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Asperger's Syndrome

What you need to know

Brian R. King

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Textual Transcription of Aspergers.mp3

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Summary: In this web-based conference call, Chantal Sicile-Kira discusses the issues surrounding Asperger's Syndrome. Her guest, Brian R. King, is a licensed clinical social worker with a practice focused on Asperger's issues. Topics such as sensory sensitivity, advocating for children at school, and managing behavioral issues are discussed in detail.

Full text below.

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Chantal: Hello and welcome to Moms Fighting Autism. I'm your moderator for this evening, Chantal Sicile-Kira. I'm an author, an advocate, and a speaker on autism spectrum disorders with over 20 years of experience. Plus I'm a parent of Jeremy, who some of you may know from MTV's *True Life: I Have Autism*. I've written a few books. The most recent one is *Autism Life Skills: From Communication and Safety to Self-Esteem and More: Ten Essential Abilities Every Child on the Spectrum Deserves and Needs to Learn.* And for this book I interviewed many people on the autism spectrum, including our guest for this evening, who is Brian R. King.

Brian is a licensed clinical social worker in private practice in Naperville, Illinois, and he brings a unique three-fold perspective to the world of Asperger's. Not only does he have two sons on the autism spectrum and a practice focused exclusively on working with Asperger's clients and their families, but Brian himself is also blessed with Asperger's. Brian has become known worldwide for his positive approach to living the Asperger's experience, and he is dedicating his time to serving as an ambassador between the Asperger's and neurotypical communities. His goal is to help both communities learn to better communicate, appreciate, and cooperate with each other in a spirit of mutual respect. Brian is also the author of a few books, and I'm going to let him speak to you about them.

But I want to say that when I was asked who should be on this show to talk about Asperger's, my first thought was Brian. And so I'd like to introduce Brian. Brian, could you speak a little bit about your books and your work?

Brian: Well, certainly. I actually have three books. The first one I wrote was about ten years ago, prior to my even knowing that there was such a thing called Asperger's or that it even applied to me, because I'm also a twenty-year cancer survivor. And the first book I wrote was about my real logical approach to enduring a very rough time in my life, and there's clearly a lot of Aspergian thinking in that book. And the title of that one is a little shocking, so cover your ears – it's *What to do When You're Totally Screwed.* That's the name of the first book. And it basically addresses the feeling of hopelessness that sometimes hits you when you face a crisis in life. And I basically just highlighted my story as well as my strategies for overcoming that sense of hopelessness.

And the two that I just recently released within the past month or so are Asperger's-related. The first one is called *I'm an Aspie*, which is also the domain name to my website, and the reason I call it that is because I wear my Asperger's as a sign of courage, you know, not as a disorder or a disability or anything to be ashamed of. It's part of who I am, so I self-identify as an Aspie. And what that book is comprised of is a lot of very solution-focused poetry because poetry is the writing style I'm most comfortable with. And instead of just reflecting on life and having a lot of flowery language, I decided to make it much more focused on solutions and strategies, just in poetry form. And as you mentioned before, my reputation of being positive, it's all very much driven on how to take control of your life, how to be responsible, and how to take ownership of your Asperger's in a very empowered way so you can become who you want to be.

And the third book is a children's book. It's called *Thank You, Sammy.* And it's about a squirrel that has Asperger's and is the quirkiest member of the forest. And just by virtue of doing what logically makes sense to him to do, he endears himself to his fellow forest creatures and they come to appreciate him for exactly who he is.

Chantal: Wow. That sounds really interesting. Both of them sound like good examples of books that people who have children with Asperger's should read because even the first one, *I'm an Aspie*, if you're a parent and you're not someone with Asperger's Syndrome, it kind of helps to explain what it's like to look through the eyes of someone with Asperger's.

Now, correct me if I'm wrong, but you were diagnosed with Asperger's as an adult?

Brian: Well, I like to say that I was certified, because a diagnosis is something that you get when you're sick, and I don't like to think of it as something that's wrong with me. I'm certified, just like somebody would be certified for any other accomplishment in life. But I received my certification at the age of 35, and that came about through my then seven-year-old son Zachary, my oldest boy, who upon entering first grade started exhibiting a lot of social anxiety, difficulty maintaining focus, would panic if there were sudden changes in his schedule. And that's when the school staff brought these things to my and my then-wife's attention and we began exploring what might be going on with him, and that's when we were introduced to the term Asperger's.

Chantal: Interesting. How did you recognize yourself as perhaps being someone who should receive this certification of having Asperger's?

Brian: Well, I was the one -- I'm a social worker by profession, and so I was the one who followed him to the various diagnostic appointments. I took him to the pediatrician. I took him to the clinical psychologist. I took him to the occupational therapist. And in the process of filling out the various questionnaires, the history, it was the occupational therapist eval that really hit me because it was asking about a lot of sensory sensitivities, you know, difficulties with light and sound and touch and motion. And I was seeing all these red flags not only from my present life but my younger life as a schoolchild. And I literally started hyperventilating saying, "Oh my goodness, this is me. This describes me." And I asked the OT for another version of the test because I wanted to fill one out for me as well as my son. It was just staring me right in the face. I had never realized that the way I was experiencing light and sound and touch was unique to me and wasn't shared by the majority of the population.

Chantal: So you actually discovered the fact that you may have Asperger's through first discovering about sensory integration and sensory processing difficulties or challenges.

Brian: Right.

Chantal: Yeah, and I just mention this because when I interviewed many adults for my autism life skills book, I'm very cognizant of the fact that many children on the, let's say, the more impacted end of the spectrum such as my son Jeremy, are very impacted by sensory integration or sensory processing difficulties, but I didn't realize how much many people with Asperger's also experience some of those problems but yet they're much more able to compensate by the fact that they have Asperger's rather than autism in the way that my son does. And so just learning and listening and reading so much about what Brian has to share in his books and on his website and in talking with him made me understand so much more that my son, who is nonverbal – I mean, he has a way to communicate, but unless you know the right questions you don't always get the right answers – and so I learned so much about what my son could be feeling and going through, which helped me in making life a little bit easier for him in terms of some of those sensory difficulties that he has.

I'm wondering if you want to comment a little bit about things that you discovered about the environment and how to approach it in the areas that you have difficulty with.

Brian: Well, that's a big can of worms. I'm not even sure where to begin. What I basically discovered is that I have sensitivity in all my senses. And some people on the spectrum will experience in one sense more than others; they'll have a greater sensitivity to light or to touch or even to sound, but I have sensitivities in all of them.

So when I was a young child I would have almost daily meltdowns, either at school or just coming home from school. I would beg my mother, "Don't send me back there!" because it was just too overwhelming a place for me to be. And on holidays when all the family would come over, there'd be the clanking plates and all the chatter and everybody wanting to hug and kiss you. And it was usually within the first twenty minutes to half an hour that I'd be having a meltdown and be sent to my room for making a scene.

So, it's the auditory sensitivities, usually high pitches or low tones. Sometimes it actually is experienced by me as physical pain. So when other kids on the spectrum are sensitive to sound, a neurotypical adult would say, "Well, just ignore it. It'll be over soon. Don't worry about it." Well, that's like saying, "OK, I'm going to poke you in the leg with this knife, but just ignore it, because I'm only going to do it for the next few seconds." Because they don't realize how powerfully it's being experienced by the child or even the young adult's body.

And when it comes to motion, I realized that for my entire life, I've been looking at the ground when I walk because my eyes and my middle ear, which is responsible for balance, don't communicate very effectively with each other, so I need to look at something that doesn't move, which is typically the ground. That's the only way I can feel steady. If I look up when I walk, I start to feel sick to my stomach and disoriented and get a little dizzy until I look at the ground again.

So, that's just the tip of the iceberg.

Chantal: Right, but it's very eye-opening for those of us who don't experience what that feels like to have someone who is as eloquent as you are discussing and being able to describe those kinds of things.

Now we have a lot of really interesting questions that people have sent in. And before we get started I wanted to ask you, is there anything you wanted to share about your practice as a clinical social worker?

Brian: Well, I think the main think about it is whenever somebody comes to my office, they typically say I'm the first person who didn't give them a gloom and doom scenario in terms of the future of their child, because it is my opinion that the only thing that results in disability in life is the denial of access. I mean, when you look at people who are in wheelchairs, they are only disabled only in that they can't gain access to the things in life they want. In the absence of ramps and elevators and what-not, they are limited in their access to other things. Put those things in place, and all of a sudden they can participate.

With people on the spectrum, if they can't communicate, give them communication tools. If they have sensory sensitivities, help find them ways that they can compensate so they can engage in noisy places, brighter places. Let them wear sunglasses in the store. Break down those barriers to allow them access to a greater life as opposed to saying, "You need to change." So I guess I'm much more creative in my thinking in terms of where the solutions lie as opposed to, "We need to change this child to make them more like everybody else. Otherwise they're not gonna succeed." I realize we've got to be more creative than that. We've also got to respect the individual and say, well, let's take this person as far as they can go within the parameters of their strengths and challenges, but also, hey, you, the rest of society, you've got to give a little bit too. We need to work together here.

Chantal: Right. And I really appreciate your positive experience and your positive way of dealing with things. For example, you wrote an article called *The R Word*, which is printed in a magazine called *The Autism Files*, which is a magazine on autism that's available in a lot of Barnes and Nobles, but not all of them. Did you want to talk a little about this article? And then I'm gonna ask some of these questions.

Brian: Sure. *The R Word* stemmed from a real-life experience. My oldest boy Zach is very, very friendly, very loving, but he can also be very overwhelming, because when he wants to talk, he will talk incessantly about his interests, and he's not always aware of whether other people are interested in what he wants to talk about. And he can come on very strong. And of course, like any other Aspie, he's very eccentric and very delightfully quirky in his own way. And the other kids don't really get him sometimes.

And it came to my attention that there was a neighborhood bully that one day referred to him as a "retard" because of how he was acting. And that is the "r word". And in the special needs community, calling someone a retard is the equivalent of using the "n word" in the African-American community. So as soon as I heard that, I knew I had to do something.

So my being a little averse to socialization myself, I really didn't know my neighbors. I'm not one to wave and be a joiner. That's just not my thing, but I knew I had to address that. So what I decided to do was write the neighborhood a letter. So I sat down and basically introduced myself, you know, apologized for not being more friendly and reaching out; basically introduced Zachary to them; explained what Asperger's was and how it contributed to its eccentric behavior; and I made a particular point to empathize with the other neighborhood parents and children in not knowing how to deal with him sometimes when he comes on strong.

