



Asperger's Syndrome

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Part A:

Normal Growth and Development



Physical Changes, Brain Growth & Motor Development

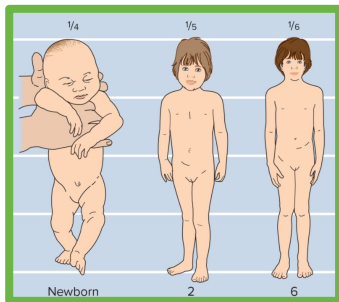
Average Physical Growth:

- Trunk and legs elongate during the stages of early childhood
- In one year, 2.5 inches in height are gained along with 5–7 lbs in weight
- Gradual loss of “baby fat” but females have more fatty tissue while have males have more muscle tissue.

Brain Growth, Ages 3–6:

- Overall brain size does not change much
- However, there is rapid frontal lobe and nervous system development
- Increase in dendrites, **myelination**

Myelination is **critical** for motor development; necessary for **hand-eye coordination** and **focused attention** (Santrock, 2022)



Sleep and Nutrition

- Children at this age need **11-13 hours** of sleep **every 24 hour period (naps count)**

Childhood diets: can affect skeletal growth, body shape and immune system and are influenced by the caregiver's behavior

Healthy eating behavior is a result of focused, mindful eating at regularly scheduled time (Santrock, 2022)

Diets of children in the U.S. **get worse as they get older** and are generally **too high in fat**. This is partly because $\frac{1}{3}$ of meals come from restaurants.



Theories of Cognitive Development

3 Theories of Cognitive Development Seen in Early Childhood

1. Piaget's Preoperational Stage
2. Vygotsky's Social Constructivist Approach
3. Information Processing

Piaget's Preoperational Stage

- Occurs between the ages 2 and 7
- The world is seen through words, images and drawings
- Children perform things physically before they can do it mentally

Divided into 2 subcategories :

- Symbolic Function Substage: ability to mentally represent an object not present
 - Limitations: Egocentrism & Animism
- Intuitive Thought Substage: the beginning of reasoning and the development of ideas about the world.

Limitations of Preoperational Thought:

- Lack of conservation
- Children at this stage cannot mentally reverse actions witnessed

Vygotsky's Social Constructivist Approach

- Social contexts of learning and obtaining knowledge through social interactions
- Cognitive development depends on the tools provided by society and how minds are culturally shaped
- **Zone of proximal development**: difficult tasks can be learned with the help of adults or other children
- **Scaffolding**: changing the level of support depending on the child's need (Santrock, 2022)



Information Processing

Executive Function

Increases as prefrontal cortex develops.

Management of thoughts for goal orientation and self-control.

Influenced by parenting styles.

Memory

Increase in short term memory.

Long term memory isn't always reliable and is more autobiographical.

Theory of Mind

Awareness of self and others' mental processes. **Distinguishing** between perceptions.

Understanding positive and negative emotions and desires. **Parenting** and **prefrontal cortex development** play an important role (Santrock, 2022).





Language Development

Children between 2 and 3 move past 2 word sentences into more complex sentences (Santrock, 2022)

Phonology: The sound system of language

Morphology: Units of meaning involved in word formation

Syntax: The way words are formed into acceptable sentences

Semantics: The meaning of words and sentences

Fast Mapping: Learning new words with limited exposure

Pragmatics: Appropriate use of language in the contexts

Emotional Development

Self Regulation of Emotions (Santrock, 2022)

- Self-conscious emotions include guilt, pride, shame & embarrassment
- Same event elicits different feelings in people
- Self regulation of emotions & peer relationships
- Self regulation & social competence
- Self regulation & conflict and demands



Caregiver Support

- Emotion coaching parent
 - Provide praise
 - See negative emotions as a way to grow
- Emotion dismissing parent
 - Deny, change, or ignore emotions



