

UPDATE: Asperger's syndrome, high-functioning autism

ASPERGER'S/VIOLENCE LINK?

In 1991, Digby Tantam published an article about four individuals with Asperger's syndrome who exhibited violent behavior. Since then, researchers have debated whether or not violence is more common in people with Asperger's than in the general population—a debate which has taken on added significance in the United Kingdom following the killing of an 85-year-old woman by a 13-year-old boy with Asperger's.

A 1991 study by Ghaziuddin et al. found no association between Asperger's and violent behavior. A recent British study, however, found that the prevalence of Asperger's syndrome in a hospital for criminals and others with unmanageable behavior was three times higher than in the general population. Of the six Asperger's patients identified in the study, researchers Peter Scragg and Amita Shah say, three had been physically violent, one had committed arson, and two had exhibited aggressive behavior and made threats against others. They say their findings support speculation that "the association between Asperger's and violence is more common than has been recognized."

The researchers suggest that violent acts committed by individuals with Asperger's may stem from deficits in empathy, or from the obsessional interests that are a hallmark of the syndrome.

HIGH-FUNCTIONING AUTISM: GOOD PROGNOSIS

Catharine Critz Church and James Coplan recently studied the records of 15 children with high-functioning autism, investigating their progress from infancy through childhood (and in some cases preadolescence). Their findings were encouraging: they report that the children followed a "varying but improving course," and that "over time, features of autism that initially made them stand out among their peers gradually slipped away, leaving in some cases only subtle traces of their disorder." Parents of the children reported that early intervention services were responsible for much of their children's progress.

While all of their subjects met diagnostic criteria for autism initially, the researchers say, none of them did by the end of the study. However, four of the five subjects followed through the early teen years had significant academic and social problems; the researchers note that "it was not uncommon for these children to pass academic subjects but 'fail' cafeteria and gym" due to their lack of social skills.

The researchers note that these children's improvement, ironically, often caused them additional problems. "Once the autistic label was removed," they say, "the child no longer had the protection it afforded. For example, several children were called 'wilfully disobedient,' 'defiant,' or 'emotionally disturbed' when their rigid behavior or lack of ability to deal with change interfered with smooth classroom functioning." In addition, it became more difficult to obtain ap-

propriate services. The authors conclude that "in many cases, maintaining an academic label of autism is in the child's best interest even though many of the classic features of autism have disappeared."

TEACHING SOCIAL SKILLS

Keith Marriage et al. report modest improvements in children with Asperger's syndrome attending a social skills group.

The group, which involved children between the ages of eight and 12, included:

—warm-up activities, such as group aerobics, designed to "loosen up" participants and teach them each others' names.

—role-playing, in which members acted out social situations while other participants critiqued their performances.

—videotapes of role-playing sessions. The researchers say these were of limited value, and the use of videos was eventually decreased.

—games and "show and tell" sessions. The researchers say "show and tell" was particularly helpful, noting that "a boy who seemed usually quite unemotional and unexpressive might light up and speak with considerable animation when discussing his particular preoccupation." Presenters were asked to notice when their audiences lost interest and ask, "Have you heard enough?"

—activities such as cooperative cooking projects, or selecting magazine photos showing different emotions.

—homework assignments such as interviewing siblings about their favorite activities, or judging parents' and siblings' emotions in certain situations.

—parent groups, which offered advice and moral support.

The researchers say that parent ratings of five social skills showed little difference before and after the social skills group. However, informal comments by parents indicated that some children showed better eye contact, verbalized feelings better, initiated more social contacts, and were more aware of other people following their participation in the group. Unfortunately, these improvements did not generalize to home, school, and community settings.

IS CLUMSINESS A SYMPTOM OF ASPERGER'S?

Asperger's syndrome resembles autism, but individuals labeled as having Asperger's generally have fairly normal early language development, normal or near-normal IQs, and clumsy and poorly coordinated movements. M. Ghaziuddin et al., however, question the inclusion of clumsiness as a differentiating symptom, after finding that subjects labeled as having Asperger's were no more clumsy than subjects labeled as having high-functioning autism. "Despite the reported association between Asperger's and clumsiness," they say, "this symptom may not be useful in the distinction of Asperger's from autism on the basis of currently used tests of motor coordination."

Janine Manjiviona and Margot Prior agree; comparing children with Asperger's

and high-functioning autism, the researchers say that "results offer no support for clumsiness as a diagnostically differentiating feature of these disorders." Their study showed that 50% of children labeled with Asperger's, and 67% of children labeled as high-functioning autistic, were clumsy.

"Is clumsiness a marker for Asperger syndrome?" M. Ghaziuddin, E. Butler, L. Tsai, and N. Ghaziuddin; *Journal of Intellectual Disability Research*, 38, 1994, pp. 519-527. Address: Mohammad Ghaziuddin, Psych Annex Box 0290, Univ. of Michigan Med. Center, 200 E. Hospital Dr., Ann Arbor, MI.

"The high-functioning autistic experience: birth to preteen years." Catharine Critz Church and James Coplan, *Journal of Pediatric Health Care*, January/February 1995, pp. 22-29. Address: Catharine Critz Church, SUNY Health Science Center, 750 East Adams, Syracuse, NY 13210.

"Prevalence of Asperger's syndrome in a secure hospital," Peter Scragg and Amita Shah, *British Journal of Psychiatry*, 165, 1994, pp. 679-682. Address: Peter Scragg, Dept. Psychological Medicine, Mental Health Centre, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NT.

"Comparison of Asperger syndrome and high-functioning autistic children on a test of motor impairment," Janine Manjiviona and Margot Prior; *Journal of Autism and Developmental Disorders*, Vol. 25, No. 1, Feb. 1995. Address not listed.

"A social skills group for boys with Asperger's syndrome," Keith J. Marriage, Victoria Gordon, and Linda Brand; *Australian and New Zealand Journal of Psychiatry*, 29, 1995, pp. 58-62. Address: Keith J. Marriage, Adolescent Psychiatry Clinic, BC Children's Hospital, 4480 Oak Street, Vancouver, BC, Canada.

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