

What Is Asperger Syndrome (AS)/Autism Spectrum Disorder (ASD)?

Asperger Syndrome (AS) is a neurobiological disorder on the higher-functioning end of the autism spectrum. An individual's symptoms can range from mild to severe. While sharing many of the same characteristics as Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) and High-Functioning Autism (HFA), AS has been recognized as a distinct medical diagnosis in Europe for more than 60 years, but has only been included in the U.S. medical diagnostic manual since 1994 ("Asperger's Disorder" in the DSM-IV). In the 2013 revision of the DSM (DSM-5), the new diagnostic category Autism Spectrum Disorder (ASD) was created as the over-arching umbrella to include all forms of autism, including Asperger Syndrome. Regardless of nomenclature, ASPEN is here to serve you.

Individuals with AS and related disorders exhibit serious deficiencies in social and communication skills. Their IQ's are typically in the normal to very superior range. They are usually educated in the mainstream, but most require special education services. Because of their naiveté, those with AS are often viewed by their peers as "odd," and are frequently a target for bullying and teasing. They desire to fit in socially and have friends, but have a great deal of difficulty making effective social connections. Many of them are at risk for developing mood disorders (anxiety, depression), especially in adolescence. Diagnosis of autistic spectrum disorders should be made by a medical expert to rule out other possible diagnoses and to discuss interventions.

What Is ASPEN®?

ASPEN® is a national volunteer nonprofit organization with headquarters in NJ. It was established in 1997 to address the increasing need for information, support and advocacy for individuals and families whose lives are affected by ASD (formerly known as Asperger Syndrome, PDD-NOS and HFA) and NLD. Chapters meet monthly, alternating parent support meetings with speaker presentations. ASPEN® offers professionals the opportunity to attend those chapter meetings where speakers are scheduled. ASPEN® publishes a newsletter and resource directory, maintains a comprehensive website and lending libraries, holds workshops and sponsors semi-annual national conferences featuring some of the most prominent names in the research community.

ASPEN® is a NJ Department of Education Professional Development Provider (#1619) and a 501(c)3 nonprofit organization

Our Mission

ASPEN® provides general information and support to families and individuals whose lives are affected by AS and related disabilities, and advocates for improved programs and services. Its services are not intended as a substitute for medical, legal, or other professional advice, which families and individuals should obtain before starting any course of treatment, therapy, education, litigation or other individual activity. Opinions expressed in any material provided by ASPEN® are not necessarily those of ASPEN®.

Characteristics of Asperger Syndrome

Each person is different. An individual might have all or only some of the described behaviors to have a diagnosis of AS.

- Marked impairment in the use of multiple nonverbal behaviors such as: eye gaze, facial expression, body posture, and gestures to regulate social interaction
- Extreme difficulty in developing age-appropriate peer relationships (e.g. AS children may be more comfortable with adults than with other children)
- Inflexible adherence to routines; perseveration
- Fascination with maps, globes, and routes
- Preoccupation with a particular subject to the exclusion of all others; amasses many related facts
- Difficulty judging personal space; motor clumsiness
- Sensitivity to the environment—loud noises, clothing and food textures, and odors
- Speech and language skills impaired in the area of semantics, pragmatics, and prosody (volume, intonation, inflection, and rhythm)
- Difficulty understanding others' feelings
- Pedantic, formal style of speaking; verbose
- Extreme difficulty reading/interpreting social cues
- Socially and emotionally inappropriate responses
- Literal interpretation of language; difficulty comprehending implied meanings
- Extensive vocabulary; reading commences at an early age (hyperlexia)
- Stereotyped or repetitive motor mannerisms
- Difficulty with "give and take" of conversation

Membership Application

There is a nominal charge for non-members to attend meetings featuring speakers. Annual dues are \$35 for families and \$55 for professionals. Membership entitles you to the ASPEN® newsletter, discounts on conferences, attendance at monthly meetings, access to our lending library, and a copy of our resource directory.

Please note that all information is kept strictly confidential.

**Please complete the form below and send with a check payable to ASPEN to: ASPEN
9 Aspen Circle, Edison, NJ 08820**

Name:		Email Address:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:		Work Phone:

Please choose one:

I wish to join a Family Issues Chapter

I wish to join an Adult Issues Chapter

I am applying for membership as a:

Parent /Guardian

Extended Family Member

Individual With ASD/NLD

Medical / Health Professional

Educational Professional

Teacher

Speech Therapist

Occupational Therapist

Child Study Team Member

Attorney / Advocate

Other _____

Please choose the one Chapter you will attend most often:

Atlantic/Cape May County, NJ-Adult Issues

Bergen County, NJ- Family Issues

Camden/Burlington Counties, NJ-Family Issues

Essex County, NJ-Family Issues (Virtual Chapter)

Gillette, WY-Family Issues

Middlesex/Union Counties, NJ-Family Issues

Monmouth County, NJ-Family Issues

Morris County, NJ-Adult Issues

North Jersey-Adult Issues

Northwest, NJ-Family Issues (Virtual Chapter)

Ocean County, NJ-Family Issues (Virtual Chapter)

Passaic County, NJ-Family Issues (Virtual Chapter)

Sussex County, NJ-Family Issues

Warren/Somerset/Hunterdon Counties, NJ-Family Issues

National (I will not be attending Chapter Meetings)

Name of Individual with ASD:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Current Diagnosis:	Date of Birth:

- Yes.** I give my permission to have ASPEN® share my name with other parents and individuals who wish to talk about common issues.
- No.** I do not give my permission to have ASPEN® share my name with other parents and individuals who wish to talk about common issues.

Donations:

- I would like to make a donation to ASPEN® at this time. Donation Amount: \$ _____
- I do not wish to join, but would still like to donate to ASPEN®

Please Sign: _____ **Date:** _____