As it did for communication, everyday English has something to add to the discussion of intelligence as it applies to the child with Asperger’s. Once again, turning to the *Merriam-Webster’s Collegiate Dictionary* (1998), we find that definitions of both *intelligence*: “the ability to learn or understand or deal with new and trying situations,” and *intellect*: the “power of knowing as distinguished from the power to feel or to will” together set the stage for our look at the intellectual abilities and traits of children with Asperger’s. This chapter spotlights issues of intelligence and cognition, especially as they affect the whole child. I, too, focus on the ways that intelligence and cognition influence what we do in therapy, and conversely, how therapy can influence them in return.

*While there’s been little studied and written about psychotherapy and Asperger’s, there’s a considerable body of research, some experimental, on the cognition of the child. Assessment of Asperger’s has been a fixture of study since early on. Much is known and published on the intellectual assessment of Asperger’s in a child. My therapeutic approach has much to offer the child in terms of using her intellect, coping with her limitations, and performing academically. It is not, however, a substitute for*
or improvement upon strategies and interventions that target cognitive and academic functions and skills. Neuropsychologists and educational specialists are the experts on these. Any child suspected of having Asperger's should be assessed by such an expert who, if warranted, can then consult to the team and school, ensuring that the child’s educational plan does all it can to meet his or her needs.

More than 70 years ago, Hans Asperger had already made keen observations concerning the intelligence of the children he studied and would soon chronicle (1944/1991). Combining his sensitive observing skills and those, it seems, of an equally able team of professionals and educators, Asperger characterized the intellect and cognition of the children with an acuity and subtlety impressive by current standards. To his credit, Asperger went beyond his own diagnostic and intuitive senses, which were considerable, to include systematic psychoeducational testing. Anticipating contemporary neuropsychology, Asperger’s testers were more interested in the qualitative process, the mechanisms by which the children thought and performed, than in the quantitative IQ.

Much of what Asperger and his testers found have formed the core of what we know about these children’s cognition (Baron-Cohen, 2008): usually being of average or above average intelligence, splinter skills that can occasionally approach the level of a savant, extreme and obsessive interests, a penchant for self-taught masteries, difficulty with more mundane and simpler academic tasks, disorganization, verbal development and language skills that significantly exceed the nonverbal involving the visual-spatial, tendency toward distractibility, and poor social comprehension.

Current researchers have confirmed Asperger’s insights, further delineating the children’s intellectual complexity and the dilemmas it poses. In spite of what in many ways are formidable intellects, children with Asperger’s are prone to attention deficits, executive dysfunctions, and other learning disabilities (Thede & Coolidge, 2007); weak adaptive life skills (Klin et al., 2007); and most sadly (and avoidably), underachieving lives full of highly distressing and obstructive symptoms (Saulnier & Klin, 2007). From this point on, I refer readers interested in the neuropsychology of Asperger’s to scientific journals, where the literature grows. (Also see Ghaziuddin & Mountain-Kimchi, 2004, for neuropsychological differences between Asperger’s and High-Functioning Autism.)
I also need to mention nonverbal learning disability (NLD), a diagnosis that is often discussed and debated alongside Asperger’s. While both disorders reveal relatively weak nonverbal development, neuropsychological assessment finds that children with NLD fare significantly better on tasks involving language, whereas the children with Asperger’s fare better on visuospatial tasks. This suggests that NLD is more of a purely right-brain origin, whereas Asperger’s involves both hemispheres (Dumitrescu, 2006). For the purpose of our discussions, I am relying on the guidance that clinically, we not focus too much on the differences (Dinklage, n.d.), at least for what we’re doing as clinicians—wisdom based on the fact that NLD and Asperger’s appear to be “converging” disorders, with a large majority of Asperger’s cases showing the central features of NLD (Klin, Volkmar, Sparrow, Cichetti, & Bourke, 1995). The thinking and strategies of my approach will hold relevance for the majority of children with both Asperger’s and NLD. While research that aims to better distinguish between these two diagnoses is important and being pursued, as therapists, we are yet left with our perceptions, experience, and judgments to decide when we need to modify our method or go in an entirely different direction.