Understanding the Self and Others

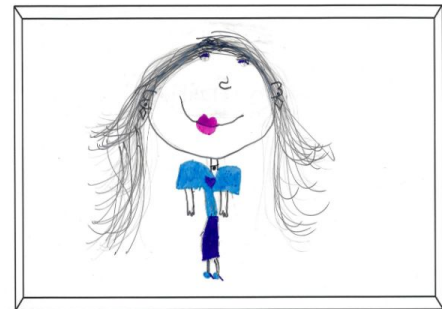
Self-Understanding (Santrock, 2022)

- Erikson – initiative vs. guilt
- Parent identification & self exploration
- Physical and material distinguishments
- Identify others through psychological traits & emotional terms (ex: “she is nice”)
- Unrealistic self descriptions



Understanding Others

- Children learn about lying
- Learn through observations
- Judge others on character & behavior



Ms. Hilton
is my favorite teacher because
she is nice. She taught me how to tie my

Part B:

**Common Variations and
Their Impact in an
Educational Setting**



What is Asperger's?

Asperger's falls under the umbrella of autism spectrum disorder. It is characterized by having problems with **nonverbal and social communication** (Faridi & Khosrowabadi, 2017).

Difficulty with social interactions through:

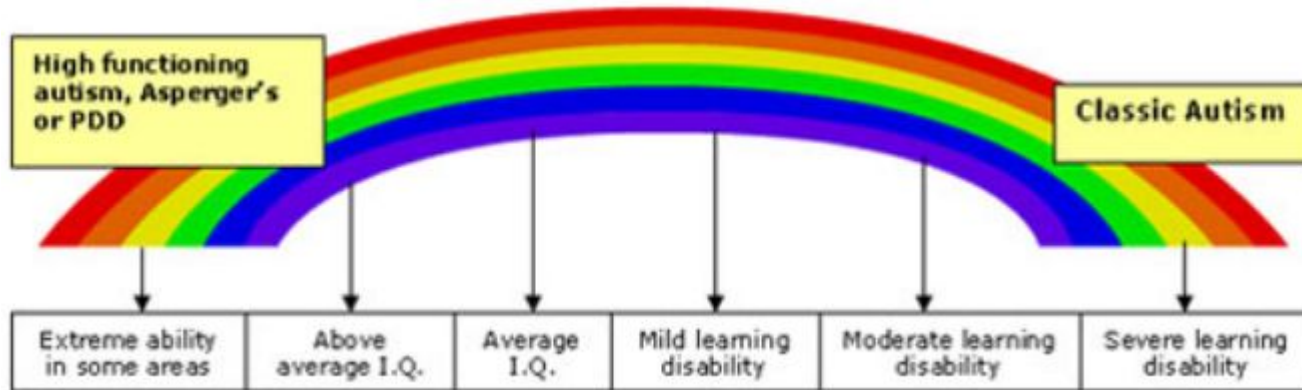
- Social cues
- Body language
- Restricted interests
- Social-emotional delays

Other signs of Asperger's

- Delay in development of motor skills
- Desire for sameness



Asperger's On the Spectrum



- Asperger's can be harder to detect as a standalone diagnosis, as it falls under the umbrella of autism
- Asperger's is on the higher functioning side of the ASD scale

Strengths & Challenges

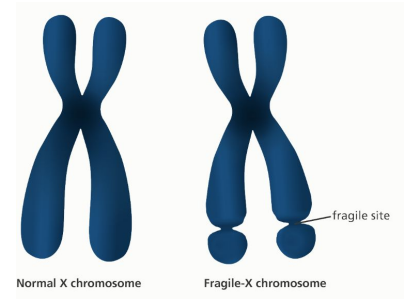
Challenges

- Hypersensitivity (lights, sounds, tastes, etc.)
- Nonverbal conversation (distance, loudness, tone, etc.)
- Uncoordinated movements
- Depression & anxiety

Strengths

- Intense focus on subject of interest
- Persistence
- Pattern recognition
- detail-oriented