So I wasn't blaming anybody for the mistreatment of Zachary. I was empathizing. And then I offered my help in helping them support Zachary so that he could be included in their lives. So I offered myself as a resource. And also, most importantly, making myself part of the solution, saying, "We are a community. We live in the same neighborhood. Our kids are going to play together. Let's communicate so they can understand each other and therefore be more respectful of each other." I could have easily said that this retard word came from this mean child who was obviously raised poorly. I could have gone from that standpoint. But there's no solution in that; there's just anger. I needed to get some resolution so my child could be accepted in the neighborhood.

And when I sent that letter around the neighborhood, parents came over and were shaking my hand and said, "Thank you for writing this. I was feeling so bad because I didn't know what to do for him. And I'm glad you validated my concerns because you're right; he can be so frustrating and I didn't know what to do." And I sympathized with them and said, "I'm glad that you accepted this with open arms." And they were grateful for the explanation. You know, explaining, "Why does this child act so differently from my child?" You know, I guess I was fortunate in that I had a few enlightened neighbors. You know, not every neighborhood is going to be that fortunate. But I was lucky in the respect that they were grateful for the explanation, and they ended up not only embracing my son, but they invited me over, and they wanted to ask me more questions about Asperger's. And in some ways, they began through me to say, "Well, my little nephew acts like that," or, "My older brother is a little like that, too." So it went far beyond my getting support for my son and ended up kind of helping them in their own lives.

Chantal: I recently interviewed Michael J. Carley, who is the executive director of GRASP, on my radio show and it was interesting because he said that he felt that his son was very lucky to have his father, who has Asperger's, because his father has Asperger's and can understand that Asperger's part of his son and knows how to help him, how to bring out his strengths, to help him with the areas that he has more difficulty with. And also, he understands more clearly how to educate the people around, as the example that you have shown, because you feel it, you understand what your son is going through, and you understand how the people on the other side don't get it.

Brian: Oh, absolutely. And more importantly, if you're able to understand *why* the other side doesn't get it.

Chantal Right.

Brian And it’s difficult to explain how I’m able to do that, because there is some difficulty with people on the spectrum in terms of perspective-taking and seeing other people’s point of view. Actually, in talking about it, I do see how I get at that. One of my skills, which of course lends itself to my career, is I’m able to understand people’s logic, their thought patterns, how they construct their thinking, in the way that somebody who’s very gifted at math can just whip through an equation and solve it very easily. I’m able to decode people’s thinking the same way. So when I hear anybody – whether they be on the spectrum or neurotypical -- talk about certain things, I’m able to break down their logic and figure out how they got there. So I can say, “OK, well, you’re thinking this way and you’re putting your thoughts together in this order and that’s why you’ve drawn that conclusion. Let me reframe it or tweak it a little bit so you can see my perspective.” That’s how I’m able to be an ambassador of sorts and help the two sides talk to each other.

Chantal: I really appreciate the fact that you’re there, Brian. Seriously. It’s such a great resource in the community to have someone like you who can be that ambassador between the communities as such. So now, are you ready to start with some questions?

Brian: Certainly.

Chantal: OK, so this one’s from Mike Punlan in Birmingham. “Hi, Brian. I am the father of two children with Asperger’s, eleven and thirteen. I have constantly, throughout the school years, been in a struggle over the definition of appropriate training for my special ed teachers and general education teachers. What types of training, in your opinion, are appropriate for the special ed teacher, general education teacher, and paraprofessionals that I have in place for my children?

Brian: Well, one of the problems I see generally in schools is they throw them into a lot of these very general information-type seminars where it’s, you know, “This is the diagnostic criteria for Asperger’s. These are the statistics. This is the research.” The training they get is far too informational.

What you really want to advocate for is to have trainings come right to the school -- people who can sit there and problem-solve the unique situations of the student body of that school. And that’s one of the things that I do in my area routinely. In fact, in a couple days I’m doing it for a very large school who wants to know how to help their Asperger’s population because they know the other trainings out there just don’t it because it doesn’t talk to the specific child. It’s pretty much like if you went and got a seminar on women’s issues. Are you then going to be able to understand every single woman you come across? Absolutely not, because not all of them are the same; they are also individuals. So when you go to those generic seminars that talk about Asperger’s in general, well yeah, how does it help me with my child? My child has Asperger’s but also has his or her interests, also has his or her beliefs, and his or her own unique experiences. So it needs to be something that can be brought down to the level of the individual, and you can only really do that if you do smaller trainings, smaller in-services in the school. So I recommend that he find some kind of an expert. I mean, I can fly state-to-state if needed or find someone more local to just really get in there and get personal with the teachers and the staff and meet the unique needs of their students.

Chantal: Right, because when you individualize it, that’s when you’ll be able to come up with the practical strategies to help support that student and the peers and teachers that are with them.

Brian: Right, because that’s why – I don’t know if this is a universal term, but in Illinois special ed they call it the Individualized Education Plan, the IEP, and it’s called “individualized” for a reason, because every child’s unique set of strengths and challenges is particular to them, so you can’t just say, “OK, this is what we do for IEPs and we’re going to give it to every special needs child, and we’re going to treat them just the same, and we’re going to have happy results.” Clearly, we know it doesn’t work that way. So, we need to have that specialized training.

Chantal: Well, Brian, it’s really funny because I’m sure that most of the parents who are listening to this will tell you right now that in all the states we have IEPs, but just because they’re individualized doesn't mean that it actually happens. And that's what part of our fight is. And I think that when we have the title here "Moms Fighting Autism", it isn't that we're fighting autism – it's that we're fighting to have the things that we need to help our children who do have autism. How about another question now?

Brian: One –

Chantal: Go ahead.

Brian: Well, I was just going to say, one of my favorite things to do is to teach parents how to advocate because a lot of the IEPs that I see are frankly garbage. You know, they're best used to cover the bottom of a bird's cage, not to help guide the education of a child. Because the goals are poorly defined. They're defined in such a way that they put all the responsibility on the child. You know, "Jimmy will do this, and Jimmy will do that. And so-and-so will observe how well Jimmy does it." There's very little in there in terms of how the staff will support them, how the staff is accountable to that child, and the imbalance in these goals, the lack of clarity, it's a recipe for failure. So I really love getting my hands into those and saying, "This is what we're going to do to hold the school accountable," and also make them partners in this process instead of it being all about the child doing everything and the school doing nothing.

Chantal: That's right. People feel more as if they're part of the process if they do feel that they're accountable.

Brian: Mhm.

Chantal: OK, so how about a question from Chris Nell from Wooldridge, Pennsylvania. "My six-year-old son is having terrible difficulty keeping it together during school hours. He thrashes on the ground, kicks, hits, and slams things. We feel so frustrated because we can't seem to figure out what is causing this meltdown and find a way for him to vent in an acceptable way. Thank you. These internet seminars are excellent."

Brian: Well, if he's thrashing about and can't hold it together in the classroom setting, the one word to describe his experience is disorganization. Whatever is happening in that environment that is preventing him from feeling centered and feeling balanced, that's what the issue is. And the way you're going to get a handle on that is to understand not only his sensory issues. Is it sound? Is it touch? Is it smell? If it's all of them, find out how those things are being assaulted in the classroom.

If he's sensitive to light, keep in mind, you have fluorescent lights in classrooms and a lot of reflective surfaces. They have these high shine floors and these white boards. They're looking at white paper and textbooks with white paper. So if he has light sensitivity, he can't get away from it. It's the same as being poked in the leg with a knife. "OK, I'm poking you with a knife, but ignore it." And if he has sound sensitivities, any time a desk moves and squeaks, any time a sneaker hits the floor and squeaks, over and over all day long. And then that's just the sensory piece.

Now move into the more cognitive area. Kids on the spectrum are uni-taskers. They focus on one thing at a time. They're not particularly skilled at multi-tasking, you know, doing many things at one time or processing multiple sources of information. When you are in a classroom, it's a multi-sensory environment. And I hear teachers brag about this, "Well, we accommodate all the different kinds of learning styles. We have them do activities for the kinesthetic and we have visuals for the more visual learners, and we speak for the auditory learners." Well, what happens if your child is a uni-tasker and you're bombarding them with all these different things and they have no idea what to pay attention to? Well, let's say they're an auditory learner. They're trying to listen while simultaneously taking notes while watching the teacher move around the room, watching what the teacher is writing on the board. You're requiring them to multi-task when they really need to uni-task. That alone will drive a spectrum child nuts because they don't have an opportunity to focus, because they're constantly being pulled out of focus when they really want to concentrate.

So, when you learn more about how your child thinks, how they process -- And you can usually get at that through their special interests. If they're more video games, they're much more visual. Two of my spectrum children love to listen to music, to their iPhones and iTunes. And it just so happens they're much more verbal, much more auditory learners. So when you see what they gravitate towards for pleasure, that gives you a sense of how they learn, how they interact with the environment.

The more kinesthetic kids that like to do somersaults and roll around, they learn more hands-on through their body. So being in the classroom and listening and watching stuff while their fidgeting in their chair, the fidgeting says, "I want to move. I want to interact with my environment. I don't want to sit here and passively take things in visually and auditorily. That's not how I learn." So, I hope that's not too much and gives kid of an overview of where the child is coming from.

Chantal: No, it's important for people to look at these different kinds of things and make a kind of analysis.

Brian: Mhm.

Chantal: Go ahead.

Brian: No, I was just agreeing.

Chantal: OK. Here's one from Stacy Way from Winterhaven, Florida. "My son has HFA – high-functioning autism – and I was wondering, coming from a grown man, what was your biggest fear growing up, and what was your influence to do what you do today? And if I may ask one more, my son has a hard time focusing. You have to sit in the room doing homework and constantly remind him what it is he needs to be doing. He's easily sidetracked. Same problem at school, not completing his assignments. Is there a medication that is safe, or is there something else you would recommend?"

OK, so that's two questions. Let's take the first one. What was your biggest fear growing up, and what was your influence to do what you do now? I guess that's two questions itself. What was your biggest fear growing up?

Brian: My biggest fear growing up was always being embarrassed, because I was always being teased, I was always being criticized, and people seemed to go out of their way to make me look bad. Whenever I'd say something and try to be funny, I ended up looking dumb and somebody would insult me because of it, and they would do something to embarrass me on the playground, and I was always afraid of being embarrassed because it happened so often.

Chantal: OK. And now, what was your influence that made you be who you are today, or do the job that you do now?

