

# Asperger Syndrome and the Difficulties of Diagnosing and Treating Related Conditions

By Alan Harchik, PhD, BCBA, and Lauren Solotar, PhD



Jade Lewis, BCBA, assists Justin Brewer in working through a homework assignment.

In the April issue of *Exceptional Parent (EP)* magazine, readers of the military section met Jose Cotto, 13-year-old son of Captains Ada and Victor Cotto of Fort Benning, Georgia (“Building Life Skills for Children with Asperger Syndrome,” by Eileen G. Pollack, MA, and Dennis C. Russo, PhD, ABPP). Before being diagnosed with Asperger syndrome, Jose had been misdiagnosed with anger management issues and attention deficit hyperactivity disorder (ADHD). An accurate diagnosis and effective treatment for his symptoms have made a world of difference—helping him control his temper, focus his attention, and improve his communication skills. Once angry and isolated, Jose has made significant academic progress as well as many new friends. Yet there is much to be done for children with a diagnosis of Asperger syndrome.

**Not all children and adolescents** with Asperger syndrome are as fortunate as Jose. Misdiagnosis is common. So is a lack of understanding that Asperger syndrome is often accompanied by other disorders. Estimates vary, but as many as 40 percent of individuals with Asperger’s also have another condition. This secondary condition is referred to as a “co-occurring” disorder. Many co-occurring disorders are psychiatric in nature and require attention from parents, teachers, and professionals. The most common co-occurring disorders are ADHD, obsessive-compulsive disorder (OCD), and mood disorders such as depression and anxiety.

Diagnosing co-occurring disorders in children with Asperger’s can be challenging (see sidebar). These youngsters may have difficulties with communication,

self-expression, and social interactions, and may be unable to easily share or describe their feelings. Diagnosis is also challenging because Asperger’s and some of these other disorders share common characteristics. Unless a thorough evaluation is conducted, it can be difficult to distinguish between the disorders or to identify co-occurring conditions.

A proper diagnosis of a single or co-occurring disorder should be made by a qualified professional such as a pediatrician, psychiatrist, or psychologist. This specialist will provide a diagnosis based on direct observations of the child’s behavior, interactions with the child, and reports from family members and teachers. And the sooner children and teens with Asperger’s and co-occurring conditions get an accurate diagnosis, the sooner they can begin to receive effective treatment that will help them lead happy, productive lives.

## ADHD and Asperger Syndrome

Young people with ADHD often have difficulty listening, following instructions, or finishing tasks. They may fidget and squirm, interrupt others, and have difficulty sitting quietly. These symptoms are also common in children and adolescents with Asperger’s. In fact, there is a high incidence of co-occurring ADHD in children and teens diagnosed with Asperger syndrome. Because of the similarities in these disorders, however, children with Asperger’s are sometimes misdiagnosed with ADHD.

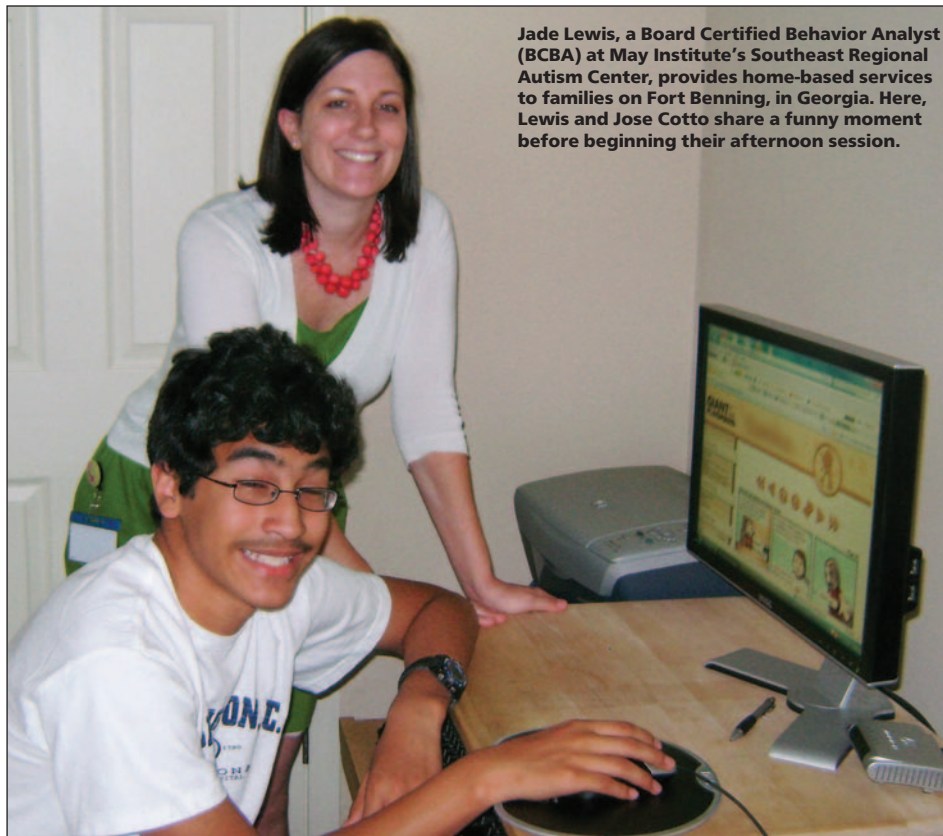
It is not surprising that Jose, then, was initially misdiagnosed. He finds it challenging to focus his attention and stay organized. So does his friend Justin Brewer, another 14-year-old with Asperger's featured in EP's April issue. But both boys have made great strides in this area thanks to the efforts of their therapist, Jade Lewis, MEd, BCBA (Board Certified Behavior Analyst). Jade is a behavior analyst who serves Fort Benning families in Columbus, Georgia, through the Southeast Regional Autism Center, a program of May Institute. She uses the principles of applied behavior analysis (ABA), to help Jose and Justin develop better organizational and attending skills. ABA methodology includes teaching in small steps, using positive rewards, providing structured assistance, and offering lots of opportunities to practice.

