

## Center for Speech and Language Disorders

## Asperger's Syndomr, My Kid and CSLD By G.S. Renner

"Speech therapy??", I asked, (not understanding why my super-verbal little dude would need such a thing). Referral to the Center for Speech and Language disorders had been recommended by my child's psychiatrist at the University of Chicago. My five-year-old son has Asperger's Syndrome, an often unrecognized or misdiagnosed entity considered to be at the "high end" of the autistic or pervasive developmental delay spectrum.

Asperger Syndrome or (Asperger's Disorder) is named after an Austrian physician, Hans Asperger, who in 1944 published a paper describing several youngsters who had normal (or often very high) intelligence and language development, but who also exhibited autistic-like behaviors and marked deficiencies in social and communication skills. However, it wasn't until 1994 that Asperger Syndrome was added to the DSM IV and only in the past few years has AS been recognized by professionals and parents.

Individuals with AS can exhibit a variety of characteristics and the disorder can range from mild to severe. Persons with AS have a great deal of difficulty reading nonverbal cues, lack social instinct and intuition, tend to be very concrete in thinking and naive, often viewed as odd and are often the victims of childhood bullying or scapegoating. Rage reactions/temper outbursts are common in response to stress or frustration. They have difficulties with transitions or changes may have obsessive routines. They may be preoccupied with a particular subject of interest. They may have tactile sensitivities and sensory integration and motor dyspraxia can be reflected in a tendency to be clumsy and problems with fine motor skills, such as handwriting. They may demonstrate self-stimulatory repetitive mannerisms.

In contrast to "classic" autism, in which children seem to be dissociated from our world, people with Asperger's want to participate and interact, but just don't seem to have the tools to do so. So this is where the CLSD comes in.

Like many parents and teachers, for a long time I was so amazed and yet blinded by his seemingly exceptional verbal and cognitive skills that considerably masked his deficiencies. After all, what could possible be wrong with a kid who knew his alphabet, numerals, colors and shapes at 13 months of age, and by 20 months of age possessed a vocabulary so extraordinarily rich that when he saw a beautiful bouquet of flowers given to his grandmother he pedantically stated, "My, those are lovely, how will you reciprocate that gesture." Never mind that he was shunned by peers and often otherwise appeared completely clueless, tactless, or self-absorbed. His expressive speech seemed far more developed than his receptive capabilities. After evaluation at the CSLD, I now understand that the deficits lie in the *pragmatics* of speech. He acts like he doesn't "get it" because he really *doesn't*. His speech was articulate, but not particularly functional. That explains why his response to a question was often delayed, or is an unrelated (albeit loquacious) statement, or even a line echoed from a recently viewed Disney movie.

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So speech therapy was begun. He now receives weekly sessions in both group and individual therapy. The group consists of several similarly challenged boys (i.e., Asperger's Syndrome, High Functioning Autism, Nonverbal Learning Disability, Hyperlexia). They are also close in age. The setting is fun for the children, using play as forum to develop social skills. They are taught rules that the rest of us "neurotypical" folks pick up intuitively, including how to react to social cues and repertoires of responses to use in various social situations. They model two-way interactions and role-play. Since they sometimes lack understanding of others' emotions and have been unintentionally insulting, tactless or insensitive, it is explained to them why the response was inappropriate and what response would have been correct. They are learning social skills *intellectually*. And my child *is* learning. His individual therapy sessions often involve the use of social stories and deal with specific situations that have recently or will occur to be most meaningful. Time is also spent dissecting and discussing social mores, scripting specific situations, and explaining and clarifying nonverbal language cues and confusing idioms of speech.

In addition, my son's therapist at CSLD has been instrumental in integrating a multi-disciplinary approach and even attended his I.E.P. meeting with the school system as both an expert and advocate for my son, thus ensuring a program which will provide the best possible environment for his educational and social success.

After a year of therapy, I see marked improvements in his social judgment and his ability to carry on a lucid, reciprocal conversation, not only with me, but with other children. More important, his speech therapy at CSLD in conjunction with occupational therapy (for motor and sensory integration issues), psychological and pharmacologic support has resulted in a child who is happier and his behavior has improved as well. He is thriving this summer at a YMCA camp.

I commend the Center for their commitment, insight, and ingenuity. Thanks for everything, Christina!

- GS Renner