Children with Asperger’s Syndrome are often of average intelligence or brighter. But for all their smarts, they tend also to be distracted, disorganized, and in other ways learning challenged. And hardly last, they present as unique individuals with intellectual profiles that can show unique and extraordinary variability.

**ASPERGER’S AND IQ**

The values and limits of IQ are familiar to most of us. That they do not equal destiny and are somewhat fluid is yet truer when it comes to the child with Asperger’s. I have repeatedly seen children with Asperger’s who—coming to me with records full of explicit and dire prognoses from senior clinicians, hospitals, and learning clinics—went on to pulverize the glass ceilings that were set well beneath their potential. Like Fritz V., the boy whose school had referred him to Asperger’s clinic after deciding that he was “‘ineducable’ by the end of his first day there” (Asperger, 1944/1991, p. 39), many of the children were found to be varying degrees of untestable by their experienced clinicians. And as has been the
findings of today’s researchers, testers, and myself in my practice, Asperger’s team found that for all their intellectual strengths, these children could be uncooperative, unmotivated, distracted, and socially apprehensive in the testing room. As a result, the test findings often failed to adequately portray the child’s optimal cognitive abilities. For that reason, and ahead of his time, Asperger wrote, “We adapt the way we test according to the personality of the child, and we try to build up good rapport. Of course, every good tester would do this anyway,” adding that the assessment task “demands experience” (p. 53).

For example, one boy I treated came to me with an up-to-date assessment from a comprehensive learning center clinic where a neuropsychologist had found him to be in the borderline range of intellectual functioning. Though she described him to the parents as the most challenging child she had ever tested, she did not hesitate to hold his results as valid and to predict to his parents that he would soon need a self-contained residential school, that he would never be able to engage in much learning, and that his parents should start making plans, financial and otherwise, to provide for what would be a lifelong and sheltered dependency. “It felt like they’d torn my insides out with their bare hands,” Iggy’s kind and devoted mother said as she revisited that memory many years later, after her son, now a man, had graduated with honors from a public high school and college and was gainfully employed in business management and well connected to people at work and home. “It was as if they’d told us that we had no reason to hold out any hope for our son. And what if we’d listened to them?” she asked. “Where would he be now?”

I can’t blame the tester for having found Iggy difficult. He had been one of my most challenging therapy cases, too. For weeks, he wouldn’t move out from under a chair; he spent other weeks hiding behind his mother’s legs from where he would grunt and spit at me. At that time, I couldn’t have gotten him to do one small thing for me, much less engage with a lengthy and demanding test battery. That his tester was able to get him to do enough work to score at the borderline level is itself a testimony to her skill and rapport building. My issue with the testing has more to do with what was made of it. Given the multiple ways in which Iggy couldn’t and wouldn’t comply and produce in the testing, how could the results not be qualified as something less than valid? I fully grasp that his performance reflected his then current level of functioning. Indeed,
that was what he was like in school. But that in no way showed his true intellect, capabilities, and what he could eventually learn and attain. And to make such predictions? The powers of self-fulfilling prophecy are to be respected. What horrors can come from experts authoritatively prophesying gloom and doom to parents of a young child! Why, I had wondered, couldn’t they have told his parents something such as, “Given that Iggy was so frightened, fidgety, distracted, uninterested, preoccupied, exhausted, and so forth, the best he could do and the best we could elicit, was . . . ” What made them so sure that they knew all that he would never achieve or grow into?

There are children with Asperger’s who love the intellectual challenge of a testing, a puzzle for their mettle. But it is not uncommon for many other children with Asperger’s to not like it at all—to fear it, hate it, oppose it, defy it, hide from it, and maybe even fight it (and the tester). Such children do not produce much and do not give much of an effort. Of no surprise, their scores are low, often below or well below average in intelligence. But over time, as they grow in so many ways, they become more able to engage with the tester and the testing, perhaps showing motivation to do the best they can. The assessments start to grow valid, and we find the children are found to be of average intellect or brighter. I have seen many children whose IQ scores from young childhood through young adulthood go steadily up. The significance of this is not so much that they get higher scores; it’s that as they psychologically grow, with all that can mean, their capacity to summon and apply their intellectual powers can rise and rise—not just in the testing cubby but in the classroom, at work, at home, and in their lives. Please forgive my rant here. I know that much of my protest is now obsolete and that testing today takes these things more into consideration.