Supportive family members can also play a critical role. Although Justin does not have ADHD, he often feels anxious about new experiences. To help him address his anxiety, his parents, Major Charles Fisher and Marsha Fisher, encourage him to participate in activities that will build his confidence, such as Scouting and volunteering at the Red Cross. "As his confidence improves in one area, it spills over into other areas," says Marsha.

### **Comprehensive Treatment Approach**

Children with Asperger syndrome, ADHD, or both, face challenges in school, home, and in their relationships. A comprehensive treatment plan grounded in behavioral principles is often the best approach. If there is a co-occurring diagnosis, parent training, school consultation, and medication (if necessary)—in addition to behavioral therapy for the child – is most helpful.

Effective behavior therapy for children addresses not only organizational and attending skills, but also focuses on friendships and relationships and how to improve day-to-day interactions with others. It helps children increase both verbal and nonverbal skills as they learn



**Jade Lewis, a Board Certified Behavior Analyst (BCBA) at May Institute's Southeast Regional Autism Center, provides home-based services to families on Fort Benning, in Georgia. Here, Lewis and Jose Cotto share a funny moment before beginning their afternoon session.**

to communicate more effectively, read cues, and participate in the world around them.

Parents play a critical role in helping their children learn how to use these skills. Parent training focuses on how parents can increase their children's desirable behavior by using positive reinforcement, and reduce their inappropriate behavior by ignoring it or providing negative consequences when it occurs. Parents can also learn how to help their child calm down and de-escape,

and how to prevent initial outbursts of inappropriate behavior.

The following guidelines may be helpful for parents, teachers, and other professionals who work with children with ADHD and/or co-occurring ADHD and Asperger's:

- Establish clear expectations, rewards, and consequences
- Make sure the expectation is reasonable
- Be consistent
- Be a good role model





## Does Your Child Have Asperger Syndrome?

By Laura Fisher, PsyD

### About Asperger Syndrome

Asperger syndrome is a recent addition to the autism spectrum disorder (ASD) continuum. Although it was first described in the 1940s by physician Hans Asperger, it was not included in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) as a "diagnosable" disorder until 1994. While the symptoms of children with Asperger syndrome are similar to those exhibited by children with autism, there are several key differences. One difference is that children with Asperger's do not have language delays. In fact, toddlers with Asperger's may be hyper-verbal, labeling everything in their world, and weaving words into sentences at a very young age.

Children with Asperger's also do not have adaptive delays. For example, they do not have difficulty dressing themselves, using utensils, or understanding community expectations, such as looking both ways before crossing a street. In addition, most children with Asperger's have average to above average cognitive skills; some are considered "gifted."

### Diagnosing Asperger Syndrome

Diagnosing Asperger syndrome can be challenging for clinicians who are not familiar with the disorder. Oftentimes, school or mental health professionals may suspect that a child has Asperger's when they observe his or her behavior difficulties and/or social idiosyncrasies. Unfortunately, these observations can easily be misinterpreted. For instance, a professional may not know that children with Asperger's can exhibit extreme rigidity in following rules. As a result, a child may be considered "defiant" for arguing with a teacher about rules in the classroom. Or a child may want to talk obsessively about the sinking of the Titanic, dinosaurs from the Mesozoic Era, or train schedules at Central Station. As a result of this obsessive chatter, peers may avoid the child, causing him or her to become isolated. Professionals may interpret the isolation as depression instead of Asperger's.

