

# Teaching College Students with Asperger Syndrome

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*People with Asperger's Syndrome perceive the world differently. They may find other people strange and baffling. Why do people say so many things that they don't mean? .....Why do people care about social hierarchies? Why not treat everyone the same way?... ....Why do people send and receive so many social signals to each other, and how do people make sense of them?.....Why are people so illogical compared to people with Asperger Syndrome?*

(Atwood, 1998)

<http://www.youtube.com/watch?v=KyHrl9le-MI>

# What do these people have in common?

- Bill Gates
- Stephen Spielberg
- Dan Ackroyd
- Albert Einstein
- Thomas Jefferson

# Asperger Syndrome

- Asperger Syndrome (AS) is a complex pervasive developmental disorder resulting from a neuro-developmental disorder that affects normal functioning of the brain.
- Because AS is a pervasive developmental disorder, it is different from a learning disability in that it affects all areas of functioning; including academic performance, social interactions, interpersonal communication, and executive functioning skills.
- AS is a non-verbal learning disorder (70% of communication is non-verbal)
- AS is a “spectrum disorder” that exists on the Autistic Spectrum
- There are never two people with AS that are exactly the same.

# Asperger Syndrome

- Diagnosis of AS is not based on a blood test, or the results of any single test
  - Screening and scales
  - DX is based on identifying a range of behaviors
- The primary diagnostic criteria for AS is difficulty with social interactions
- **Asperger Syndrome is not mental illness**

# Historical Background

Autism and Asperger Syndrome were first described within a year of each other

- In 1943, Leo Kanner, at Johns Hopkins, is credited with first defining the syndrome of “early infantile autism” based on his work with 11 children
  - *Beginning in infancy*
  - Not associated with schizophrenia
  - Aloof, a lack of reaching out for contact, and gaze aversion

In 1944, Hans Asperger, in Vienna, published a clinical account of his work with 4 boys, aged 6 to 11, who despite having good language and cognitive skills, had severe problems with social interactions and understanding social cues, egocentric preoccupations, circumscribed interests, and difficulties with empathy

- *Normal early childhood development*
- Family history (especially fathers)

# Historical Background

- Because Asperger's work was published in German near the end of WW II, it was generally overlooked
- In 1981, Lorna Wing published a paper reviewing Asperger's work, and case studies of over 30 children and adults that she had seen in the United Kingdom that presented similarly to Asperger's accounts.

# ASD History/Prevalence

- 1980 Autism is first officially recognized in DSM as a diagnosis
- 1994 Asperger Syndrome is first officially recognized in DSM as a diagnosis
- 2007 Center for Disease Control (CDC) statistics for American children with autism was 1 in 150
- 2012 CDC study stated that autism affects 1 in every 88 American children (New Jersey 1 in 50).....1 in 54 boys.
- A recent study in The American Journal of Psychiatry revealed autism prevalence in South Korea estimated to be 2.6 %, or 1 in 38 children.



# AS History/Prevalence

- A ratio of 5 boys to 1 girl are diagnosed with AS
- Girls with AS are much harder to diagnose than boys
- Recent studies have estimated that the lifetime cost to care for an individual with an ASD is \$3.2 million.