Asperger's Etiology



- The causes of Asperger's are not currently known
- Studies show that the FMR1 gene may be linked to Asperger's
- FMR1 is the X chromosome associated with Fragile X Syndrome
- Fragile X symptoms include:
 - Basic motor skill delays (sitting, walking, talking)
 - Learning disability (new skills acquisition)
 - Social interaction issues (eye contact, anxiety, speaking without thinking)

Asperger's & Autism

- Currently, there are 800 genes linked to autism
- This includes brain dysfunction
 - abnormalities in the brain structure
 - neurotransmitters working incorrectly (Santrock, 2022)



Asperger's in the School Setting

- Sensory overload
 - Need for routine (challenges with changes, transitions, etc.)
 - Social interactions (play with other kids, making friends, etc.)
 - Gross and fine motor skills acquisition
 - Executive functioning issues (attention, organization)
-
- Children with Asperger's at this age are more likely to get rejected from their peers as they may struggle to fit in with other children



School Setting cont.

- Many children are diagnosed with Asperger's between ages 5 to 9
- A child with a diagnosis will have an IEP and it will include helpful interventions to implement in the classroom

Classroom recommendations include

- Visual schedules of activities
- Structure in lesson plan
- Keep student updated on lesson plan changes
- Being mindful and aware of sensory concerns
- Implement token economy

Part C:

Assessment Techniques





History

- Listed as a diagnosis in 1989, in the DSM-IV (de Giambattista, 2019)
 - Required social interaction impairment and one symptom of behavioral and interest restriction
 - Normal cognitive functioning and the absence of significant general delay in language
- Little difference between Aspergers Syndrome and High-Functioning Autism
 - no clinical, neuropsychological, or behavioral indicator could prove distinct differences between the two
- Led to the omission of AS in DSM-V (McPartland, 2014)
 - efforts to develop and validate diagnostic and screening instruments specific to AS will likely cease
- Because of AS does not have a distinct diagnosis, no diagnostic method can be classified as the “gold standard” to identify AS
- Possible change in next DSM edition to include AS
 - Possible AS diagnostics and testing will emerge
- Literature is limited resulting in ambiguity in case investigations
 - Skewed classification accuracy rates

Assessments

- Asperger Syndrome Diagnostic Scale
 - 50-item norm-referenced scale that requires the child to indicate the presence or absence of behaviors indicative of AS
- Autism Spectrum Screening Questionnaire (ASSQ)
 - 27 behavioral descriptions rated on a 3-point scale
 - social interaction, communication, restricted and repetitive behavior, motor clumsiness, and associated symptoms such as motor tics
- Childhood Asperger Syndrome Test/Childhood Autism Spectrum Test
 - 37-item parent-rating scale of behavioral indicators of AS
 - 15 or higher indicated need for further evaluation for AS
- Gilliam Asperger's Disorder Scale
 - 32-item norm-referenced scale that assesses frequency of AS-related behaviors in four domains
 - Social Interaction, Restricted Patterns of Behavior, Cognitive Patterns, and Pragmatic Skills
- Krug Asperger's Disorder Index (KADI)
 - 32-item norm-referenced rating scale that assesses the presence or absence of AS-related behaviors (McPartland, 2014)



Discovery

- Presence or absence of Asperger's behaviors
- Testing scores are calculated into data which yield results
 - Recommended for more evaluation or not considered to have Asperger's
- Behavior of child and parent reporting
 - Usually initiated by parents



NovoPsych

Autism Spectrum Screening Questionnaire (ASSQ)