Brian: Well, it's more of a journey than it is one particular event. But if I had to trace it back to one thing, I'd say my cancer experience when I was eighteen because all my friends stopped talking to me. They didn't know how to deal with it. I was all alone. I was going through the rage and the panic and the depression. And when I was eventually cured of the cancer, I didn't know how to handle the residual anger I was feeling. I was able to do quite a bit on my own in terms of healing, but I found a wonderful social worker who was so genuine, so compassionate, so sincere, and so wise, who just really helped me get through that, that I thought, man, what a wonderful gift to be able to give to people. And I was so good with my mind and problem solving that I just naturally gravitated towards that. And for the longest time, I worked in the medical field. I worked in hospice. I worked with cancer patients because that is what I knew. And then, as soon as I learned about Zach and how the Asperger's was also a big part of my life – and many adults with Asperger's will tell you, when they discover this as adults, they're literally able to go back and rewrite their entire childhood with a clarity that they've been waiting for their entire lives as to, "Why didn't it make sense? Why couldn't I make friends? Why were things so difficult? Why did I feel so out of place?" And in being able to rewrite that and then discovering that I was able to articulate it better than most people, parents began coming to me saying, "Do you have an office? Do you do consulting? Do you provide services for people?" And after hearing that for a good couple of years, I thought, "I've been hearing that, maybe I should give it a shot." And I opened up my own office, and I haven't looked back since.

Chantal: That's great. This person is also asking about how you deal with a person who is easily sidetracked. He has a hard time focusing. And I know you went over this with your answer about the school, the difficulty staying there, but this sounds like a person who has trouble doing his work, who has trouble being focused, and he has a difficult time completing assignments. This person actually asks about medication to help with that, but also anything else that you would recommend.

Brian: Well, there are many things behind focus. It could be something as simple as lack of interest. Let's say a child is in their room, and the computer is in the room with them, and they find the computer far more interesting than they find their homework, they're gonna keep saying OK, the computer's calling to them. So they're gonna be gravitating toward the more preferred activity. So it could be lack of interest, motivation. Let's just say that they are more distractible by nature. That's much more of an ADD kind of thing, an attention deficit thing where the brain has a difficulty kind of organizing itself. That would be something where a medication would be explored. And there are so many out there nowadays, it's really best to consult with a psychiatrist to see what would be best for your child.

But typically if a child is in need of a medication, they have trouble focusing *ever*. The kids that are more likely to be challenged by distractions in the environment, they're going to focus a lot better when it's quieter, when their sensory needs are much better met. A lot of kids on the spectrum like to read in dim lighting, and their parents say, "Turn the light on. You're going to hurt your eyes!" And they've actually gotten the lighting to exactly what they need it to be in order to read the book. I read in dim lighting all the time and people say, "How are you reading the page?" And I say, "You're kidding me. This is bright the way it is." Because they just don't understand that.

So we have to ask, is it genuine distractibility, like an ADD sort of thing where they're distracted all the time? Is it a lack of interest? Or maybe it's the assignment itself. Because people process information differently. Don't always assume that the instructions make sense to this child. I have seen many kids where they get a written assignment like in English class or something where they're asked to write their opinion about a paragraph that they just read, and this paragraph has a lot of abstract thoughts, a lot of inference. And you're making this request of a concrete thinker. They don't know how to read inference. They don't know how to read between the lines. So, to a neurotypical parent where the instructions may be clear as day, this child is looking at it saying, "This might as well be written in ancient Greek. I don't know what's being asked of me."

Or if the child struggles in that subject period, that their brain just doesn't problem solve efficiently in that way, whether it be math or it be biology, it could just be difficulty with that subject. And of course it's hard to focus on something that doesn't make sense to you. So it's gonna make sense that they're gonna wander off and get frustrated and say, "Oh, please, can I just do something else? It doesn't make sense anyway." So, those are the main reasons why a child might not be able to focus.

Chantal: Does it make sense to observe a student's behavior in different environments as well as with different subject matter to see when those behaviors are being shown?

Brian: Absolutely.

Chantal: OK. Alright. Here's another question from Tony Cochran in Snellville. "How do you diagnose Asperger's in an adult, and how do you know if they are possibly bipolar?"

Brian: Well, bipolar has its own unique characteristics, which are typically, you know, the unexpected mood swings. You have the mania, where the person is in this state of euphoria sometimes to the point where they lose touch with reality. And the depression is debilitating. They can't get out of bed. And it's of varying duration.

Sometimes I'm seeing bipolar misdiagnosed in adults or even children on the spectrum who are very, very anxious because they're overloaded and it looks like mania, but then when they get so overloaded that they crash and go into shutdown, it looks like depression. So people who really don't understand what they're seeing don't understand the difference between hyperanxiety and withdrawal and they mistake it for a mood change; they can sometimes make that mistake.

Now, in an adult, it has everything to do with how obvious the characteristics are. Because there are a lot of adults out there, mostly by virtue of a high IQ, who can fake their way through things. They can watch the environment and copy people and figure out, OK, so this person acts this way and gets a lot of positive attention, so I'm gonna copy this person. I'm going to mimic these persons' behaviors. And a lot of adults on the spectrum just learn to become very good mimics and copiers. I was constantly having the social door slammed in my face, even up until grad school until I got sick and tired of being brushed off and misunderstood, yelled at, told I was too rude and too blunt. It finally just occurred to me, OK, I need to start watching what everybody else is doing and following the leader here. And that's when I first started making my first real friendships in college.

So when it comes to an adult, a lot of what I have found is some adults come to this themselves. Because you're seeing a lot more in the media now about Asperger's. And you'll find somebody who's a very quirky computer programmer or an engineer or some other profession who's watching something on the nightly news, happens to stumble across an article on the web, and one little factoid in there jumps out at them and they'll say, "Wait a minute. That sounds familiar." And they'll go and do the research on their own and they'll start putting the pieces together. And those are the ones who are kind of walking around camouflaging themselves.

But in an adult, you'll see some of the more classic characteristics. You'll see somebody who's more socially anxious, someone who has difficulty with relationships, someone who's easily frustrated. They jump from job to job. They get frustrated. They give up easily. And you'll see a general difficulty with organization. They can't seem to keep their life together. Basically they just seem to be someone who can never seem to make it work in life. And those are the two main extremes.

Chantal: Now, isn't it true that in the past, many of the people who we now consider to have Asperger's were misdiagnosed as bipolar because in the old days – I think it was before 1994 – they didn't have a diagnosis, or certification if you'd rather, for Asperger's? And so many people were misdiagnosed as bipolar?

Brian: Oh, absolutely. Or they were misdiagnosed ADD, or just depression, or generalized anxiety disorder. Because you can only label what you have a label for. And you have a lot of these different characteristics and features that also resemble other things. So what they were basically doing is they took this entire individual and diagnosed the piece that they recognized. "OK, this child has difficulty focusing. We'll call it ADD and put him on you know Focalin or Adderall or something. And when it doesn't work, we keep playing the medicinal cocktail. And if focus medications don't work, you know it's not ADD. You know it's sensory or a multi-tasking thing, or their brain just doesn't do that."

Chantal: Right.

Brian: So yeah. You can only call it what you've got a name for. I love when parents say, "The doctors said it's ADD but I knew there was more to it." I love it when I hear a parent's gut and they stick with it, because then they're able to get to the heart of the matter, which is typically Asperger's.

Chantal: Right. OK, so here is a comment from Bree in New York who says, "It is refreshing and wonderful to see how successful one can be. It brings me hope that my son can also be successful." And her question is, "I have just begun an IEP for my ten-year-old son. He's fine academically but does require some intervention as far as his social skills and his unique way of thinking. Do you have any suggestions regarding what I should request that would make his IEP even more successful?"

Brian: Well, in the social area, you're definitely going to want some social work hours where the social worker is required to role-play various common interactions that this child will experience throughout the day, whether it's asking for help in the classroom, whether it's initiating a conversation at the lunch table, those real practical social engagement types of things.

Now, one thing to be careful of is if the school thinks its only responsibility is to educate the child academically. And I see this far too often. They say, "Well, you know, he's not struggling in his grades. What's the problem?" Well, the problem is that you are not prepared for independent living and success as an adult by virtue of how well you complete a math problem. You need to be able to utilize people as a resource. And my resident IEP guru told me that a school's job is to prepare a child in three areas: for future education, for future employment, and for independent living. Well, clearly, you need to be able to socialize effectively to work in any one of those three areas. So if they say, "Academics is enough," you say, "Uh-uh. You are responsible for preparing my child to live independently, for further education, and for future employment. And socialization is part of that." And that's what basically sells the school on the fact that they need to help him with his socialization in order to help him accomplish those three skill areas.

Chantal: Right. And in fact, if any student has an IEP, they also should, from the age of 16, have an ITP, which is an individualized transition plan –

Brian Right.

Chantal And that's exactly what you're talking about. What are the plans for his future? What is his adult life going to look like? And what does he need to prepare for that? And that's how you can get those social skills in there and other aspects.

Now, here's a point because I speak to a lot of parents about Asperger's although I don't have the experience that Brian does, but in terms of all the schools and transition planning, many times it's hard if you have a student with Asperger's who is trying to go through all the academics, and even though they may do extremely well with all the academics, how do they have the time for all those other aspects like the social skills and other areas that they may need extra help with? So I always suggest that it's really hard to graduate a student who may academically shine but then have absolutely no skills in areas that are life skills. So I always suggest to parents that if it's possible, just take an extra year. So maybe they take one less class a semester but they have the time to do those social skills. Do you have any ideas about that, Brian?

Brian: Well, social skills occur as a virtue of being around people. That happens all the time. It's just a matter of spotting those opportunities. My partner Allison and I, we've devised a model for teaching social skills that's very much experience-driven. I can't say too much about it because we're still working on it and we plan to publish it in the next year or so. But in essence, when you understand what the child wants to accomplish themselves -- A child will say, "Well, I want to make friends." "Well, tell me more about that. What kind of friends do you want? Who do you want to make friends with?" And then when they know specifically what they want, then you help them create the specific strategy for doing that. Because you can't just say to create social skills because that's what everybody does.

Chantal: Right.

Brian: Because when you talk to people on the spectrum, they say, "Why am I supposed to say good morning when I see somebody? Why am I supposed to shake their hand? It doesn't make sense." "Well, because that's what people are used to." You know, you give them a lot of garbage reasons to do something when you haven't first discovered what motivates *them* to want to connect with somebody else. What outcome do *they* want? Once you figure out what their goal is, then you can help them find the steps that will help them accomplish their goal. Because they're just not going to do it because you want them to do it. Then it just becomes criticism and it becomes frustrating because you keep telling them, "Well, you need to make better eye contact. You need to say hi to people when they say hi to you." The more it's coming from you in terms of what they ought to do, the more it sounds like criticism, and it doesn't build them up. But when it comes from something that they want to accomplish, then it sounds more like encouragement, because you're helping them accomplish a goal that they have. So find out what they want to accomplish socially and help them with that.