**COGNITIVE STYLE**

While we wish to help the child with Asperger’s cope with and extend her intellectual capabilities, applying them more fully, we must first and ever work with the reality that is, at any instant in time, the child’s way of thinking and processing. Meeting the child where she is—a basic tenet of psychotherapy—is respectful and more likely to engage the child, whatever the therapeutic matter or aim at hand. It also is the surest
route to creating a meaningful moment of life teaching. Consider what can be done with some cognitive traits common to the children with Asperger’s.

“I asked for tuna on toast, not egg salad.” Terence’s knuckles were bleeding, but he kept picking at them. “Tuna is tuna, and egg salad is not tuna,” he said. Though the chair was not a rocker, Terence’s rhythmic back-and-forth accelerated. “Tuna. Tuna. Tuna! I said tuna. I did not say egg salad.”

Terence had spent the session talking about tuna and egg salad. He had in fact asked for tuna. But the counter waitress had ordered and brought him egg salad. I knew, because his probation officer had filled me in on the whole story. When the waitress brought Terence an egg salad sandwich, he in layman’s terms had gone ballistic, screaming at the young woman that he had ordered tuna, not egg salad. Hearing the ruckus, the cook came out. It escalated until the police were called. Knowing Terence well and that he came to the clinic, the police brought him in. The probation officer understood and was very sympathetic to Terence’s situation. But she emphasized to me that he couldn’t just keep going off like that. “He’s going to end up in jail,” she warned me, adding that it’s the last thing she wanted and the last thing, she knew, that would help Terence.

When the police brought Terence to the clinic, I was tempted to get right down to business. I needed to get through to him that he just couldn’t behave so poorly, to make him see that he was his own worst enemy. “Keep it up,” I would have liked to say, “and you’ll end up in jail. And you know what kind of food you get in jail? They won’t be asking whether you want tuna or egg salad.” But I knew that kind of confronting wouldn’t help Terence at all. Instead, I tried to express the feeling that I suspected lay underneath his upset.


“You were so disappointed. You wanted tuna.”

“Tu-na. Tu-na.” Terence spoke louder and faster.
“She frustrated you.”

“Tu-na. Tu-na,” Terence said once more.

We were down to the last 5 minutes of our hour. The police were waiting to hear how it went with Terence and to get word that he had gotten the significance of what he’d done. I had worked long enough with Terence to know that I couldn’t directly ask or force him to say or do anything he didn’t want to. Feeling helpless, I reminded myself to listen to what Terence said. And that was the key.

“You are right, Terence. Tuna doesn’t even sound like egg salad,” I said. Terence’s rocking slowed a bit. “Listen to me, Terence, and you tell me.” Terence sat up straighter. He stopped slapping his hands and cupped his ears toward me. “Ready?” I asked.

“Ready,” Terence replied.

“Tu-na,” I spoke slowly. “Should I say it again?”

Terence nodded.

“Tu-na,” I repeated. “Now, listen to this one. Egg salad. Egg salad.”

His forehead wrinkled in concentration. “You tell me. Do they sound alike?”

“Nope,” he said. “They don’t sound alike.”

“This can only mean one thing, and you know what that is?” I asked. Terence waited for the answer. “If you said tuna and she brought egg salad, she must have…”

“Screwed up?” Terence replied.

“Bingo,” I exclaimed.

Terence’s face beamed.

“You figured it out!” I told him.

Terence’s eyes got teary. “She didn’t mean to hurt me. It was an honest mistake.”

“No, Terence. I think you are right. She heard you wrong, and that was a mistake. But it was only a mistake.”
Terence cried openly.

“I’m sorry,” he said through his choking sobs.

