucial in this type of training that clear directions for appropriate social behavior are given, examples are provided, individuals are allowed an opportunity to practice, and feedback is given (Simpson & Myles, 1998).

Behavioral intervention options can also be useful in dealing with adolescents with Asperger syndrome. Cognitive Behavior Modification, for example, helps give these teens control by allowing them to self-monitor and by reinforcing their behavior. Individuals can sign a behavior contract, which is an agreement detailing consequences for inappropriate behavior, or a social autopsy can be used to help them examine and learn from their mistakes by analyzing social events (Simpson & Myles, 1998). Other options that can be used are social stories and comic strip conversations, which were created by Gray to help display and explain social situations to those who have a hard time understanding conversations, such as individuals with Asperger syndrome. Social stories simply depict a scenario, the social cues, and responses and comic strip conversations help with the comprehension of social rules by using figures and symbols as part of a comic strip (Rogers & Myles, 2001).

According to Atwood (cited in Andron, 2001), teaching “friendship” skills is just as significant as social skills. Adolescents with Asperger syndrome need to understand the rules of friendship. These individuals need to know how to give compliments and criticism, as well as how to receive them. They need to be able to deal with conflict, listen, provide help, and show empathy.

Helping the adolescent with this syndrome with their social deficits will have a direct impact on them emotionally and academically, but there are other interventions that can be used to help in these areas as well. Auditory Integration Training, for example, uses music geared towards the sensitivities of the individual and it has been shown to help those with Asperger’s with the comprehension of spoken language. The use of Occupational Therapy, which helps build skills for daily living by examining “nervous system dysfunction” that present challenges in this area (Bashe & Kirby, 2001, p. 200), has been shown to assist these individuals with sensory integration and in other areas such as handwriting, learning, and motor skills. Also, speech and language therapy aids them in developing the needed communication skills, improves their listening, and understanding of language seen (Bashe & Kirby, 2001).

Attending school is a great challenge for adolescents with Asperger’s and it is important that these teens are provided with the supports that they need, as well as personnel who are educated about the syndrome. They may require accommodations in an individualized education plan (IEP) such as “preferential seating”, use of supports that are visual, decreased amount of assignments, help with organization, and assistance with taking notes (Adreon & Stella, 2001). While structured teaching is recommended

(Safran, 2001), these individuals may need support during times that are not structured (Adreon & Stella, 2001). Riding the school bus, for instance, at this level may be difficult because the social expectations have increased. Students may benefit from an adult or peer buddy at the bus stop and/or on the bus and with “preferential seating.” Likewise, having to change from class to class can be stressful so a peer buddy to help with the transition is useful. Also, allowing another time for the individual to change classes can reduce stress. Even lunchtime can cause anxiety because of the social demands of having to eat in a cafeteria that is full of people. It may be helpful to the student with Asperger’s to provide seating away from peers that may pose problems, give them an adult buddy, allow them to eat lunch in another area, or let them eat and leave the cafeteria when finished (Adreon & Stella, 2001).

In the classroom, along with any IEP accommodations, there are many strategies that can be utilized by teachers to help these students be successful. Teachers should provide a safe haven that is predictable, and be willing to prepare the students for anything occurring out of the ordinary or expose to new things beforehand. It may be helpful to teach the other students about Asperger syndrome so that they will be more understanding. Also, since individuals with this disability tend to fixate on their special interests, teachers should limit the amount of time they can discuss or ask questions pertaining to them. “Firm expectations” should be set and let them know that they are not in control so they have to follow the rules. However, time should be given for them to learn about their interests. It is vital that teachers motivate these students to learn and let them know what is expected of the work that is completed. Consistency in the classroom

can reduce stress and providing coping strategies to students with Asperger syndrome is also useful. It is important to remember to be patient with these individuals. As Asperger stated, “the teacher who does not understand that it is necessary to teach children with Asperger syndrome seemingly obvious things will feel impatient and irritated” (cited in Williams, 2001, p. 291). Teachers should not assume that these students will show their feelings because they often do not know how appropriately. Also, providing help as soon as problems begin to occur is crucial to these individuals (Williams, 2001).

When offering assistance to adolescents with Asperger syndrome, it is important to be logical and not emotional. Discuss only one point at a time and do not speak abstractly. It may even be easier for these individuals to understand if written dialogue is used along with visual representation and graphics to make points. Also, do not push them too quickly, go at their pace and focus on not only their weaknesses but their strengths, as well (Willey, 2001).

### *Discussion*

There are numerous resources for individuals to use to educate themselves on Asperger syndrome. I was able to find several books on this topic in the Lynchburg College Library, as well as the Lynchburg Public Library. However, I found that there were many books that both libraries had, but they were always checked out when I tried to locate them. The reasoning for this is probably because the need for knowledge in dealing with this disability is growing since the number of children being diagnosed is steadily increasing. Some major researchers of the field are Dr. Lorna Wing, Tony Attwood, Gena Barnhill, Liane Holiday Willey, and Rebecca Moyes. I am sure that there

are others, but these individuals had authored or contributed to a lot of my research. Also, Wing and Attwood were often quoted or mentioned in my resources.

This research project taught me a great deal about Asperger syndrome. This disability has so many components; it was overwhelming to me at first because I was attempting to learn about Asperger syndrome in general. Once I realized the aspect of this disability that I wanted to focus on, the research process became less daunting and more interesting. I know that I will be able to use this information to help me as a teacher. Since I want to teach students at the high school level, I am sure that this research will be useful because it focuses on this age level.

As one can tell, Asperger syndrome has a major impact on the lives of adolescents. The social, emotional, and academic aspects of their lives are all affected in some way by this disability. In my opinion, the education of parents, teachers, and school personnel is vital to these individuals being able to be successful. These students need the support and understanding of the adults in their lives before they can expect it from their peers. Also, by realizing the significance of their social deficits and helping them make progress through the use of strategies and/or interventions, improvements will likely be seen emotionally and academically as well. Most adolescents want to be able to fit in with their peers and have friends; those with Asperger syndrome are really not any different, just misunderstood.

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For a person with Asperger's syndrome, just living in the day-to-day world can be incredibly taxing. They depend on predictability in a world that is often random. They are constantly surrounded by other people whose social and emotional reality they don't truly understand. If you have ever visited a culture significantly different from your own, you may recall how tiring it can be when you don't intuitively know social rules or the meaning of people's gestures and actions, when figuring it all out is work. It is like that for people with Asperger's every single day. To make matters worse, the This article presents three case examples of individual and syndrome; family therapy with male adolescents diagnosed with Asperger syn- family therapy; drome. Common presenting issues and treatment interventions are individual summarized that may apply to others diagnosed with this condition. therapy a d d r e s s

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Asperger's syndrome has become a controversial diagnosis to describe children exhibiting various difficulties with social behavior. Like autism it affects an individual's ability to successfully interact with others. For many years it was thought that one in 166 individuals has an Autism Spectrum Disorder, a range of disorders that includes Asperger's syndrome and the more severe disability, classic autism. In February 2007, new data released by the Centers for Disease Control and Prevention (CDC) indicates that in many areas of the United States the rate of autism in 8-year-olds is as high as one in 150. What is the difference between autism and AS?