Chantal: Right. I was focusing on the fact that there wasn't always enough time in the school day, because even though it sounds like something you should be learning all along, when you look at the schedule that someone has in school, it's not always easy to fit those kinds of things in, which are basically the most important things.

Brian: Well, let me give you the easiest one.

Chantal: OK.

Brian: The easiest social initiation on the planet. Give the child the assignment that while they're walking through their school day to say hi to five people.

Chantal: OK.

Brian: That's it. You're not asking them to have a conversation. You're asking them to say hi to five people. And if they're concerned, "Oh, what if the person says hi back and wants to have a conversation?" then guess what, you say hi when you're walking past them. Then that eliminates the possibility of a conversation. But at least it helps them build the confidence of initiating, of reaching out, of engaging someone else. Social skills can be learned in little tiny steps. It doesn't have to be very complex. That's how you can do it each and every day, very simply, and reinforce those basic skills, and you don't have to put a lot of thought into it or spend a lot of time like a social skills group. You can practice those little bitty things throughout the entire day.

Chantal: Good point. I'm glad I asked the question because you gave us really good information there.

OK, here's a question from Danna Hawkins in Upper Marlborough. "My child absolutely hates school. How can I help him enjoy school?"

Brian: Well, you have to find what he doesn't like about it. I mean, if somebody hates eating asparagus, are you going to talk them into how good it tastes? I mean, if he doesn't like it, he doesn't like it, but we need to know why.

At the very basic level, it's quite possible that he knows that he just doesn't get it. He feels like the odd man out. He sees everybody else getting along and doing well and catching on quickly, and he's sitting there asking himself, "What the heck is going on here?" So it could be a very disorienting place. It could be frustrating because of the academic material. It could be frustrating because he needs help and doesn't know how to ask for it.

So it's important to really identify what doesn't work for him. And then you go about as much as possible trying to find out as much as possible some accommodations or some middle ground to help him overcome whatever kinds of frustrations he's experiencing.

Chantal: This is kind of a question that I think is sort of related. It's from Abigail in Hot Springs, Arkansas. "What suggestions do you have for a child who seems to have no motivation to attend school, participate in school activities and classroom work?"

Brian: Well, it's quite possible that the lack of motivation is also an extreme motivation to not look bad. My guess is this child also has a perfectionist streak, and they don't want to do anything if they're not guaranteed to get it right the first time. So they just don't want to extend themselves. They don't want to take the risk and look bad, so they just opt out.

Chantal: OK. Gosh, so many people have questions here. I'm trying to find the ones that I should ask you… Here we go. From Deanna in Tampa, Florida: "Do you have tips for dealing with anger and aggression in children with AS?" So, anger and aggression.

Brian: Well, again, everything is reflective of something else. Anger doesn't just happen in a vacuum. And sometimes anger is actually fear. A child is panicking and they react in a self-protecting way, and it's interpreted as anger. The same thing with aggression. The child has perceived a threat to themselves, and they are responding accordingly. So again, you need to discover, what is the threat? What does this child perceive as being dangerous? It could be something as simple as a threat to their ego, a criticism. If the child is being criticized daily from everywhere they can, it doesn't take much more to push them over the edge. So one person comes along and says something and this kid lashes out and people say, "Oh, you're overreacting to this one thing." No, this child is reacting to a whole day's worth of criticism, and they finally had enough.

Chantal: Right.

Brian: Or sometimes a child will act aggressively if somebody gently brushes up against them in line. They'll say, "So-and-so hit me!" And you say, "What are you talking about? It was an accident. It was a slight brush." Well, let's say this child has sensory sensitivities in the area of touch. That brush to you felt like a punch to that child, because their touch registers at a higher level. So you have to consider what that child's experience of it was. If they say, "That person hit me," maybe that's how it felt.

Chantal: Right, right.

Brian: So there's so much more to consider in terms of getting to their experience of what they're reacting to. Because telling a child, "Hey, calm down. You're overreacting…" Always give your child the benefit of the doubt and realize that their reaction is an honest reaction based on their experience. Not an overreaction, not an underreaction. It's an honest one. Find out where they're coming from. Why do they feel the need to respond in that way?

And once you can figure out what their experience is, and realize there's probably a disconnect between the way *they* experience it and the way *you* experience it, then you can educate them more about why they're experiencing things this way, why maybe it's important to check in to make sure they experienced it the way it was intended. Because a lot of the kids I work with, they respond aggressively and negatively until they realize, "Wait a minute. You mean everybody doesn't experience it that way? Maybe there's a different way to take it, and I can actually ask for clarification? Maybe the person didn't mean to insult me and I just took it wrong?" And again, a lot of those verbalization/social skills challenges make it difficult for them to get the information they need to make an informed judgment before they react.

Chantal: OK. What do you think about fright and flight patterns? Temple Grandin often talks about that in people with autism.

Brian: You mean the fight or flight response?

Chantal: Yes.

Brian: That's basically the brain's alert system, a survival mechanism, where in the presence of danger – you know, it goes back to the caveman days when people were confronted with saber-toothed tigers and their instincts prepared them to do one of two things: either fight or take off. Well, if you have a spectrum child that is very reactive, they respond from that very primal place. They either want to fight or they want to flee. And that demonstrates itself with the fight as aggression and the flight as shutdown. Kids that totally withdraw from a situation, they're in flight mode because that's the only way they can think of to protect themselves.

Chantal: OK. That makes sense. Here's a question from Desiree: "Do you have any suggestions to cure severe echolalia in children? My child is constantly repeating TV shows, commercials, and so forth. He'll even talk to himself and repeat lines at the most inappropriate times."

Brian: Well, echolalia in my understanding is when they'll repeat it at the time that it's being said to them. Like if you're having a conversation with them, they'll say what you just said right back to you.

If they're copying things they heard from a TV show, they might just be reliving a scene that they enjoyed, and they're saying things over and over again because they enjoy saying it, it's humorous to them, or they're using that scene as social modeling. They see people getting along, and they don't know what to do. They don't have social instincts, so they'll take what they saw on TV and they'll go to somebody else and start having a conversation based on that scene, and hope the other person will join in. So in the absence of knowing what to do socially, they'll go and find who they think is doing it right and typically it's TV shows or movies.

And in terms of the inappropriate time, all they're trying to do is start a conversation. They're not paying attention to a conversation that's already going on. They want to start the one that they know how to have. And that's the one that they watched in the movie.

Chantal: Right. Right. That makes sense. But it's hard for a parent to know the difference.

Brian: Yeah, until they understand what the child's motivation is. Because if a child comes up to you and starts quoting movie scenes or whatever to you, it isn't that they're trying to bug you. They're clearly trying to engage. They're trying to connect. And they're doing it the best way they know how, even if it's a very quirky and unconventional way. So you'll say, "Oh, you're always interrupting." Well, if they don't know the skill to step into a conversation, then they just step in.

Chantal: Right.

Brian: So instead of saying, "Stop interrupting," teach them how to step in.

Chantal: That's a very good point. Toni Ann from Brooklyn, New York has a question. "My son had a behavioral problem in a public school and also does now in a private school. His behavior severely impacts his academics. How can I get him to control his anger?"

Brian: Well, when you're talking about anger versus behavior, it's important to clarify what the behavior is. Because anger is non-verbal, and again, anger either comes from fear or frustration, which tells you there's something not working for this child that he's having difficulty putting into words. That if the words were there, the behavior would not be necessary.

So again, it comes down to figuring out what in that environment is not working for this child. Help them process it. Help them find the language. And when they start to use the language, reward them for it. Say, "Thank you for explaining that to me. Thank you for helping me understand. Now I know what you need. Now I can support you." In the absence of that language, they're just going to act until somebody figures it out.

Chantal: Right. Here's kind of a similar question from Anita in Lawrence, Kansas. Actually, it's more about having problems understanding what's going on with her child because her child isn't communicating. "Brian, I've been hearing you say to ask your child 'Why?' if they don't like something, but our six-year-old child is unable to explain why when we ask her what's bothering her. So how do we get her to explain?"

Brian: Well, I'm taking for granted that the child is verbal. Although the child can't explain very articulately, there's one thing the child knows: what they like and what they don't like. So you can ask, "Do you like this, or do you not like this?" Keep it black and white and very concrete in the beginning, especially for the younger kids. Because they're not going to have a lot of insight into "I get upset" or "I get sad" because a lot of spectrum kids don't have that kind of emotional awareness. But they do have that basic like and dislike. So start very simply. "Do you like it when this happens? Or do you like it better when that happens?" Those are simple yes and no questions, and the child should be able to identify those.

Chantal: OK. That sounds like a good starting point.

Here's a question from Anna in New York. She's a special educator. "I have worked with children on the spectrum. Last year I had a little girl who was on the spectrum. She was four years old. She was very good at numbers and could recognize numbers and letters. However, her social skills and language skills were below age level. She was not diagnosed because she was too young. How old does a child need to be to have a diagnosis? And how is Asperger's different from being a savant?"

Brian: Well, in terms of age, it has everything to do with how pronounced the characteristics are. If they're really, really obvious, then you can pretty much call it what it is. But in some cases with the kids they're much more subtle and you don't know if it's developmental and the child just needs a little time to catch up and mature. So there are a lot of diagnosticians who will hesitate because they're just not sure because the characteristics aren't as pronounced. So sometimes they'll say, "Well, you know, the child's a little young. Let's just call it PDDNOS," which is pervasive developmental disorder not otherwise specified. It's the umbrella term for the autism spectrum. Then they'll say they'll follow it up in three years, and if those things still persist, then they'll call it Asperger's. So sometimes it's the judgment of the professional and sometimes it's just {unintelligible} professional. They don't know what they're seeing. They think it's just a quirky child.

Now, savantism can occur with the spectrum, or it can occur without the spectrum. Savantism is an exceptional skill that can basically not be accounted for by learning. So let's say that somebody is really good at fixing a car because they practice and practice and practice. But a savant's skill is something that you basically just have. You're just able to do it. Like the people who can hear music and they sit down and play the piano even though they've never had a lesson. They can solve really complex mathematical problems in their brain even though they've never had much exposure to math. Their brain is just wired for it. That's typically a savant skill.