Having gotten me to understand, on his own Terence decided to tell the police that the waitress had made a mistake, that he took it wrong, and that he would like to apologize to her. The police listened, saw his tears, and let it go. Over time, Terence came to discuss the incident in more detail. He spoke of how people frequently misheard him and how it hurt and enraged him. He eventually learned to grow more adaptively assertive. Months later when a similar situation occurred, he politely asked if his order could be corrected, which, of course, it easily was, bringing Terence joy and pride in his patience and ability.

Though we could conceptualize this incident in terms of feelings and that would be justified, the magic of the moment, I believe, owed its debt to a synchrony between the therapist and client at the level of cognition. Terence’s thinking was rigid and perseverative. As long as I stayed on the level of affect, our discussion was stuck. When I finally understood what Terence was telling me, how the incident and feelings were being perceived in his own head—“tuna doesn’t sound like egg salad”—the therapy moved onward.

The value in our staying with the child’s thinking and cognitive style cannot be overstated. One girl explained her social world to me in terms of numbers. Even-numbered groups of people (e.g., 2, 4, and 6) were problematic, because those numbers are divisible by 2. Odd-numbered groups of people (3, 5, 7) were problematic, because there’s always a remainder of 1. My “wordly” attempts to talk of loneliness, partnering, and rejection left this child cold. When I responded in her language of arithmetic, however, I touched this girl deeply. “You’re right. It’s either all two’s or a one left out,” I said. “I never realized math could be so unfair.” “It is,” she replied. “Math can be very unfair.”

Eventually, the girl verbalized her sense that numbers could represent people and relationships and she came to expand the hidden meaning of her last comment. Her advanced mastery of mathematics had for years been her forte and her love. But as she passed through adolescence, she could feel lonely doing math. She described wishing that she had more friends and a boyfriend and that she could know how to be with them without needing a complex equation to calm her.
NEED FOR SAMENESS

Anyone who works with children with Asperger’s soon observes a need for constancy that can range from an inclination to a singular quest. Younger children with Asperger’s can oft times notice when I’ve moved a marker or mug on my desk. It’s as if they possess some sort of radar that picks up every tiny change in the environment. Some children rush to move the mug back to where it was, restoring the scene to its original state. And I let them. Over time, children may come to accept verbal confirmations of what they’ve seen: “You don’t like that space where the tape used to be”; “You want my office to stay the same, always.” The children frequently respond with sad, worried nods or subdued yeses.

“There!” Seven-year-old Daria wasn’t kidding. She pointed at my big, blue armchair. For all of her colossal timidity, she meant what she said. She directed me with all the determination and authority her little hand could muster. I stood up from my gray desk chair and moved over to where she wanted me. I sat down. “I’m supposed to be here?” I asked. Satisfied, Daria returned to her block building.

Daria was a handful for her parents and her teachers. She combined exquisite delicateness and shyness with a ferocious need to control. With a chuckle and concern, her teachers described how Daria would try to move the other children like furniture. She would walk up and rearrange other children’s and the teacher’s desks. When she couldn’t, she’d cry and throw tantrums. I indulged Daria’s demand that I sit in my chair. I gently nudged her when she tried to control how I related to other objects in my office. Each time that I took a sip of water, Daria moved my glass back to the place where she thought it should be precisely. I went along until I thought I saw an opening to make it a bit of a game. Each time Daria moved my glass, I slid it back an inch.

“No, no! You can’t do that!” Daria yelled in frustration.

“But it’s my glass,” I said.

“Then it’s my glass!” Daria replied, again moving it. She held on to the glass with both hands.
“Now it’s your glass and I can’t move it?” I asked.

“Hmmmph.” With all of her might, Daria held the glass in place.

I suppose I could have done some tough love therapy, provoking her by gluing my glass tight to where I wanted it, sliding it every which way, telling her that it’s mine, or maybe by messing her blocks and seeing how she liked it. Any and all of this might have worked. However, I chose to work with her way of cognitive style, which included a need for sameness. That need may have grown into a full-sized oppositionalism. But I couldn’t afford to forget where it had gotten started, in her Asperger’s-related brain differences. Rather than going head-to-head with her need for sameness, I played with it by showing Daria small and gentle reactions that confirmed, challenged, and stretched her. When she made demands, I approximated her requests, partly giving her what she asked for while leaving her to accept a bit of me, reality and the resulting frustration. Slowly and steadily, Daria’s ability to accommodate changes at home and school grew. Time and time again, I’ve witnessed children with Asperger’s use therapy to play out these issues and in doing so grow less needy for sameness and less needing to control parents, teachers, and peers.