Because the core symptoms of Asperger's are often misunderstood, it is not uncommon for children and families to receive multiple incorrect diagnoses prior to obtaining an accurate diagnosis. Although many children are diagnosed as early as age five, many are mislabeled well into their adolescent years. A proper and thorough diagnostic evaluation completed by a specialist in the field of ASD is often the quickest way to discover if your child has Asperger syndrome.

### Seek a Specialist

Not all diagnostic evaluations have equal merit. A specialist in the field of ASD will use specific testing instruments such as the Autism Diagnostic Observation Schedule (ADOS). This assessment tool enables the evaluator to look closely at a child's communication, social, and behavioral functioning and compare results to those of typically developing peers to see if the child meets diagnostic criteria. This requires that the clinician not only be well versed in typical development, but also knowledgeable in ASD and other disorders commonly seen in children and adolescents (e.g.: attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), depression, and learning disabilities), since many disorders can mimic the symptoms of an ASD.

Families seeking an evaluation should feel comfortable questioning evaluators about their experience level and whether they are using "gold standard" approaches to diagnostic assessment, such as the ADOS. Families should also ask their evaluators if they will be assessing for co-occurring disorders (especially with adolescents) such as depression or anxiety disorders, as these symptoms can go unnoticed in a child with Asperger's and become problematic as he or she ages.

The following questions may be helpful to families looking for a qualified professional to assess their child:

- What is your level of experience in assessing children, both with and without an ASD diagnosis?
- What assessment tools will you be using to evaluate my child?
- Will you be able to tell if my child is depressed or anxious? How will you determine that?
- My child has behavioral problems. How will you be able to explain the cause of his or her difficulties through diagnostic assessment?
- When this evaluation is complete, can you give me recommendations that I can start using right away?

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- Work on behaviors sequentially, not simultaneously
- Provide frequent reminders and cues of the expectation
- Provide frequent and clear feedback

### OCD and Asperger Syndrome

While neither Jose nor Justin has a co-occurring diagnosis of obsessive-compulsive disorder (OCD), many children with Asperger's struggle with this condition.

Children and teens diagnosed with Asperger's and OCD often engage in repetitive obsessions (persistent thoughts) and compulsions (behavioral rituals). Individuals with both disorders share a

“need for sameness” to help them feel they have control over the environment and as a way to ensure predictability.

Although OCD is sometimes difficult to distinguish from Asperger syndrome, the reasons for the behaviors are often very different. OCD is marked by increased anxiety around the obsessive thoughts and whether or not the compulsion is being performed correctly. Children with Asperger’s, on the other hand, often engage in these obsessive or repetitive routines because they are comforting or familiar, not anxiety-based. Once the clinician can distinguish between behaviors related to OCD and those that belong to Asperger’s, he or she can prescribe the most appropriate treatment(s).

### **Depression and Anxiety and Asperger Syndrome**

Depression, anxiety, and other mood disorders are also common co-occurring conditions for young people with Asperger syndrome.

Adolescence is a challenging time for young people of all abilities. Dealing with peer pressure, relationships, academic challenges, and changes in their bodies causes many adolescents to feel stressed out and anxious.

For teens with Asperger’s, these feelings are often exacerbated by a growing awareness that they are somehow different from their peers. As a result, many of these young people are at greater risk for developing a mood disorder. Unfortunately, the typical characteristics of

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**It is important to do a detailed evaluation that assesses the signs and symptoms of depression and anxiety. Changes in behavior, including sleep patterns, eating, energy level, and interactions with others are important areas to monitor.**

Asperger’s may mask some of the signs of anxiety or depression, making diagnosis more difficult. Untreated, these disorders can make life even more challenging for these young people.

The good news is, for children or adolescents with Asperger’s who are properly diagnosed with co-occurring mood disorders, there are very effective treatments that can reduce depression or anxiety. It is important to do a detailed evaluation that assesses the signs and symptoms of depression and anxiety. Changes in behavior, including sleep patterns, eating, energy level, and interactions with others are important areas to monitor.

### **Important Observations and Options**

When caring for a young person with Asperger syndrome, it is important for providers and family members to be mindful of any changes in behavior or mood. Co-occurring conditions are not uncommon in children with developmental disorders. Seek out a professional with experience in assessing children with developmental disorders in order to ensure an accurate diagnosis.

There are excellent treatment options for children and teens with Asperger’s and co-occurring disorders. This treatment should be specifically geared for the child and his or her family, and should address all of the relevant diagnoses. •

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