One of the things I'm realizing about myself is I'm somewhat of a verbal savant. I'm able to translate all of my thoughts and experiences into spoken word, and that's probably one of the reasons I'm able to operate so effectively in my role as an ambassador because there isn't anything I can't explain. If I understand it, I can explain it to anybody. I can explain it to a four-year-old or I can explain it to an 80-year-old. That's just my ability. However, I need to count on my fingers to do mathematical equations. I have difficulty organizing. My short-term memory is garbage; I need to write everything down. So when people hear me speak, they say, "Oh, you're so articulate. You're so accomplished." And I'm like, "Yeah, but don't be fooled. That's my savant skill. I'm very good verbally, but I'm disproportionately skilled, like anyone on the spectrum." So my ability to verbalize and articulate often fools people. They don't believe that I have challenges in these other areas because if you can communicate, you must be intelligent. Not to say that I'm not intelligent, but that just happens to be my area of expertise.

Chantal: Right, and thank goodness for us that you have it!

OK, April G. from Kenwick. This is quite a long question. "Is there a specific test we can ask for to get a diagnosis of Asperger's? We really believe our four-year-old daughter has Asperger's. The school psychologist and autism expert don't think so. We took her to a neuropsychologist and his team of specialists evaluated her, but we were not impressed with them. They said they don't think she's on the spectrum because she is too verbal, too social. Emma has just started seeing an OT who told us Emma SPD. That's sensory processing disorder. We were grateful to find someone who understands this disorder because we thought so too. She also thinks Emma has autonomic nervous system disorder unspecified. I asked her if in her opinion Emma might have Asperger's and she said yes, she sees some of the characteristics. I don't think Emma's pediatrician is very knowledgeable in this area. How do we get a doctor to take it seriously?"

Brian: Well, it's possible to have characteristics of Asperger's but not have enough to really fall on the spectrum, because if there's a lot going on with this little girl, she could have a host of challenges going on, and some of them are Asperger's characteristics. But one thing I really want to jump on is what the neuropsych said. It was something like she socializes too much and something else. Can you read that part again?

Chantal: Yes. "She can't be on the spectrum because she's too verbal and too social."

Brian: Alright, with all due respect, that's stupid. Because there're about seventy or a hundred different characteristics on the spectrum. You can't exclude it because of two things, OK?

What does being verbal have to do with being on the spectrum? I mean, if you're autistic, you may have some speech delay or absence of speech. In Asperger's, there's no measurable speech delay. So if you're talking about Asperger's, speech delay isn't among the criteria, so how can you say this child's not on the spectrum because of verbalization? That's irrelevant.

And the other part is that she's too social. Well, everybody on the spectrum is not a wallflower. There are some children who really make a tremendous effort to socialize. They're just not very effective. So just because the child is out there trying to make friends and trying to socialize and walking up to people doesn't mean she's not on the spectrum, because it doesn't always mean social fear to be on the spectrum. It means difficulty with social skills. So a child on the spectrum can be an introvert or an extrovert. So this neuropsych really needs to clarify their understanding of what it means to be on the spectrum because it's quite possible this little girl is. But these people that she's going to, she's absolutely right, they don't seem to understand the criteria well enough to effectively assess this little girl.

Chantal: How do you find the right professional to do an assessment?

Brian: Start going to parent groups and asking around. Listen for the one name that comes up consistently. You can also go to various websites that have professionals listed throughout the country, because usually they don't just take for granted that somebody said this doctor was good; they usually check these people out. When you hear a person's name often enough, that they're consistently good, that's the person to go for.

Chantal: Right. OK. Good advice.

Vanessa in Harbor City wants to know how she can prepare her autistic son for middle school. "I'm afraid of bullying and all the confusion for him with new classes and new people."

Brian: Well, I always like to say middle school is like going from basic training to Iraq, because if anything is going to go wrong, it's going to go wrong in middle school. If you talk about the paradigm shift from grade school where it's one classroom, maybe one or two teachers, then you go to middle school where you have passing periods, that obnoxious bell, people knocking up against you in the hallway, the cafeteria, new teachers, new people – it's just complete chaos.

So it's not only preparing your child for the school. It's preparing the school for your child and saying, "My child's coming in with these challenges. What can you do to support my child? How can you guys work as a team here?" Because we don't want to put it on the child and say, "Oh, I'm about to put you into an environment that violates everything in your brain that makes sense. It violates your sensory sensitivities in every way, but I want you to be happy there and enjoy yourself." That's not always reasonable. Sometimes one of the best things you can do for a child is just say, "I know it stinks. I know you have a hard time there. I understand it. This is how we're going to support you to help you get through the day."

Chantal: Right that makes sense. So now, about bullying though, that's a big whole topic in itself.

Brian: Yes. Bullying is not just a one-on-one problem. It's a community problem. And this is one thing that I'm going to be working on with the school that I'm going to be training with this week. There needs to be, in my opinion – and maybe I'll write a letter to the new president and see if he listens to me – there needs to be a character curriculum in the school. You're not just teaching them how to be good students. You need to also model how to be a good human being. You know, if there are certain values in the classroom, you can't say, "OK, we're going to practice respect today." How is that being modeled? How is that being recognized? When a child raises their hand and waits on to be called, instead of just calling on the child, say, "Thank you so much for raising your hand and waiting to be called on. That shows real respect for the classroom rules, real consideration." Those kinds of things need to be recognized as the child's doing it. Call him on it. "That was wonderful respect you just showed. That was wonderful compassion." Model and support character traits in the school because the bullies are going to catch onto what's being rewarded and what's being discouraged. So it's something that the school needs to take ownership of. It's not just a one-on-one problem.

Chantal: The principal really needs to send a message like the captain of a ship. It really needs to go from the principal on down, don't you think?

Brian: Right. It has to be an institutional value because I've seen too many school situations where they say, "Boys will be boys. Your child needs to learn to stick up for themselves. How come they can't solve their own problems?" They minimize it, or even worse, they don't take responsibility as adults to guide children. Because if you have a child on the spectrum who has difficulty initiating conversation, how on earth are they going to handle the complexities of a bullying situation?

Chantal: You're absolutely right.

Brian: So they definitely need to have more support.

Chantal: Right. But it is – it's a two-way street. They need your support, but you also need to do peer training, all kinds of things so that it's really not just about telling the person with Asperger's to put up or shut up.

Brian: Absolutely.

Chantal: OK, so Debra Presser from Fresno, California. "How do we appropriately discipline our kids? How can we build up low esteem? My son is totally drama. He goes to extremes, and in thought he's usually negative. He thinks that he has no friends and that no one likes him." So, how do you build up self-esteem?

Brian: Well, basically, the way to build up self-esteem in any child is to give them opportunities to feel competent. Because a child who has low self-esteem is walking around the world feeling like they can't make anything positive happen. They feel like they can't do anything right. So any opportunity the child has to feel effective, they did something well. They did something competently. Then you say, "Hey, look at how well you did that! You did that wonderfully."

But unfortunately, the things that spectrum kids are encouraged to do are things they aren't good at. "Here, go and make eye contact. Go and socialize more. Go and make friends." They're not supported and encouraged in the things that you know they're good at and can have success at. And I'm not talking about eight hours in front of the video game console because it makes them feel good. There are other things they can do to make them feel competent.

One of the things I do with my three boys is I create situations where success is guaranteed. They like to go to McDonald's a lot. I can rehearse with them what they want to order. Because you know the person behind the counter is on their side. So they can go up there and say, "I want this to eat and I want this size drink." "Oh, OK, well it costs this much money." "Hey, that was easy. I told them what I want, and I'm going to get it!" And I have them give them this much money, and they get the change back, and they've just had a social success.

Chantal: Right.

Brian: So you give them situations where success is guaranteed and give them a sense of competence, and it starts building up their self-esteem.

Now, in terms of saying that they have no friends, well first of all, you have to find out what do they think a friend is? Because maybe they have friends. Or maybe they think that somebody who was nice to them for four days of the week was their friend but on the fifth day there was a misunderstanding and now they're not their friend anymore. So you need to understand what their logic is.

Chantal: Yeah.

Brian: And what was the other part of that question?

Chantal: Let's see…

Brian: Oh, it was about disciplining.

Chantal: Right.

Brian: This is one thing that comes up a lot in my practice. Someone says, "How much of it is the Asperger's and how much of it is just being a bratty kid?" And I say, "The question is irrelevant because what it comes down to is to what degree did the child have a choice over what they did?" Because although Asperger's *informs* their choices, it doesn't necessarily *determine* their choices. You have a child who does things over and over again and doesn't learn from it because they don't have self-awareness – not necessarily because they don't have control over it.

So if a child *chose* to do something, then of course there needs to be discipline and consequences. Once it's been explained to the child, "This is the rule. This is how you break it, and this is how you honor the rule." Once you know that they understand it, you make sure that they say it back to you. "What's the rule? What are you not supposed to do? And if you do what you're not supposed to do, what's the consequence?" Once they've explained it to you that they get it, they understand and you can discipline that.

But too many parents say, "This child should know better. I've said it a hundred times." Yeah, you've said it a hundred times, but how do you know it sunk in? The child needs to say it back to you, and you need to be on the same page with that child so that it is a shared rule. It's not just your rule imposed upon them. It's something you both understand. You've both agreed to the consequence. And then, when the child breaks the rule, they *chose* to break the rule and they *chose* the consequence, so they're taking control of what's happening to them.

Because whenever a child is disciplined and they say, "That's not fair!" they believe that you're doing something *to* them. They believe that you're not fair; you're taking power away. But if they chose with full knowledge to do something, knowing what the consequence would be, then they chose. They chose the consequence and they chose to be disciplined. Because that's the conversation they had with you. So you can say, "No, I'm not being unfair. We had a deal. We had a discussion. You did your end. You broke the rule. I'm doing my end by giving you the consequence. We agreed on this." They can't argue with that. They'll try. That's how I do it with my kids.

Chantal: Yes, but don't you think it's the same kind of way of dealing with discipline with neurotypical children? It's all about being clear with what the rules are. Be sure that they understand, that they buy into it and that they're responsible for their own behavior.

Brian: Right.

Chantal: Because they're speaking the rule so that you know.

Brian: Right. But with spectrum kids, it's even more so important. That it has to be done deliberately.

Chantal: OK. Good point.

So here is Carrie from Siginow, or Saginaw. I love these names. I know I'm flogging them. I apologize to the listeners.

"Hi, Brian. I have two sons ages eight and five who have been diagnosed with Asperger's. Sometimes it's the most rewarding, and sometimes it's a battle. The battle we're facing now is in the social-emotional area. The boys want friends but just don't know how to interact. I'm wondering what your suggestions are to help them with appropriate interaction. How did you finally learn the acceptable codes of conduct?"

Brian: Well, the acceptable codes of conduct, as I mentioned before, I learned in grad school by watching people who were effective, and then tried to hang around with them and mimic them as much as possible.