One could suggest that the best thing for these children would be sloppy, unreliable, unaccountable therapists who arrive to appointments early and late, take lots of vacations, frequently cancel or reschedule appointments, and convey little constancy. The tone of my question gives away what I think the answer is. To these children, sameness is not a frivolous wish; it’s an absolute need. Changes frighten and unnerve them deeply. Changes can arouse unspeakable apprehensions and terrors involving loss, danger, and the hurts of everyday life. For example, one child’s distress around inconsistencies in my office and therapy evoked fears that I was dead and gone.

**OBSESSIVE INTERESTS**

You might be familiar with what Gillberg described as the child’s “all-absorbing, circumscribed interest in some area such as meteorology, astronomy or Greek history (or indeed any area),” an interest that “goes to extremes, excludes most other activities, [and] is adhered to in a repetitive way and relies on rote memory rather than meaning and connections” (1989, p. 520). These interests can last for a long, long time, as they did with Luc, a very bright boy who I treated.
Luc was very bright. His standardized test scores put him in the 99th percentile. Yet, he had extreme difficulties at school. Two private schools had expelled him permanently for disruptive and hostile behavior that no one could manage and that was usually aimed at a popular, socially facile child. Luc loudly and publicly ridiculed peers and staff and questioned their intelligence and competence. When called on his behavior, Luc's only reaction was to mock the adult who confronted him.

Throughout his treatment, Luc spent his sessions lecturing me on issues of politics and government. At first, his lengthy rants sounded to be verbatim transcripts from talk radio, full of hateful speech and extreme ideas. Even when his life was falling apart, Luc couldn't be budged to face what was happening. He preferred to voice his complaints and stress through hour-long monologues that debated right versus left, poor versus rich, and so on.

Early on, I mostly listened, checking here and there that I'd heard Luc correctly. I showed respect for his thinking, though it could offend me morally. I would occasionally try to reason with him and show him a more balanced view. But it was always for naught and would lead to either withdrawal or a sudden belief that he no longer needed the help of therapy. Premature attempts to uncover the psychological and interpersonal meanings of his tirades fell flat. Sometimes, he went on as if I hadn't spoken; other times, he would shut me out with conscious determination.

What turned out to work most effectively with Luc was my intellectually going to where he was. “But poor children can’t help being poor” flew in one ear and out the other. I would instead make comments such as “You’re just stating facts about the world.” Luc would smile, say “exactly,” and his viewpoint would soften, expand, and evolve. Luc's monologues gradually acquired a bit of mutuality. He would ask me my opinion, though he'd immediately dismiss it. Or he'd invite me to debate him on a point, only to quickly ridicule my argument. Rather than behaviorally reward good (and polite) behavior, I slowly brought awareness to Luc's rudeness. “Why thank you very much,” I’d say with a smile. Luc would laugh and rephrase what he'd said to be less negative.

Luc's hours spontaneously morphed from singular and angry monologues to lectures with questions, debates, and vigorous discussions full of humor and reciprocity. The social and personal meanings of his ideas and obsession grew clearer and more undeniable. The people that he once held such broad and degrading prejudice for became, in his intellectually broadened vision, respected
competitors for an American dream that Luc feared he would never attain. Luc once believed it was because of his whiteness, goodness, and deservingness. But he came to acknowledge that the more likely reason for his failure to achieve was due to himself and his behavior: his learning disabilities, his social anxiety, and so forth. Paralleling the evolution of his preoccupation with social issues, Luc’s grades, athletics, and friendships all blossomed. Luc finally came to therapy and talked about his problems more directly. He still talks about politics and society, and when he does, I am glad to oblige. By running alongside the intellectual fence that Luc exerted such effort to erect, we found the shortest and speediest route to his emotional life and lasting behavioral change.