## DSM –IV TR

### Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

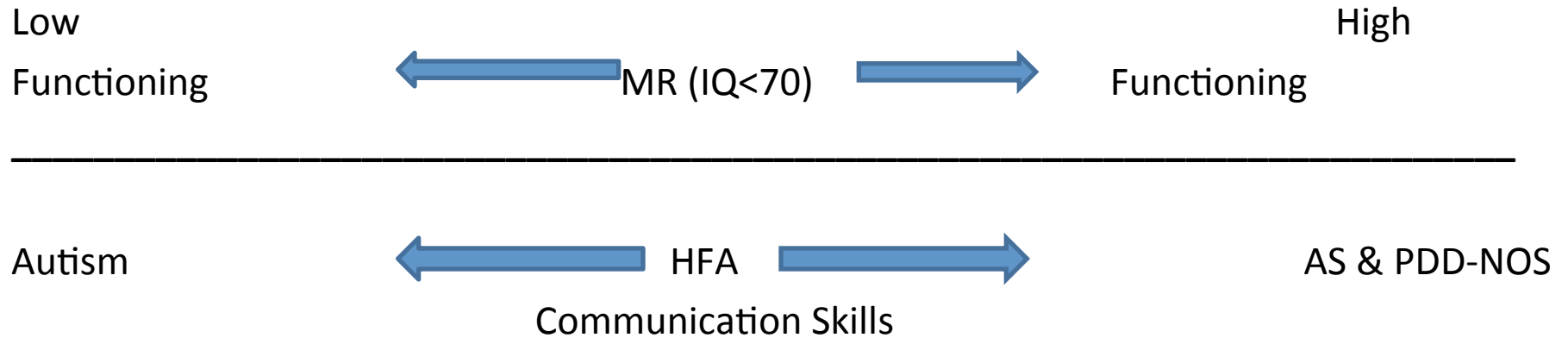
### Pervasive Developmental Disorders

- 299.00 Autistic Disorder
- 299.10 Childhood Disintegrative Disorder
- 299.80 Rett's Disorder
- 299.80 Asperger Syndrome
- 299.80 PDD, NOS

# Asperger Syndrome Diagnostic Criteria

- The essential features of Asperger Syndrome are severe and sustained impairment in social interaction, and the development of restricted, adherence to apparently inflexible repetitive patterns of behavior, interest, and activities.
- Clinically significant impairments in social, occupational, and other important areas of functioning = Pervasive.
- No clinically significant delays in language.
- Lack of social or emotional reciprocity
- Persistent preoccupation with parts of objects
- Failure to develop peer relationships appropriate to developmental level

# Autistic Spectrum Disorders



# Causes of ASD's ??

- “Childhood schizophrenia”
- Refrigerator Mothers
- Vaccines
- Food allergies
- Genetics
- Environment

# Asperger Syndrome

- Usually normal to above normal intelligence
- Impairment in nonverbal communication
- Difficulties understanding social interactions
- Verbosity & one-sided conversations
- Precocious speech....."little professor"
- Attachment to immediate family members
- Inappropriate, or lack of relationships with peers and others despite interest in having relationships

# Asperger Syndrome

- All absorbing, circumscribed interests
- Intellectualization of affect
- Onset usually not recognized before age 3
- Fascination with letters and numbers (*Hyperlexia*)
- Higher Verbal IQ /Lower Performance IQ

# Common Cognitive Issues w/Asperger Syndrome

- Executive Functioning
  - Frontal lobe
  - Planning, organizing and executing
  - Self care
  - Sleep, wakening, medication management
  - Memory
  - Awareness (Hyper and Hypo)
- Processing Delays
  - Language
  - Interpretation (Putting things in context)
  - Orientation (Focus)
- Transitioning



# Cognitive Issues w/Asperger Syndrome

- Theory of Mind

- The ability to recognize and understand thoughts, beliefs, desires and intentions of other people in order to make sense of their behavior, and predict what they are going to do next
- Consequences: Being literal, being misunderstood as rude, confusing honesty and deception, developing distrust or paranoia, having inadequate knowledge to problem solve, being at a loss in conflict, unanticipated embarrassment, anxiety

- Central Coherence Theory

- Being able to generalize from component parts, details, examples, etc. to a larger meaning
- Being able to summarize information, or remember it through an organized mental system
- Consequences: Imposing rituals and routines to make life more predicable, and a sense of order

- Visual Scanning and Facial Recognition

# Associated Characteristics of Asperger Syndrome

- **Problems with sensory sensitivities**
  - Hypo and hypersensitivities
  - Lights
  - Sounds
  - Smell
  - Tactile
  - Proximity

# Associated Characteristics of Asperger Syndrome

## Self-Regulation Problems

- Difficulty regulating thoughts
- Difficulty shifting attention – Transitioning
- Many individuals with AS are originally diagnosed incorrectly with ADHD
- Activity levels are often inappropriate for the situation – hyper or hypo
- Perceptions and anxiety influence responses/overstimulation

