



Asperger's syndrome  
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## INFORMATION SHEET

### Age Group: Children/Adolescents and Young Adults/Adults

### Sheet Title: Diagnosis of Asperger's Syndrome

If parents, teachers or carers notice that the person in their care shows signs of difficulties in certain areas it is essential to seek a professional diagnosis.

Lorna Wing (Burgoine & Wing 1983) described the main clinical features of Asperger's Syndrome as:

- Lack of empathy
- Naive, inappropriate, one-sided interaction
- Little or no ability to form friendships
- Pedantic, repetitive speech
- Poor non-verbal communication
- Intense absorption in certain subjects
- Clumsy and ill-coordinated movements and odd postures

For a fuller explanation of these characteristics, see our **What is Asperger's Syndrome** page on our web site.

Whilst diagnosis of Asperger's Syndrome in children is more common, many people are not diagnosed until adulthood.

Dr Tony Attwood says: *"It must be emphasised that none of the diagnostic characteristics of Asperger's Syndrome are unique, and it is unusual to find a person who has a severe expression of every characteristic"*.

The initial stage should be for parents to consult their GP to get a referral to a specialist.



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There can be two stages leading to a diagnosis of Asperger's Syndrome:

1. This involves parents or teachers completing a questionnaire or rating scale that can be used to indicate a child who might have the syndrome (see Australian Scale of Diagnosis Information Sheet).
2. This is a diagnostic assessment by clinicians experienced in examining the behaviour and abilities of children with developmental disorders, using established criteria that give a clear description of the syndrome.

The overwhelming majority of referrals for a diagnostic assessment for Asperger's Syndrome are boys.

Tony Attwood has put forward suggestions why girls are less likely to be identified as having characteristics indicative of Asperger's Syndrome. (see *The Pattern of Abilities and Development of Girls with Asperger's Syndrome* Information Sheet).

## **WHAT TO EXPECT:**

Once you are referred to a specialist, you will be given a diagnostic assessment. This can take half a day to a fully day and consists of an examination of specific aspects of social, language, cognitive and movement skills, as well as qualitative aspects of the child's interests. There may also be some formal testing using a range of psychological tests. Time is also spent with the parents, to obtain information regarding developmental history and behaviour in specific situations. Another invaluable source of information is reports from teachers and speech and occupational therapists.

It is also essential for the specialist to consider alternative diagnoses and explanations. Social withdrawal and immature social play can be a secondary consequence of a language disorder.



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For example, if a child were diagnosed with classic Autism as a young child, it is essential that this diagnosis be regularly reviewed to examine whether Asperger's Syndrome is now a more accurate diagnosis and the child should receive appropriately designed services.

A person with Asperger's Syndrome may have progressed through the primary school years as a somewhat eccentric or reclusive child, but not have any signs that would indicate referral for a diagnostic assessment.

However, as a teenager, the person may become more aware of their social isolation and try to become more sociable. Their attempts to join in the social activities of their peers are met with ridicule and exclusion, causing the person to be depressed. The depression can lead to a diagnosis of Asperger's Syndrome.

Many young adults with Asperger's Syndrome report intense feelings of anxiety, and this may reach a level where treatment is required. During adolescence, the person may retreat into their own inner world, talking to themselves and losing interest in social contact and personal hygiene.

When conducting a diagnostic assessment of adults, it is very important to obtain reliable information on the person's abilities and behaviour as a child. Parents, relatives or teachers can be a source of invaluable knowledge to support the adult's recollection of their childhood.

The teenage and young adult years are a time of stress and complication for all people, so be prepared for a person with AS to find it very difficult to understand and accept at first. Often, when a person with AS is older than this, and has never been diagnosed, it comes as a huge relief and explanation to them when they discover that they have AS. It is not always so when you are in the midst of the already complicated teenage years.