But the secret that I finally stumbled upon is successful social interactions are goal-driven, which basically means you don't just go into an interaction to talk to somebody. A lot of neurotypical exchanges are like that. They're very open-ended, they're very spontaneous, and they can go any which way or no way at all, and you can still have a conversation. With spectrum kids, it needs to be goal-drive. Every time they approach somebody, they need to know exactly what they want to accomplish in that exchange. Do they want simply to say hi and say hi back? Do they want to ask this person information? Or do they want to give this person information and then clarify to make sure this information was received? It has to be very strategic.

So if these children want to socialize effectively, they need to know what they want to accomplish. Talk about it, set a goal, strategize it, and then go do it.

Chantal: Wow, that's really good information.

Brian: Mhm.

Chantal: It's nice when you have a plan like that. When you break it down that way for us, Brian, it makes it simpler. I know it's not always so easy to carry out, but it makes it clearer.

Brian: That's how I have basically decoded life, because of my logical brain and how I'm always problem-solving things, because I'm able to explain it. My entire life is lived very deliberately. I do everything on purpose. I made a point of trying to disassemble any of my impulses, any of my habits, because I didn't want to live my life on automatic pilot. I want to do things by choice. I don't want to be reactive. I want to be proactive. So I learn how to do things very deliberately, and one of those things is socializing. I always socialize with a purpose.

Chantal: I have a question for you because I have friends with Asperger's and they say they don't get chit-chat. And so they have a hard time with that because it doesn't have a purpose to it.

Brian: Right. Because there's no information exchanged in chit-chat. Chit-chat is just about connection. It's just about acknowledging the other person. People on the spectrum, they want to give information or they want to get a question answered. And chit-chat doesn't facilitate that. There's no direction to it.

Chantal: I never really thought of it like that, but I understand what you mean.

Brian: Yeah.

Chantal: OK. Here's from the same person, Carrie in Saginaw. "Brian, I'm really excited to hear from someone that has experienced Asperger's. Can you explain to us what your life was like growing up and what the most important thing for us to remember is?"

Brian: Well, growing up my life was a nightmare. I was bullied almost daily. Punched in the stomach, spit in my hair, pushed down, called horrible names, frequent meltdowns.

I think the one thing that was my saving grace was the fact that my mother, who is a little eccentric herself, married an Aspie. Me and my two brothers are Aspies. So she got used to being around kids that were different. And she never thought for one moment that her kids were the problem. So she was very supportive of us, and we were all very different, very creative. I was very into mimicking and copying characters. One of my other brothers was a musician, so she was able to funnel his creativity into music. So she just took it upon herself to see that we were supported, and she never once expected us to be other than who we are.

And I think that the greatest gift, in spite of the fact that the outside world didn't accept me, I always felt OK in my mother's eyes. She always let me know I was OK and I was special and intelligent and hearing that from somebody consistently, when the rest of the world wanted me to be otherwise or told me I wasn't good enough, I think that that helped tremendously. Because unfortunately, a lot of parents who don't know any better are perpetrating the same thing against their child that the rest of the world is. "Oh, don't you want to go out and have friends? Don't you want to go out and do what the other kids are doing?" And they're giving their child the same message that they're not good enough the way they are.

So first and foremost, understanding that your child is who they are, they're beautiful the way they are, and they have their challenges yes, but in addressing those challenges, let those things be driven as much by your child's goals as society's goals. Because if it's just about making other people happy, you're going to make your child miserable.

Chantal: Good point. Very good point. Here's a question from Jennifer White in Crystal. "What are the typical medications used for teens with Asperger's?" And she goes on to ask how puberty affects medication and how puberty affects Asperger's. And her last question is, "Is 13 too old for occupational therapy?"

Brian: Well, there's no such thing as typical medication because it depends on what you're medicating. Are you medicating anxiety? Are you medicating depression? Aggression? Bipolar? Because usually the medication, it's not for the Asperger's. It's for some other kind of co-occurring issue. Because if you have bipolar that goes on top of it, you're going to have a mood stabilizer. If you have anxiety, you're going to have an anti-anxiety. So it depends on the characteristic.

And I started having OT when I was 35. So as long as the brain and the nervous system are teachable, which I think is anytime. I had the listening program to kind of help tweak my auditory sensitivities. I went through that with an OT when I was 35 years old. So there's really no such thing as too old as far as I'm concerned.

And in terms of puberty, one of the difficulties you run into, actually a couple of the difficulties, is kids when they're going through puberty have mood swings anyway, whether they're on the spectrum or not. But if you have a child on the spectrum who is a little bit emotionally kind of sporadic anyway, well you can count on that increasing. And a bigger problem with puberty is the social boundaries and those issues when all of a sudden you're attracted to the opposite sex, can become a real issue, because the boys that are really attracted to girls don't understand that you can't just reach out and touch someone. So you have to do a lot of education in terms of boundaries and what the consequences are.

So really think that stuff ahead for when you see puberty coming, because this is a conversation that has to be taken very seriously. Because I have seen teenage boys get brought up on assault charges because they touched a girl because they didn't know better, not because they were sexual deviants.

Chantal: Right. In my second book, *Adolescents on the Autism Spectrum*, I speak a lot about how we have to inform our students and our children with autism and Asperger's about sexuality and appropriate and inappropriate touching or boundaries, and also about relationships and the kinds of conversations you have in relationships, because they can get in trouble as they go out in the community, and as you become older it becomes a real problem.

Brian: You're absolutely right. Because in some families, they consider this topic to be taboo; you don't talk about certain parts of your body. You don't talk about sexuality. But if you don't help these children to understand themselves very intimately, then they cannot make informed choices, because they're going to act impulsively as opposed to acting by choice, because they don't understand these feelings, they don't understand these drives, and why they want to act this way. They just act upon it. So they really need to be educated about what is making them tick in those situations and what is the best and safest way to act upon those things.

Chantal: I think I need to also bring up, since we're talking about these issues, is that from traveling around the country, because I speak in a lot of places, and a lot of people come up and ask me questions and tell me their stories, and I'm amazed by the number of teenage girls and boys who are sexually abused or get in situations because -- they're not doing it to be sexually active with someone.

Here's a perfect example. A young teenager, a female with Asperger's, will want to be friendly with a group of girls that she knows are the popular girls. So they realize that there's something wrong with this girl. Not "wrong" but different, and nobody's ever explained Asperger's, and nobody's ever explained to this girl what sexual acts are. And so they tell the girl to go and do something with some boys, and then come back and tell them about it. And the girl doesn't realize that she's been asked to perform a sex act. She has no idea, no clue, because nobody's ever spoken with her about it.

And the point is that many times we don't tell teens on the spectrum about sex, what constitutes a sex act, and also the responsibilities that go along with the sexual feelings that they're having, because we feel that if they don't have the knowledge, they won't be interested. But the point is that they're hearing about it all day long. They need to understand what it is that's being talked about. Don't you agree, Brian?

Brian: Oh, absolutely. It's naive of parents to think that if you don't talk about it, that the kids aren't going to hear about it somehow. You definitely want to have quality control over the information they're getting. And a parent has the best opportunity to help a child learn judgment, whereas their peers aren't going to be interested in teaching them that.

Chantal: You're absolutely right. That's an important aspect. In fact, are you familiar with Zosia Zaks?

Brian: Yeah, well, I've heard of her. I've heard of her book. I haven't met her or talked to her though.

Chantal: Oh, that's right. I've just put you two in contact over another book project. I forgot about that. But Zosia wrote this wonderful book. It's called *Life and Love: Positive Strategies for Autistic Adults*. And she talks about how a good strategy for an older teen or adult is to have a safe person that they can ask questions of to know, like, "Is this the correct thing to do in a social situation?" Or even in high school, if someone could have an adult or another peer that they trust, they could ask, "So-and-so has asked that I walk home from school with him." Well, there're all these things that you have to think about. Are you walking in bright daylight? Is it a busy street? Are you in a safe neighborhood? Do you know this person really well? All these are questions that someone with Asperger's may not think about asking, and so if you have a safe person, you can kind of use their judgment to assess a situation, and over time learn to make your own assessments. Do you find those kinds of suggestions helpful?

Brian: Oh yeah, and I have a term for those people. I call them my advisors. And depending on what stage you are in your life determines what kind of advisors you need. Because as a small child – well, even maybe as an adult – you need advisors about issues of safety and social conduct. In my adult life, I have advisors in the areas of finance when purchasing a car, when making any kind of purchase that is a big transaction, because fast-talking salesmen, you know, they can get the best of us, but especially someone on the spectrum who is very trusting and doesn't really understand things. So I have advisors around me who not only have the job to inform me but also to protect me. And they know who they are, and they've agreed to that role, and I can go to them in these situations. So one of my secrets to success as an adult is I have a circle of people I can go to who will advise and protect me.

Chantal: Very good. That's great to know. OK, here's a question from Debbie in Baltimore. "Organization is a big problem. Is it better to have the child manage, with help, his binders and folders and desk, or is it better to do some of the housekeeping for him? It can be so overwhelming for Asperger's students to try to keep their things in order day after day."

Brian: First you have to understand what is at the root of the disorganization. Because some people look at a messy room and say, "Oh, your room is so messy and you need to pick it up." Well, if you have a child who has sensory integration issues, then you are talking about a child who is internally disorganized. So how on earth can you organize your outside world when you are not organized inside? You're not interacting with the world in an organized way, so something as simple as putting your notebook together can seem like a big challenge. Because neurotypicals who are walking around very organized, they can organize their bookshelf, they can organize their desk, they can organize every part of their life because they are coming from a point of organization. If you are on the spectrum and are internally disorganized, your life will mirror that. So if a child has a real difficulty organizing their paperwork and everything, you gotta say, "Well, we gotta consider the source here. Maybe this child is not organized enough to do this."

So I would say the best solution for a child who is disorganized is to at least make them a part of the organization. Do it with them instead of doing it completely for them. Because doing it for them makes them feel dependent. You know, like they can't. If you do it with them, they learn collaboration. They learn to use other people as resources. Those are opportunities to connect with other people and learn socialization. So whenever possible, do it with them collaboratively.

Chantal: I find it's always easier to do something that's hard for you or that you dislike with other people. I'm saying this because if you can see the office that I'm sitting in right now, it's piled with papers. Part of it is a time issue, but the other part of it is if I don't see everything – I'm afraid to put things away because I think if I don't see it, I won't so it anymore, or I'll forget that I have this assignment to do or a deadline. But the problem is, it gets overwhelming after awhile. So then it's too overwhelming to do on my own, or I get depressed thinking about doing it. So that's when I have someone come in and help me. Besides being faster, it's just more uplifting.