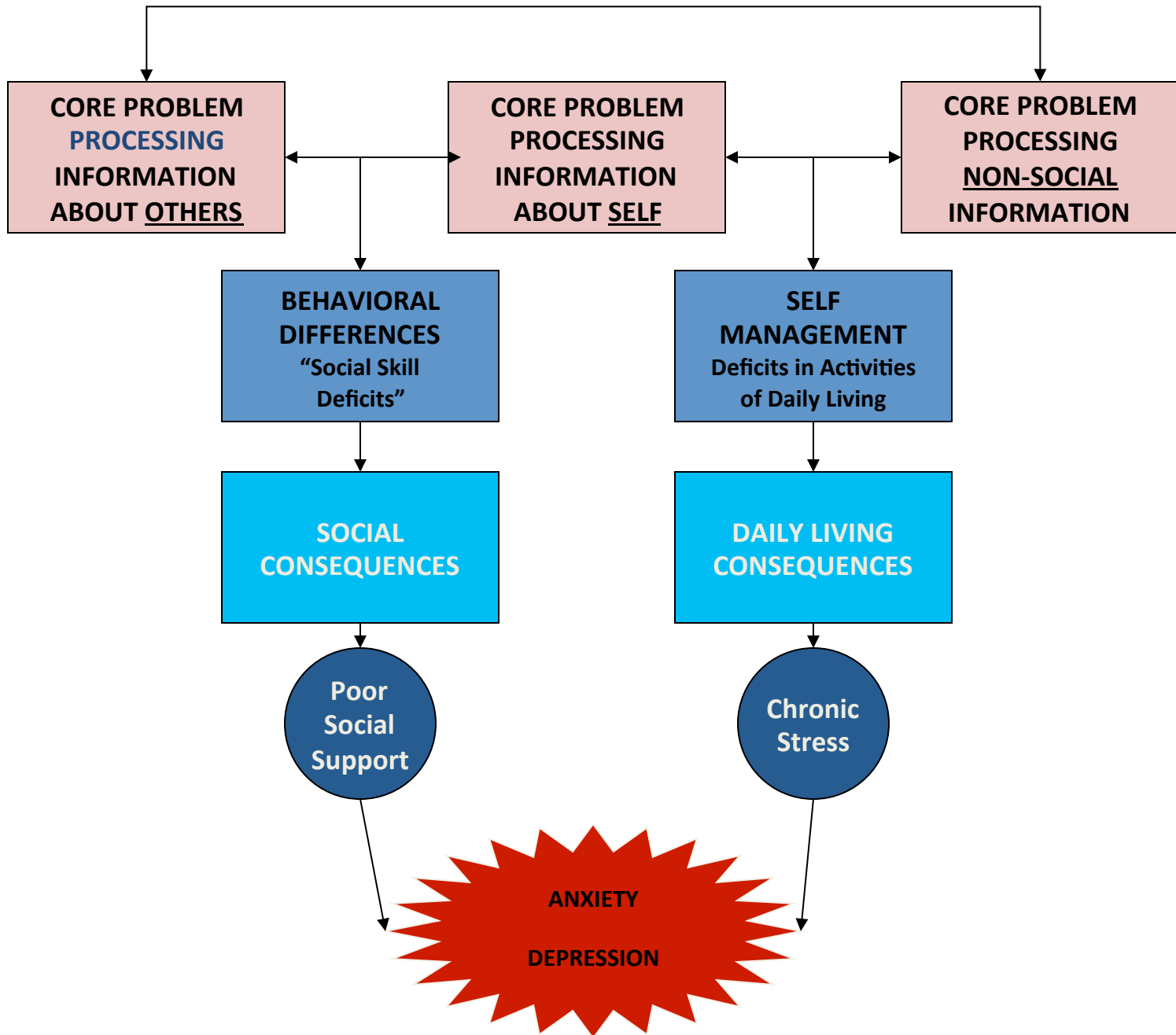
(Geller, 2009)