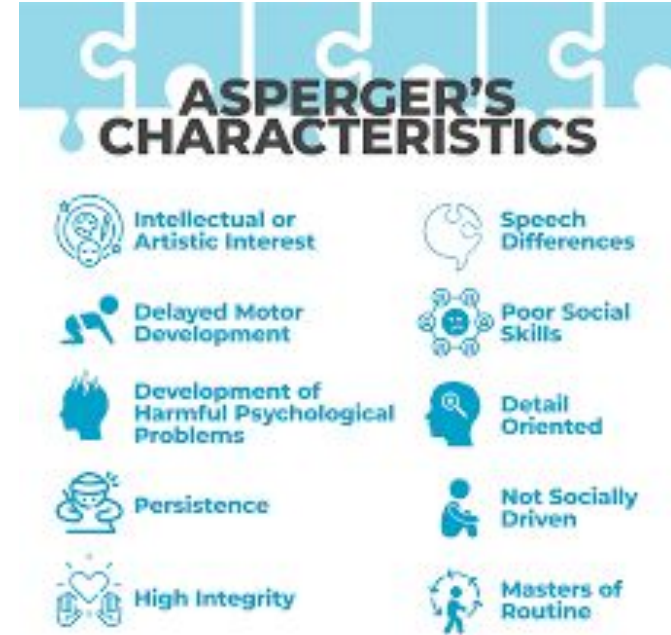
Instructions

Please read the statement below and indicate by tapping, No, Somewhat, or Yes if this child stands out as different from other children of his/her age in the following ways:

	No	Somewhat	Yes
1 is odd-behaved or precocious	0	1	2
2 is regarded as an "eccentric professor" by the other children	0	1	2
3 has a manner that is a blend of neither one with reserved aloofness nor the other generous	0	1	2
4 is somewhat like an alien subject (good one usually) but does not really understand the meaning	0	1	2
5 has a literal understanding of ambiguous and metaphorical language	0	1	2
6 has a unique style of communication with a formal, fancy, old-fashioned or "futon-like" language	0	1	2
7 speaks idiosyncratic words and expressions	0	1	2
8 has a different voice or speech	0	1	2
9 expresses emotion inappropriately: clenches throat, grunts, sneezes or screams	0	1	2
10 is surprisingly good at some things and surprisingly poor at others	0	1	2
11 has language that is too easy to make adjustment for its social context or the needs of different listeners	0	1	2
12 lacks empathy	0	1	2
13 makes naive and embarrassing remarks	0	1	2
14 has a deviant style of gaze	0	1	2
15 wishes to be sociable but fails to make relationships with peers	0	1	2
16 can be with other children but only on his/her terms	0	1	2
17 lacks best friend	0	1	2

Markers

- sleep problems are common in adolescents with AS or HFA (Thenhausen et al., 2017)
 - low daytime functioning
 - Children with AS should be screened for sleep disturbances
- Brain (Faridi & Khosrowabadi, 2017)
 - Focalization of metabolites in prefrontal cortex is higher
 - Maturation of amygdala and hippocampus differ significantly
 - Higher levels of neurotransmitters in the right anterior cingulate
- Gender
 - Observed 4 times more in males than females
 - Several behavioral differences between males and females
- Eye tracking
 - Focus on mouth instead of eyes
- Obsessive behavior tendencies
- Motor abnormalities
 - Inability to perform a sequence of actions
- Cognitive
 - Social skills and executive functioning



Part D:

Evidence Based Interventions





Interventions

- There is no cure, but evidence based intervention strategies have been proven to help children with Asperger's syndrome overcome challenges.
- Strategies overlap with those for Autism.
- Early intervention is key, strategies are most effective when the brain is developing.
- They are learning to speak our languages.

We will discuss:

- Occupational Therapy
- Social Skills Training
- Parent Training
- Additional Interventions

Occupational Therapy

- A person-centered therapy, that assists in helping individuals gain necessary daily activity skills
- Therapists will assess and implement treatment for sensory processing difficulties
- Assistance in daily routines and life transitions
- Works on improving physical skills such as balance, strength, and hand-eye coordination
- Occupational therapists can help aid in social skills and parent training





Social Skills Therapy

Group Training

- o Performance-based social skills group that focuses on peer-to-peer and adult-to-child interactions
- o Training can occur through play and modeling in early childhood
- o Group training is linked to increased socioemotional awareness
- o In a 6-week program, participants saw an increased ability in detecting emotion in voices
- o Parent training is necessary for the maintenance of newly learned social skills

