

## **Helping Individuals with Asperger's Syndrome**

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Sam's parents suspected that he might have an autism spectrum disorder; A highly verbal, bright 7 year old, Sam had very few friends, was "obsessed" with trains, had frequent meltdowns at the slightest change in routine, and spoke like a "little professor" (Speaking in a monologue versus having a conversation). So it was no surprise when after Sam was evaluated that the diagnosis of Asperger's Syndrome was made. Although Sam's parents had expected the diagnosis autism spectrum disorder, they had a strong emotional reaction when the diagnosis became "official." This is true of most parents that I work with. Fear is a very common emotional reaction – fear that their child will never be "normal"; fear that their child will continually struggle with making friends; and fear that there was something that they did to cause this syndrome. A big part of my job in working with these families is to help them understand that their fears are normal. I work to educate the parents about autism spectrum and to provide some hope that things will improve with lots of work and time.

While most parents come to me expecting me to treat their child, much of the time is also spent working with parents, helping them understand autism spectrum disorders and exactly how their child is affected. I work with parents to help them understand the challenges their child faces, how my treatment can help their child, and how they can work with their child at home.

By the time some parents come to see me, many have already done a lot of reading, completed Internet searches on the disorder, and are well-versed about ASD. Knowledge about Asperger's is important because once a parent has a good grasp of the disorder, they can teach their child about it too.

One important aspect of my direct work with children is to teach them about ASD - what it is, how it affects them and others, and what they can do about it, and not do about it. Parents sometimes have a harder time accepting the diagnosis than children do. Kids know if they are different, and having a name for their difference is the first step in acceptance. As they get older, armed with this knowledge, they can become confident about advocating for themselves in school and in work environments.

When I work directly with a child, adolescent or young adult with Asperger's, I focus on providing them with visual structure – through tools such as schedules, checklists, and charts. For example, when I worked with "Sam", a young boy with Asperger's Syndrome, we structured each therapy session, creating a schedule for each 45 minute session:

2PM-2:15PM Sam's time;

2:15-2:30PM Dr. Goobic chooses activity;

2:30-2:45PM Mom joins the session”

This visual list helped to organize his time, decreased his anxiety about what comes next, and helped to teach turn-taking.

Once I find an approach that helps in the therapy session, I discuss it with the parent so that it can also be used at home and at school. Sam’s parents created a schedule for his morning and afternoon routines.

### **THAT’S NOT HOW IT’S SUPPOSED TO BE!**

Children with Asperger’s tend to have very rigid expectations. Sam’s mother learned that if she indicated a specific time frame (brush teeth – 7:30PM) a meltdown would occur if Sam couldn’t brush his teeth at that exact moment. Instead she learned to develop routines for Sam to follow in order, without assigning a specific time for each task.

### **THAT’S NOT HOW I WANT TO DO IT!**

The rigidity of those with Asperger’s extends not only to *when* things are done, but also *how*. They often run into struggles because they have an intense preference to perform a certain behavior in a very specific way. Something that seemed like an irrelevant detail to Sam’s mother could become an occasion for intense upset. For example, through trial and error, Sam’s mother learned that Sam felt calmer if he was allowed to decide for himself whether to make a check mark or draw a line through a task that he had completed. With a child like Sam, for whom many things feel out of control, it’s critical to help him find ways to gain a greater sense of control over his situation.

### **LEARNING TO CALM DOWN**

Because there are so many issues that are potentially upsetting to an individual with Asperger’s, it is essential to teach them ways to self-calm. Often I’ll work with parents to teach them these techniques and encourage them to model these techniques at home, helping to reinforce to their child ways to calm down. I often remind parents to “teach the behavior that you want to see”. Once these approaches have been learned by the parents, they can help their child to practice and use these techniques. Some of the most useful calm-down techniques involve:

- Visual reminders to take a “time-out”
- Counting to 10
- Taking slow, deep breaths.
- Looking at a stop sign, remembering to “take a time-out”
- Cue Cards – phrase or word to remind person of appropriate response

Remember, the best way to “self-regulate” or manage your emotions is to calm down BEFORE a big upset occurs.

## **ASPERGER'S AND ADOLESCENCE**

At age 14, Reese had the expressive language skills of a 20 year old, but the social skills of an 8 year old. Her tendency to talk at other kids in her class resulted in lonely week-ends as she was excluded from birthday parties and social outings. Despite her ability to speak like an adult, she lacked the social skills necessary for friendships.

Adolescents with Asperger's Syndrome tend to engage in monologues, talking at length about their restricted area of interest. One enjoyable therapeutic activity that helped Reese learn to take turns conversationally was to have “comic strip conversations.” This technique, developed by Carol Gray, involves the therapist and client creating a comic strip together that depicts feelings and thoughts in pictures. In my work with Reese, I started our comic strip by introducing the concept of reciprocal communication (i.e. conversation). Interrupting was a common problem for Reese. In our comic strip interruption was depicted using colliding bubbles. Comic strips provide a playful and very graphic illustration of communication and interaction patterns that helped me assess areas of difficulty for Reese and then teach her strategies to change these problematic patterns. Learning to take turns conversationally meant no more colliding bubbles!

## **YOUNG ADULTS WITH ASPERGER'S**

Roger was 25 years old when he came for a consult. He had suspected a diagnosis of Asperger's Syndrome years before when his college roommate suggested that he read up on the disorder. Roger frequently sat alone on Saturday nights in his dorm because he wasn't invited out to parties, or any other social activities. His life had always been that way, but it wasn't until he read a description of the characteristics of Asperger's that he was sure that he met the criteria. Sure enough, after he completed an ADOS assessment, and his parents provided a detailed developmental history that the diagnosis was confirmed; Roger had Asperger's Syndrome.

Roger and I began to work on building his social skills. At the time of my intake with Roger, he had been reprimanded by his supervisor at the bookstore where he worked part-time. Roger was told that he needed to work harder on his “conversational skills”. While Roger was able to ring up a sale at the register, he lacked the ability to understand the reciprocity of small talk. Instead, he preferred to talk about his special interest of subway trains. Anytime a customer approached the counter, in a loud and often monotone voice, he rattled on and on about various subway trains, their speed, etc. He realized that this shortcoming was reminiscent of college life and was possibly the reason why he wasn't invited to any social events.

We used two approaches to work on Roger's social skills issues: writing a “social story” and role playing. First, I wrote a “social story” about what to talk about with customers at the bookstore. Roger's “social story” was about interactions with customers at his job. A social

story provides accurate information about situations that may be difficult or confusing to the individual with Asperger's. The goal of the story is to increase the individual's understanding of the situation. Roger and I reviewed the story together and he was asked to read it several times. Secondly, we role-played this scenario in my office. Once Roger felt fairly confident that he could practice this skill at work, he tried it out on a regular customer, one with whom it felt comfortable. In this way, Roger gradually built the social skill of making appropriate small talk.

To summarize, treating individuals with Asperger's syndrome is a process of using age-appropriate techniques to help them navigate their social world with more comfort and confidence.

**For more information about assessment and treatment about Asperger's and related autism disorders, please contact Dr. Kara Goobic at 301-562-8448 ext 12 or [karagoobic@chesapeakeadd.com](mailto:karagoobic@chesapeakeadd.com)**