# Comorbid Psychiatric Disorders

- Approximately 10% of children and adolescents with all ASD's are diagnosed with comorbid psychiatric diagnoses
- 1998 study found 66% of clients with Asperger Syndrome had been diagnosed with comorbid psychiatric diagnoses
- Anxiety and depression are the two most common comorbid diagnoses occurring with Asperger Syndrome.
- Studies have found that 25% of adults with AS have signs of OCD
- Patients diagnosed with AS may have higher reported rates of comorbid diagnoses than Autism patients because they have better communication skills
- PTSD

*“I’m sure there are happy Aspies, but I’m guessing the incidence for depression is probably higher since there’s a lot more challenges that Aspies face than others. For me, I’ve gone through cycles of depression for the last three years. The last cycle was the worst because I was adjusting to college, and it really hit very hard. I went through a slew of misunderstandings with people, realizing that I can’t really rely on anyone. They will sometimes try to help with good intentions, but in the end they just don’t understand me at all. My school didn’t understand me, and I really came on edge with things, and got suspended for the rest of the semester in my first semester. “*

- Individuals with AS most often see themselves, others, and the world, in negative terms
- Automatic negative thoughts
- Most common expectation of future events is failure
- Most common defense mechanism is denial
- Isolation, avoidance, procrastination





Left hemisphere	Right hemisphere
Controls the right side of the body	Controls the left side of the body
In charge of language and mathematics	Processes images and feelings
Linear thinking	Holistic thinking
Logic	Poems, rhymes, parables
Abhors confusion	Thrives on ambiguity
Puts in order	Recognizes patterns
Literal	Processing art
Sequencing information	Interprets body language
Is the dominant hemisphere	Is a subordinate hemisphere
Adapted from Prince[4,7].	

# AS College Students

- This may be the first time that they have had to navigate the world on their own
- Self-esteem in the past was often based in academic success
- Disclosure
- Simple things are not easy



# Potential Classroom Challenges

- Trouble understanding social interactions or reading social cues
- Odd or repetitive questions which interrupt the flow of the class
- Difficulties with impulsivity, which cause distractions
- Shorter attention span, may need to get up from seat
- Other students laugh at, tease, or talk behind their backs
- Difficulty working in groups
- Intolerance with others opinions
- Sensitivities to lights, noises, textures, smells

# Potential Classroom Challenges

- Concrete thinking style
- Converting thoughts into cohesive presentations
- Language deficits
- Processing problems
- Dysgraphia
- In class, or testing, accommodations
- Asking for help

# Potential Classroom Challenges

- Poor personal hygiene
- Late, or missing classes
- Late, or missing assignments
- Unprepared with supplies or textbooks
- Unexpected changes to the schedule
- Transitions

# Potential Assignment Challenges

- Misunderstanding professor's instructions and/or feedback
- Focus on tangential issues, or areas of interest
- Good information, or ideas, but disorganized presentation
- Difficulties understanding plot and/or motivation in reading and writing
- “Compare and contrast”
- Anxiety and/or fear of failure leads to procrastination and avoidance

# Helpful Classroom Techniques

- Create an accepting, calm, predictable classroom environment
- Avoid sarcasm, irony, double entendres
- Use visual teaching aids , when possible
- Zero tolerance for teasing
- Encourage self advocacy
- Refer to DSS or the Student Counseling Center when necessary
- 3 Strikes and you are out
- Never take it personally

# Helpful Classroom Techniques

- Many people with autism are visual thinkers, they think in pictures, not in language.
- Avoid long strings of verbal instructions. People with ASD's have problems with remembering the sequence
- Many people with ASD's are good at drawing, art and computer programming. These talent areas should be appreciated and encouraged.