Brian: Yeah. And also, if you enjoy that social contact, it can really lighten that situation up.

Chantal: Right. OK, we have so many more questions here. Here we go from LaMonde in Georgia. "My son has an odd, gawky gait. He walks on his tiptoes. He doesn't walk heel-to-toe. He sounds like he's smacking his feet on the ground when he walks. What can I do to help him? Any recommendations?"

Brian: Yeah, get him to an occupational therapist. Because it sounds like – and this used to be the case for me – I would feel like, well not so much walking, but running or lightly jogging, I felt like my feet were literally slamming into the ground. And that had a lot I think to do with proprioception. And proprioception is the nerves in your joints, in your muscles that tell your brain where your body is in space. And if his proprioceptive nerves aren't reading his body position well, then he doesn't know where he is. He's probably stomping the ground hard because his body isn't registering how he's hitting the earth. So he needs some serious regulation work. You need to get to an occupational therapist to help work on that stuff.

Chantal: Good advice. I'm going to ask you another question, but before I do I just want to say that I can see on my computer that people are writing in and asking if it's possible to hear this discussion if they missed part of it, or if it's possible to get a written copy of this discussion, and I don't know the answers to those questions, and so I would suggest that you look on the website of Moms Fighting Autism to get the replies to those questions.

OK, this is from Debra Fretzer in Fresno, California. “My son has ADHD, PDD, and Asperger’s. He has difficulty in school even with an aide full-time, and I have been to a lot of services. He has difficulty with anger and impulsivity. He tries to be funny to ward off people or to get friends, but neither is working. I am tired and frustrated and want to relate to him. His behavior makes the situation be if you do that, then that, and he spouts forth constantly. What am I missing?”

Brian: Well, that’s a very complex situation. First of all, he’s got a lot of redundant labels, so there needs to be a lot more clarification about what’s going on with him. Because you don’t call somebody PDD and Asperger’s; it’s one or the other. And also the ADD, as I mentioned earlier, let’s clarify the source of the distraction. Is it that his brain doesn’t focus? Or he doesn’t focus in certain settings?

And I was a bit of a class clown myself, so I can relate to this, it’s you’re trying to get a positive response from your peers. And laughter’s a positive response, so you do whatever you can to try to get the laughter. So what he’s looking for is he’s looking for acceptance. And it’s a reasonable request. He just needs to learn more effective strategies to get it. So that’s what he’s trying to accomplish with the jokes.

What were the other parts of that question?

Chantal: The other parts were, “He has difficulty with anger and impulsivity” and “I’m tired and frustrated and I want to relate to him.”

Brian: OK, the anger and impulsivity are coming from being reactive. An impulse is something that you just react to something without making a choice. You’re not choosing to so something, you just do it. There’s a missing of self-awareness there. He’s not choosing how to interact with his environment because he doesn’t know enough of what he wants to plan.

So when they say impulsivity, I want to see if it’s possible to get clarification. Is he blurting things out? Is he touching? What is he doing impulsively? Because that’s important to understand too. What is he trying to accomplish? If he’s impulsive verbally, he’s blurting out answers, saying inappropriate things, then that’s just an issue of him wanting to verbally and socially engage but not knowing the way to do it. So he just needs some clarification about what are the best strategies for what he wants to accomplish.

If it’s physical impulsivity, he’s got certain boundary issue, he doesn’t know how to keep his hands off people, some of that might be sensory. Because there are kids who are touchy-feely because that’s how they help organize themselves in a stressful environment. Or they want to get somebody’s attention and they don’t know to say, “Excuse me,” so they just reach out and touch.

So it’s important to understand what he’s trying to accomplish because everything he’s doing, as frustrating as it is, serves a purpose for him until he finds a more effective way to do it.

Chantal: OK, Now here’s Teri Kocinski from Willowbrook, Illinois. And she has a few questions. The first one is, “Is ADHD on the spectrum?”

Brian: It probably will be soon. I’ve heard some chatter in the community that they’re starting to notice enough overlap in ADD and PDDNOS that in the next edition of the DSM it could very well be brought into the spectrum. But that’s ultimately the decision of the writers of the DSM.

Chantal: Right. How do you feel about that?

Brian: I think they’re very close cousins. I would feel very comfortable if they put ADD and ADHD on the spectrum.

Chantal: She asks, or maybe it’s a he, “Where is your office in Naperville?”

Brian: It's near the corner of Deal and Route 59, which is near Interstate 88.

Chantal: Do you want to give your address as well as your website so that way people can look it up if they want to?

Brian: Well, the address is on the site. Your best bet is to go to LifeTeamPartners.com.

Chantal: OK. And she has a question. "How is it you were diagnosed? I feel that I may be on the spectrum now that my son is diagnosed PDDNOS autistic. I'm ADHD. As I deal with my son, I really want to know how an adult gets screened."

Brian: Well, I went through a similar process with my son. I went and got an OT eval, I went to a psychologist, and with adults a lot of it is you really just need to retrace your life because adults have grown up and learned to compensate, so typically if you go to a diagnostician, they'll see how well you're doing and say, "Oh, you're not on the spectrum because you're able to do things so well." They don't appreciate all the effort that you're putting in to do all those things. So they mistake your competence or your compensation for being functional. When people see how I can accomplish things, they don't realize that it's done with an incredible amount of concentration. So when I tell them my entire life, the meltdowns and the sensory stuff, and they look at the whole picture, then they can say, "Yeah, you've been on the spectrum your entire life and somebody missed it." So you really need to go in with a whole lot of information.

And of course, you don't want to go to just any psychiatrist because they're not all skilled alike on the spectrum. You want to see someone who spends a lot of time with people on the spectrum. And I know that the people who are on this call are from all over the States, so they don't have the privilege of being in my area and getting the very specified and exclusive list that I refer to, but it shouldn't be too difficult. Again, get on the grapevine. Do the research. Ask around if you know anybody who specializes in the spectrum. Ask your own physician if they know anybody who specializes in that. Because believe it or not, doctors do talk to each other, and they might know a psychiatrist who does a lot of work and they can send you in that direction, or a psychologist.

But if you are told that you're ADD and your child is on the spectrum, there's a possibility that you were called ADD and you're actually on the spectrum. But the person who gave you the label didn't know any better, or you masked a lot of things. Or I've also seen in families where any kind of neurosensitivity can lend itself to creating a spectrum sort of child. You'll see families with histories of depression and bipolar and anxiety, and then all of a sudden an autistic child shows up. And then say, "Oh, but there's no autism in the family." And I say, "Yeah, but it's rampant with neurodiversity. There's neurosensitivity all over the family, so it's just a matter of time before an autism one showed up. It just kind of makes sense.

Chantal: OK. Here's Norma Drew from Holland, Michigan. "I would like to know if you're taking any new clients or patients."

Brian: Oh yeah, all the time.

Chantal: Holly from Clinton. "Hi, Brian. Will you please cover the red tape that we have to go through for the high-functioning Aspie? My son is six, super-high IQ, and the schools aren't at all concerned about the social aspect of school, and this is the area that my son suffers in most. Any suggestions how to handle the schools? He has charmed the teachers and staff so nobody believes he has issues. He has a medical diagnosis but not an educational diagnosis. Thank you for your help."

Brian: Well, the one thing I'm doing on my end of things over here is I'm addressing that again with my push for a character curriculum where you're teaching a person how to be a person, not just how to be a student. And you're modeling it for the neurotypical kids, not just for the spectrum kids. And it makes sense that he's going to endear himself to the teachers because kids on the spectrum are very savvy with the information people, the people who are teaching them. It's much more easy to engage those people because its just information exchange. But when you have to deal with people your own age and it's more chit-chat and socially frivolous, the teachers aren't going to see that because they're not watching him interact.

So the biggest thing is to advocate for those three things that I mentioned earlier: future education, independent living, and future employment. Because they need to understand that it's their responsibility to help him achieve those things, and it should be pretty easy to demonstrate where he has problems in those areas. So just advocate as hard as you can for them to meet all of his needs that are going to help him succeed later in life. So advocacy is really the place to start.

Chantal: Great advice. Here's Jerry LaValley from Orlando. "I'm so excited about this seminar. Charles' psychiatrist has worked with him as being on the autism spectrum. He was tested for autism and Asperger's by the school, but they said he didn't meet the criteria because he makes eye contact and has a low I.Q. However, when his teacher and I filled out the forms, he did meet the criteria. He is learning to read – he's ten – and does quite well in math. He is also the first child in his teacher's class who has gotten an outstanding in art. In fact, he can't stand to have his art taken from him; that is all he wants to do. Right now his school is looking at him as having a learning disability. They left it open because of pressure from me, but they want to have his psychiatric records released so they can be put in his IEP. I don't want to, but they say he will not get the help he needs in middle and high school if we don't release the records. What do you think we should do?"

Brian: Well first, who is the person who said he's not on the spectrum because he makes eye contact?

Chantal: The school district.

Brian: OK, well, they're a bunch of dodo birds, OK? Because again, there are so many criteria involved. Eye contact is just one. And I have seen kids, myself included, if you catch me in a situation where my sensory needs are met, the lighting is dim, I'm very calm, my eye contact is a lot better than if you put me in the middle of a party, because I get disorganized. So somebody is assessing him one-on-one in a very sensory-friendly environment and he makes eye contact, then my response is, "Duh, you just met his needs!" But if you want to assess a child to be on the spectrum, put him on the playground. Put him in the cafeteria. Watch them in the environment that doesn't work for a spectrum child, and you will see everything come out. So sometimes it has everything to do with the assessor as well as the context in which the assessment is taking place.

In terms of all of these records they want, get a very clear explanation as to why these records are necessary to help them make their decision. What can possibly be in those records that they can't determine through their own evaluation process?

Chantal: Right. Already this person states that the psychiatrist has listed him as being on the autism spectrum. So isn't that sort of an indication right there? That one document should be enough for their records, don't you think?

Brian: Right. That's why I'm surprised. How much proof do they require? Why are they being so stingy? What is it they think they have to have in order to trust this outside professional's assessment?

Chantal: Why should they care if on the IEP he has a learning disability or he has Asperger's. If the Asperger's is the area that is going to help him get the supports he needs to get where he needs to be as an adult, why wouldn't they put that on the IEP?

Brian: Well, if it's a lazy school district, an Asperger's label requires them to do a lot more work. If it's just learning disabled, they can define for themselves what that means. They can say, "Oh learning disability. He just has trouble reading so we'll just get him some reading support and ignore everything else. He doesn't need social work time, he doesn't need speech, he doesn't need OT time. We'll just focus on the reading thing." So if they control the label, they control the services. So it's really important to make sure that whatever is on the IEP most accurately represents the child's needs.

