

## UNDERSTANDING ASPERGER'S DISORDER IN YOUNG CHILDREN

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In 1944, Hans Asperger's described a group of children quite similar to those that Leo Kanner had labeled "autistic" the year before. The children all had deficits in their reciprocal social interactions and displayed rigid and repetitive behaviors. However, unlike Kanner's children with autism, Asperger's children did not have a delay in language development. This group of children began to talk before they could walk. Their language was precocious, but it was also odd. The children sounded as if they were lecturing, or talking at everyone. Asperger's Disorder, as it came to be known, is one of five "autism spectrum disorders." The diagnosis is given to children who have social difficulties, repetitive behaviors, preoccupation with particular topics and average to advanced early language development.

The relationship that Asperger's Disorder has to autism is still unclear. Some scientists propose that Asperger's Disorder is the mildest form of autism, while others believe that it is distinct disorder with a different cause. However, it is generally agreed upon that both autism and Asperger's Disorder are present from birth or early infancy, and that early identification and intervention are the keys to unlocking each child's potential. Recently, there has been an explosion in research on the early warning signs of autism, and it is now possible to diagnose children as early as 12 to 18 months of age. There has been less investigation into the early symptoms of Asperger's Disorder. In fact, while the average age of diagnosis for autism is decreasing to around 4 years of age, the average age for Asperger's Disorder remains around 7 to 9 years of age. Thus, too many children with Asperger's Disorder are not receiving the early intervention services that can make the crucial difference in their overall development. The goal of this article is to outline some of the key developmental characteristics of Asperger's Disorder in an effort to promote greater understanding of how the disorder presents in early childhood.

Many parents of children with Asperger's Disorder report that their newborns were excessively fussy or "colicky." The babies were difficult to comfort and were often soothed by unique means such as listening to the dishwasher or being held high in the air. Infants are often described as having been "serious" and or "thoughtful." The infants often show more interest in objects than people. Many parents also report extreme stranger anxiety, where their babies would fuss or become highly anxious whenever anyone other than mom and dad were around.

Children with Asperger's Disorder begin to talk at the expected age, saying their first words around 12 months of age. However, their actual first words are often

unusual. A sampling from my clinical practice includes such first words as “Palm Pilot, sheetrock, clock, mountain, fish and hammer.” These words are generally used before the child says “Mommy” or “Daddy.” As their language develops, the children often have pronoun reversal, such as saying, “you want help” instead of “I want help.” They are often able to memorize phrases or chunks of dialogue which they use in their everyday speech. For example, a 30-month-old boy with Asperger’s Disorder would say, “Crikey, that’s a big one” whenever he saw an animal of any size. Language is often interpreted extremely literally. A 3-year-old girl would get upset when her mother said that she was going to “fix dinner” because the dinner was not broken. Use of gestures is often either absent or exaggerated. Children often do not wave “hi” or “bye” when expected and do not use a pointing gesture to share items of interest.

Despite a well developed vocabulary, children with Asperger’s Disorder have difficulty with the social use of language or pragmatics, such as having a conversation. They tend to dominate a conversation, talking over others or engaging in what seems more like a lecture (such as a 4-year-old who talks incessantly about the natural habitat of milk snakes). The children may engage in repetitive question asking, such as asking everyone what their phone number is, or what kind of car they drive.

Children with Asperger’s Disorder show early rigid behaviors, such as having difficulty with change. This can include extreme upset when mom changes her hair style, dad gets a new pair of glasses or a new picture is hung in the baby’s room. One parent described how her 5-month-old refused to eat a preferred brand of baby food when the label on the container was changed. The children show a high sensitivity to sensory input. They react negatively to loud noises, bright lights and various textures. Children may be bothered by the tags in their clothing, or the binding on long sleeve shirts. Most children have a highly restricted diet. Parents report that their children will eat only three or four things, and often the children will eat only one particular brand of food, such as eating only chicken nuggets from McDonalds.

As the children grow older, their rigid behaviors often develop into what is often described as obsessive interests. These interests may be highly unusual (wood chippers, airport schedules, aisle location of a particular screwdriver in local hardware stores) or may be more typical interests (dinosaurs, planets) which occupy an excessive amount of the child’s thoughts. Often these interests are all consuming and the children have difficulty talking about other things or engaging in activities that do not involve these interests. The children’s knowledge level about these topics is often highly advanced.

Social behaviors in young children with Asperger’s Disorder tend to be better developed than children with autism, but are still delayed. Early toy play may be unusual, such that the child is more interested in taking toys apart than actually playing with them. They may show a preference for toys that have letters or numbers

associated with them, as this is a common fixation for children with Asperger's Disorder. For instance an 18-month-old child's favorite toy was a basketball hoop because he liked to flick the hoop and watch the numbers on the counter go up. They may be able to spell/read words before they enter preschool. It is also common for young children with Asperger's Disorder to watch the credits to videos or television programs. Due to their literal thinking, children with Asperger's Disorder often show delayed pretend and symbolic play. That is, they have difficulty understanding that they can pretend a banana is a telephone or that a block can be a car.

Most parents report that their initial attempts at social activities such as a Mommy and Me were difficult; either the children cried and fussed the whole time, or the child would follow his own agenda and not participate in the activities presented. As the children get older, they are often described as wanting to have friends but lacking the skills to do so. Children with Asperger's Disorder may make social attempts, however they are often unsuccessful. For instance, a 4-year-old boy approached a group of same-aged peers and said, "My ice cream melts when it's hot." When the other children asked him his name, he repeated the statement about his ice cream and the children walked away from him.

These are just some of the most common characteristics of Asperger's Disorder that are seen in children younger than 5 years of age. It is important for parents and clinicians alike to better understand the early presentation of Asperger's Disorder, as too many children are overlooked during the crucial years. The later diagnosis for children with Asperger's Disorder means children are not granted the benefits of early intervention during the "window of opportunity" for making the greatest therapeutic impact. This is particularly critical as research has shown that many adults with Asperger's Disorder are underemployed, depressed, and report difficulties dealing with the social environments of work and family life. These issues may be mitigated if the children are identified with Asperger's Disorder as early as possible and receive the appropriate interventions immediately.

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