(Grandin 2002)

# Helpful Problem Solving Techniques

- Offer one on one meetings during office hours, or before/after class
- Limit questions, thoughts
- Give direct, concise and concrete advice/suggestions
- Set long term goals, and then break it down into smaller steps
- Logic based suggestions
- Problem solving model
- Identify how the student thinks and learns best
- Identify student's areas of strength and weakness

# Identifying Thinking Styles

- **Visual Thinkers**

- Creativity
- Able to see/think in pictures
- Good in geometry and trigonometry, but not algebra
- Graphic design, computer animation, architecture, industrial design

- **Pattern Thinkers**

- Music, Math, Computer Programming & Language
- Struggle with reading and writing

- **Verbal Thinkers**

- Facts, great memory for details
- More concrete style
- Technical writing, journalism and record keeping
- Struggle with drawing and other visual thinking skills

(Grandin 1995)

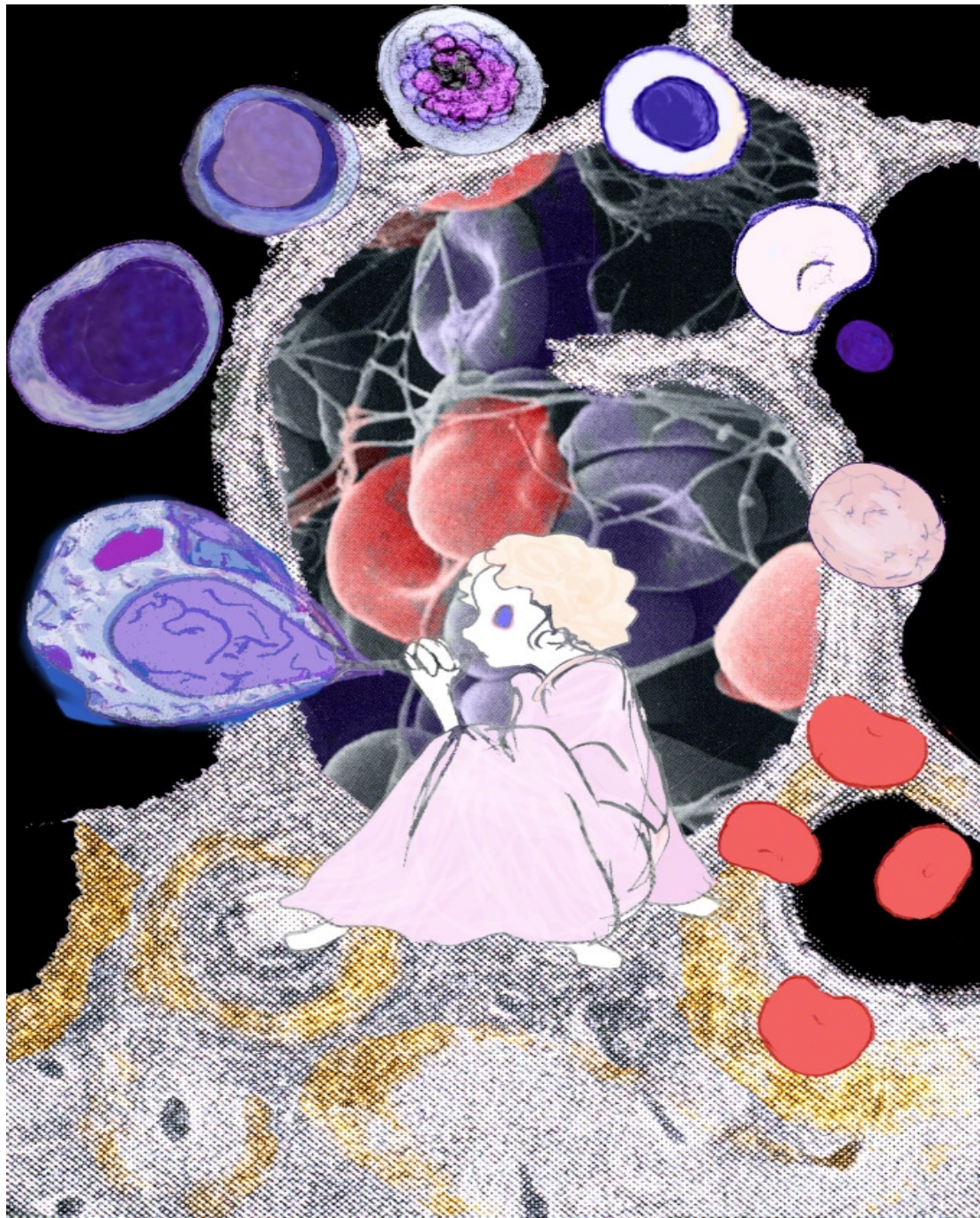


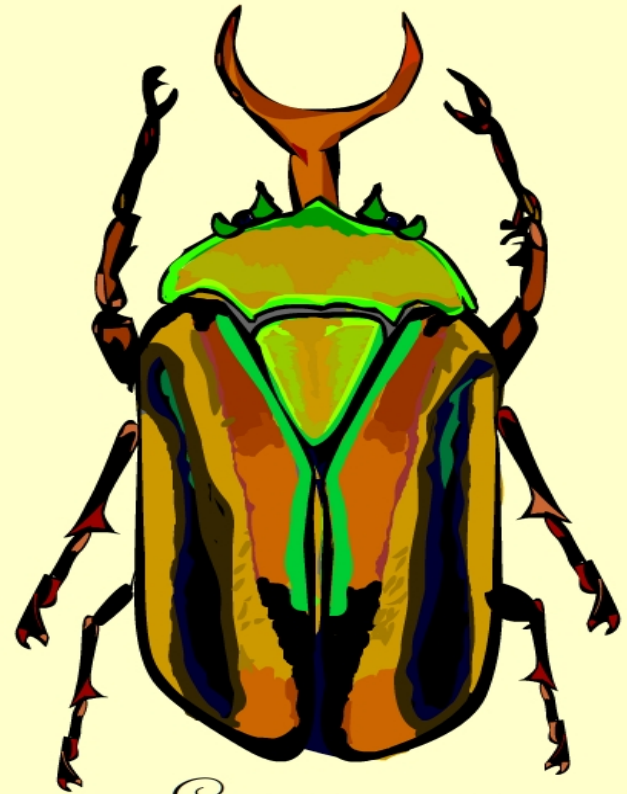
# AS Assets

- Neuro-diversity
- Creativity
- Honesty
- Hyperfocus
- Logical
- Attention to detail









*Eudicella gralli*





# JUSTIN CANHA

## CARNIVOROUS AND OTHER EXOTIC PLANTS

MAY 19—JUNE 18, 2011

OPENING RECEPTION  
THURSDAY MAY 19  
6-8 PM