Individual Social Skills Training

- o A form of cognitive behavioral therapy
- o Training focuses on more specific individualized goals
- o Visual modeling and social stories can be used to demonstrate proper conversation skills
- o Numerous studies have noted more eye contact, turn-taking, social interaction skills, cooperative activity skills, and conversation initiation upon completion of the programs

Social Skills: Lego Therapy



- Social development program for children with Asperger's Syndrome and Autism
- Developed by Dan LeGoff a Clinical Neuropsychologist
- Helps children identify their strengths and communicate to reach a common goal
- Sessions occur once a week for 1-2 hours
- Can take place in a school, center or home based setting
- Children are assigned roles and take turns switching between them
- Good support group for parents

Lego Therapy Video





Parent Training

- Parents of children on the spectrum have significantly higher levels of stress and are more likely to have psychopathological disorders
- Parents involved in their child's therapy see more progress in their child's development
- Parents are taught how to implement naturalistic intervention strategies throughout the day
- Parents can better understand maladaptive behaviors and recognize the triggers so they can address them with a mental professional
- Parents are taught their child's intervention plan so they may be more aware of when they are reinforcing challenging behavior

Additional Interventions

- Cognitive Behavior Therapy: Emotional & impulse management through talk therapy
- Applied Behavior Analysis: Reinforcement of adaptive behaviors and extinction of maladaptive behaviors
- Neurofeedback: Biofeedback that helps control brain function, linked to improved attention
- Horse Therapy
- Art & Music Therapies
- Yoga
- Medication for secondary symptoms: ADHD, Anxiety, Depression, etc.



Part E:

Ethical, Professional and Legal Standards





Relevant Legal Standards for Students with Asperger's Syndrome

- **Individuals with Disabilities Education Act (IDEA)** is a federal law that:
 - Secures access to early intervention, educational and behavioral services and special education
 - Section B of the law ensures students with developmental disabilities have access to a “free appropriate public education” (Rain, 2022).
 - Requires schools to provide an **Individualized Education Plan (IEP)** which is tailored to the students' specific needs and learning goals.
- **Americans with Disabilities Act (ADA)** is a federal law that protects students with disabilities by requiring public education institutions (among other government agencies) to provide them with “an equal opportunity to benefit from all of their programs, services and activities” (U.S. Department of Justice, 2020).

More Relevant Legal Standards

- **Rehabilitation Act** is a federal law that protects persons with disabilities from discriminated against in programs run by Federal agencies or those which are funded, employed or contracted by the federal government (U.S. Department of Justice, 2020).
 - **Section 504** guarantees students' fundamental right to being educated in the least restrictive setting, ideally mainstream, and secures access to reasonable accommodations in order to make this possible, “unless the student demonstrates that learning in a regular educational environment cannot be achieved” (Rain, 2022).
 - Procedural safeguards ensure parents are informed each time the student is evaluated, grants them access to their child's records and gives them the right to “participate in review procedures and hearings” with legal counsel.



Legal Standards for Practitioners

- **Family Educational Rights and Privacy Act (FERPA)** protects student privacy by outlining how student educational records and other personally identifiable information is to be handled, what information can be disclosed and who may access student information (U.S. Department of Education, 2022).

		Who must comply?	Protected information	Permitted disclosures ¹
FERPA	<p>The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the privacy of student education records.</p> <p>The Act serves two primary purposes:</p> <ol style="list-style-type: none">1. Gives parents or eligible students more control of their educational records2. Prohibits educational institutions from disclosing “personally identifiable information in education records” without written consent	 <ul style="list-style-type: none">• Any public or private school:<ul style="list-style-type: none">– Elementary– Secondary– Post-secondary• Any state or local education agency <p>Any of the above must receive funds under an applicable program of the US Department of Education</p>	 <p>Student Education Record: Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution</p>	 <ul style="list-style-type: none">• School officials• Schools to which a student is transferring• Specified officials for audit or evaluation purposes• Appropriate parties in connection with financial aid to a student• Organizations conducting certain studies for or on behalf of the school• Accrediting organizations• Appropriate officials in cases of health and safety emergencies• State and local authorities, within a juvenile justice system, pursuant to specific state law• To comply with a judicial order or lawfully issued subpoena
				