Chantal: Right. OK. I don't know who this is from, but, "As a man with Asperger's Syndrome, what have you found to be the hardest obstacle in your life? Marriage and family? Holding a job? Going to college? Making friends? Which one of these types of areas?"

Brian: Well, ironically, I began my day yesterday in divorce court. My wife of almost twelve years a few months ago decided she did not want to be a wife or a mother anymore because she's got an Aspie husband and three Aspie children, and just decided she'd be happy with the single life. So I'd say one of the things that really derailed me there, when she told me that everything was happy and everything was fine, I just took her at face value because I have a difficult time even now reading how I'm doing with others. If they're happy with me, if they're upset with me, I need them to give me specific feedback to let me know how I'm doing. And in the case with her, I'd ask her how I was doing and she'd lie to me. She wouldn't have that discussion.

So I think the biggest frustration in all areas of life is when I proceed from a place of honesty and want to have meaningful conversations with people, and it's hard when they don't want to reciprocate for full communication to take place. Because in the neurotypical world, it's all about protecting people's feelings. It's, "Oh, he asked me for my feelings, but he's not really asking for honesty." Well, yes I am! So I'd say the difference in communication styles is probably one of the hardest things to overcome when I'm genuine in my efforts and what I'm trying to accomplish.

Chantal: Interesting. That's very good. It's really wonderful to have you here on the show to speak what it's like to have Asperger's, as someone who's certified to have Asperger's.

Here's one from Annette in San Diego. Well, that's where I'm speaking from right now, San Diego. "Hello. I would like to know how I can get my son to take everyone else's feelings into consideration besides his own. For example, if he wants to do something and I do not, he gets very upset, like I'm supposed to want to do whatever he wants to do."

Brian: Well, that answer has less to do with other people's feelings than it has to do with a sense of entitlement. He feels that because he wants it, he's owed it. And the other part of that is he has to be able to understand, to explain, if he wants to have it his way all the time, why? Why is it important to have his way all the time? And if he doesn't have it his way, then what? Because there are some kids on the spectrum, many that I've worked with, who don't understand that you can not get your way and still be all right. Because they think, "If I don't get my way, I won't feel safe and I'll be frustrated and I'll be uncomfortable." And these kids need to learn to understand, "I can be uncomfortable and still be OK."

But if it was more of a feeling issue, sometimes these kids first need to understand that other people actually do have feelings, and that other perspectives exist. Because the more egocentric a child is, the less likely they are to think that people's thoughts are actually different from their own. That's called perspective taking. You know, some of the theorists call it theory of mind. So if your child is saying, "I want to do this with you. What do you mean, you don't want to do this with me? It makes sense in *my* head. I think it's the most exciting thing in the world. What do you mean, your thoughts are different from mine?" So it's a matter of helping him understand that everybody doesn't think the way he does. And if he's assuming that people do, that's what's getting him upset, because you're basically proving him wrong by saying you don't want to do it. Because his assumption is, "Everybody thinks like me and that's how it's supposed to go."

Chantal: Right. OK. Here's one from Lori Gerentelli-Booth from Mill, Virginia. "If ASD was on the scale from one to ten, ten being higher-functioning, in your experience do you feel that Aspies are on a sliding scale due to their situation? My son is ten and an Aspie and I feel that depending on many different factors, he does not stay on the same level of functioning ability." That's what you were just talking about, people being in different environments reacting differently.

Brian: Well, first of all, the entire spectrum is on a sliding scale, and whether a child has a good day versus a bad day depends on one thing: how well their needs are being met that day.

Chantal: Very well said.

Brian: Because if a child is overwhelmed, then their frustration threshold is really small and it doesn't take much to push them over the edge. I've heard parents say, "In this one situation, the child did really well, but in that situation a couple days later, the child fell apart." OK, well was that one context the entirely of your child's day, or did they have experiences leading up to it? Maybe the child didn't have a good night's sleep. Maybe they didn't have enough to eat at breakfast. Maybe there were some other frustrations along the way.

It's how well are your child's needs being met, not to mention in what situations in your child's life do they have challenges? If your child is having a wonderful day and they're very easy to get along with, and they've been inside all day long, where there weren't a whole lot of demands placed on them socially, they're going to be more laid-back. But if you catch them at the end of a school day when they had a hard test and the fire alarm went off and people were bugging them, they're going to come home and decompress all over you. So whatever their functioning level is has to do with what kinds of stress were placed on them that day or at that moment.

Chantal: She also asks if you could please, please define once and for all if Asperger's is part of the autism spectrum, or should it be in a different category? Professionals and paraprofessionals and parents all say different things. Some say it's just a matter of spelling. What do you think?"

Brian: Here's how I clarify the difference. Asperger's and autism have challenges in the same areas. It's just a matter of degree. That's why they call it a spectrum. They have differences in areas of speech processing. Even though a person can articulate, it doesn't mean that they auditorily process the same way. Because I have a little guy, three years old, who's very articulate but has auditory processing issues, which means he doesn't hear the language the same way other people do. So if you have Asperger's and can speak articulately but have language processing issues, then you kind of still have language issues, whereas someone with autism might have more easily defined speech issues because maybe they're non-verbal or are slow to speak, they have difficulties with sensory issues, organization issues, but again, a matter of degree. But they're in the same area. From autism to PDD to Asperger's, they are challenged in the same area. It's just a matter of degree.

And one thing I want to clarify too is I strongly encourage people to take the notion of "high-functioning" and "low-functioning" out of their vocabulary because when you're talking about individuals, who on earth are you comparing them to? So how can you say that one is more high-functioning than another? Because they have their own unique sets of strengths and challenges. So they are at *their* level of functioning. When you create an IEP, you don't compare them to other students. You look at what their strengths are so you can build on them. You look at what their challenges are so you can help support them in improving those areas. You don't define an IEP according to how they compare to everybody else. So I say there are about 40 million spectrumites on the planet Earth, and you have about 40 million points on that spectrum. You don't have high points or low points. You just have points. They're just people. That's how I look at it.

Chantal: Great. Debbie from Spring Hill, Florida has this to say: "Brian, thank you for such a positive and very informative webinar. I'm sure I speak for everyone on this call tonight about what a great resource this is. This is my fourth webinar and I hope you will be back. You're an inspiration to us all."

Brian: Thank you. I really appreciate that.

Chantal: Here are a couple more questions. There are so many questions. I'm just picking a few more because of the time now. "Can you recommend a psychiatrist that is familiar or versed in Asperger's in Michigan near Clinton, maybe Ann Arbor?"

Brian:	Well, I'm not familiar with too many resources outside of Illinois. But I recommend a couple of websites that you can go to. One is grasp.org. Another one is maapservices.org. They have national listings of professionals in many different states. I don't know if they're necessarily in all fifty states, but they would have a lot more resources throughout the country than I have access to. And those resources that you find on those sites, you can bank on; I know that they don't just list anybody in their databases.
Chantal:	Great. Here's one from Laura in Townsend. She says, "Do you recommend that a counselor or teacher speak to their class about a student in their class who is on the spectrum to help them understand, or is it better to just address issues as they come up?"
Brian:	I would recommend that part of the curriculum in any classroom be about respecting difference in general. Differences in neurology, differences in gender, differences in race, so that it becomes part of the understanding in the classroom that we are different from each other and that we need to be respected for our differences and embrace our differences. Because if you single out characteristics of one child, unfortunately you don't know how that information is going to be utilized. Because you're going to have little jerks in every classroom who when you try to enlighten them will identify exactly who you're talking about and will use it as an opportunity to exploit that child. So it makes much more sense to just talk about diversity as a whole.
Chantal:	I think that's really the right way to go about things. You're absolutely right. Nancy from Red Lodge, Montana. "Brian, thanks for your time tonight. After learning my son has high-functioning autism and learning more about autism, I suspect the men in my family are uncertified and on the spectrum. My brother has two sons, one fourteen months and one a newborn. How do I, or should I, help prepare him and his wife for the possibility of raising two possible Aspies? They are both too young to diagnose and my brother does not know he has Asperger's."
Brian:	Well, the one way that you can introduce to the brother the idea that he's on the spectrum is if you've identified it in yourself of someone else, just educate him about that other person. And just say very innocently, "Have you heard of anybody like this? Have you heard of anybody who acts this way?" Give him opportunities to look at himself a little bit. Because some people aren't going to be as receptive to, "Hey, I read this article and it sounds just like you," and it has Asperger's on top. Some people will be offended by that. They'll be shocked. But if you come at it more subtly, you give them a chance to reflect on it and process it themselves. That's the way that we introduced it to my father. When we found out about Zachary and myself, my mom started talking to him about Zachary and about me, and he literally said, "You know what? I think I have that too." He came to the conclusion on his own because it was introduced to him in a non-threatening way. So I think that's the best way to approach this gentleman with it.
Chantal:	Right, so they can accept it more readily.
Brian:	Right. And take it in doses instead of being hit over the head with it.
Chantal:	OK. Ann Dollen from Stockton. "My son was diagnosed with Asperger's eight months ago. He has a severe auditory processing disorder and a severe expressive language disorder. He's in the two percent for speech for kids his age, nine. Will his language grow as he gets older? I thought you couldn't have a severe language delay and have Asperger's. That's why his psychiatrist says he's PDDNOS due to the speech delay, and our doctor says it's Asperger's with speech delay.
Brian:	Well, technically – and this is a problem with the criteria, because the way that DSM IV is written, the speech delay on the spectrum is autism, because you typically don't find speech delay listed for PDD or Asperger's; it's for autism. So it's kind of interesting how the diagnostician reached their conclusions. But in terms of a speech delay or speech issue

improving over time, that has everything to do with how much work is done with the child, and it’s probably going to require a lots of speech services.

My middle boy is very intelligent and still has a speech delay. He still has some difficulty speaking. He was given the label of autism because of his speech delay. He also has a whole host of other academic challenges. But yeah, also has auditory processing, receptive and expressive language issues. With him, it’s just a matter of giving him opportunities to get the speech practice. Give him opportunities to speak, to talk to you, to be listened to, to let him hear you read books to him. Introduce his brain to language. Get him exposed to it in a very non-threatening, very supportive way because you basically have to teach the brain to do what it has difficulty doing. But do it in a way that’s nurturing and supportive. But you’re definitely going to need those direct services of speech and language services to really help address it in a more specific way.

Chantal: Brian, this has been really great. I think that’s about all the time we have for questions.