Small yellow label with illegible text, likely a museum or gallery identification tag.



# PEDRO'S WHALE

Paula Kluth & Patrick Schwarz  
Illustrated by Justin Canha



# Bridges to Adelphi Program

- The Bridges to Adelphi Program supports Adelphi University students who self identify with diagnoses of AS, or other non-verbal learning disorders.
- The Bridges to Adelphi Program focuses on three areas:
  - Academic
  - Social
  - Vocational

# Bridges to Adelphi Program

- Over the past 5 years
  - 68 students
    - 18 new students this year
    - 47 Current
      - 7 Graduated
        - 2 in Graduate school
        - 4 working
        - 1 in vocational training program
      - 10 Transferred
      - 2 Medical Leave
      - 2 Dropped out of college
  - 5 year Average GPA 3.14
  - Last 3 semesters Average GPA 3.27

# References

- Bedrossian, L., Pennamon, R. (2007). *College Students with Asperger Syndrome: Practical Strategies for Academic and Social Success*. Horsham, PA, LRP Publications
- Grandin, T. (1995, 2006). *Thinking in Pictures*. New York, NY, Vintage
- Johnson, M. (2005). *Managing with Asperger Syndrome*. Philadelphia, PA, Jessica Kingsley Publications
- Wolf, L.E., Thierfeld Brown, J., Kukiela Bork, G.R. (2009). *Students with Asperger Syndrome: A Guide for College Personnel*. Shawnee Mission, Kansas, Autism Asperger Publishing Company