Legal Standards for Practitioners Continued

- **California Child Abuse and Neglect Reporting Act (CANRA)**

- Legally requires mandatory reporters to report child abuse within 36 hours of learning of or suspecting it
 - As of 2014 this includes knowledge or suspicion of someone downloading, accessing or streaming child pornography.
 - **Failure to report is a misdemeanor** punishable by up to 6 months in jail and/or max of \$1000 fine
 - If failure to report leads to abuse or neglect that results in death or severe bodily injury: up to 1 year in county jail and/or max of \$5000 fine
(Shouse California Law Group, 2022).



Professional Standards (NASP, 2020; ASCA, 2022)

- **Child Advocacy** – Our primary obligation is to the student.
 - This can sometimes result in conflicts with administration, whose primary obligation is to the student body as a whole (Boccio, 2017).
 - Students with invisible disabilities need help with advocacy too; this may include educating instructors about these conditions (Rain, 2022).
- **Make evidence-based decisions**
 - Ensure that any assessments or counseling approaches are appropriate for the individual student
 - Use multiple data points whenever possible, gather quantitative and qualitative data and document justification
- Practice only what is **within the scope** of your license, certification, competency and training.
 - “...professionals have a duty to maintain and update their knowledge about specific neurodevelopmental disorders and to facilitate evidence-based management strategies or to refer their patients to specialists who have such knowledge” (Graf, W.D., 2017)

Ethical Standards (NASP, 2020; ASCA, 2022).

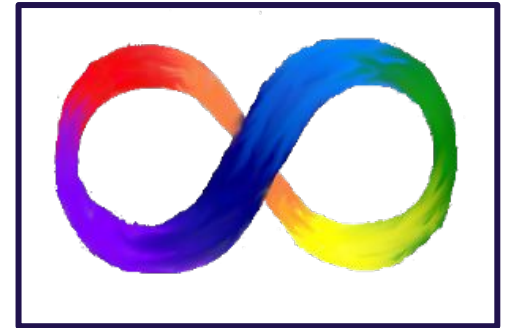
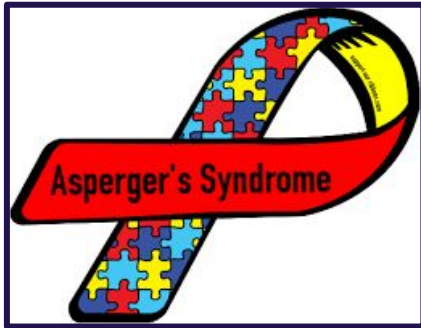
Students deserve to be treated with respect and dignity, no matter their age, disability, capabilities or current emotional state.



- Develop rapport or relationships with your students – even those with social deficits. **While students with Asperper's have difficulty with social communication, they still need and benefit from social connection** (Myers, 2022).
- Foster and maintain a safe, supportive environment
- Communicate and collaborate with faculty, staff, parents/guardians to best support students and their specific needs

Ethics of ASD Representation

“...an ethics of autism [ASD] should consider the cultural representation of the term ‘autism’ and its meaning as conveyed in popular media, literature, and art” (Hens et al, 2019).



Part F:

Faith, Values and Assessment and Intervention





*“Look beneath the surface so you
can judge correctly.”*

John 7:24

It is critical that we never jump to conclusions or make assumptions about anybody we meet. This is especially prevalent for us as future school counselors and psychologists. It is our responsibility to always do what is best for the child and their family and to provide them with the necessary resources. A disability should never define the rest of somebody's life, especially when there are resources and aids set in place to counteract this.



Part G:

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