What Attwood calls the “circumscribed interests” of the child with Asperger’s can take many forms. Younger children can grow obsessed with a toy, a game, or a book. In older children, the matter can grow more complex, extensive, arcane, and involve greater effort. In girls, the interest can focus around dolls, animals, and fiction (the same things that can occupy nonautistic girls). As clinicians, we observe such interests and, using our own curiosity strive to understand what they mean for the child. As Attwood illustrates (2003b), such interests can both facilitate and obstruct the child’s daily existence. I, for example, have known children who are so busy with their own interests that they have no time for school work. Obsessive interests can get in the way of home life, leaving parents needing our guidance on how to manage them (Bashe & Kirby, 2001). In short, I find it to be an ever moving give-and-take that simultaneously accepts, sidesteps, and extends the child’s interests. (See Attwood, 2003b, for other strategies and a more thorough and highly relevant discussion.)

**HONESTY**

I was talking recently with a psychiatric nurse who worked on an inpatient unit for adolescents. She was telling me about an admission the night before over which there had been some discussion of whether the teenager had Asperger’s. She had been going through an interview inventory and had asked the boy whether he had been having sex.

“Oh yeah,” the boy replied. “All the time.”

My friend, the nurse, waited.
“Well, not all the time. But a lot.”

_Pause._

“Here and there, actually.”

_Pause._

“Well, not that often.”

_Pause._

“Truthfully, never.”

_Pause._

“But I think about it all the time.”

That candor, the nurse said, sealed the diagnosis for her. Though it is far from a hard rule, the fact is that many of the children with Asperger’s we’ll meet happen to be honest to a fault. As Simon Baron-Cohen explains in his fascinating commentary “I Cannot Tell a Lie” (2007), neuroscience suggests that children with Asperger’s are “hardwired” to be that way. This honesty can reveal itself in many ways, both good and bad, so to speak.

Intellectual honesty is a good thing. Many of these children are not just fact-checkers. They are truth seekers, driven to understand what makes a theory hold together or what makes an object function. They live by an integrity of knowledge that may in the best of circumstances carry them to careers—such as scientists, professors, and writers—where their deep and abiding sincerity will be both an admirable trait and asset, where their profoundly sincere way of looking at the world is understood, shared, confirmed, and rewarded with respect and companionship. These children do not want glib and easy answers; they want the truth.

But of course, not everyone can take the truth. As Kenneth Hall, a boy with Asperger’s and author of the fascinating _Asperger Syndrome, the Universe and Me_ , wrote, “[I]f a 790 lb lady asked if she was fat then you would say yes” (2001, p. 65). These children are the ones to say what everyone else might really be thinking when Great Aunt Ethel asks how the Thanksgiving table is enjoying her raisins suspended in tangerine-flavored gelatin. “Your breath smells.” “You farted.” “Your haircut makes you look like you’re wearing a toupee.” _Thank you, thank you very much_. I, for one,
do not try to teach these children to be white liars. Such reframing of the truth might be good social grace, but it totally asks the child to be untrue to herself. What do I do instead? I engage them in making euphemisms, playful word shaping that allows them to be sincere and a tad more tactful. I talk to them about qualifying what they say. They learn that asking “Do you really want me to tell you what I think?” isn’t such a bad thing to say before stating their opinion. “I’ll happily tell you what I think about the pie, but people say I can be a tough critic,” is another. And then, for some children, one of the hardest lessons they learn is that not saying anything is an option, too.

I agree totally that honesty in the child with Asperger’s is to be respected, admired, and cultivated as much as it would be in any other child, including one built to be a scoundrel. This trait of honesty—which can run contradictory, so it seems, with the child’s relatively weak need to share what he feels and experiences—is an unequivocal advantage in doing therapy for both child and therapist. Children with Asperger’s quickly grasp my saying that they can refuse my queries or tell me straight on that they would rather not tell me something. Even when feeling little urge to share any experience with me, the child likes knowing that not only can I hear the truth but that I prefer it that way.

**SELF-ACCEPTANCE AND COPING WITH LIMITATIONS**

There are many paths to self-acceptance. Here, I refer to children’s self-acceptance of who they are intellectually and cognitively. Such acceptance is key to the child’s fulfilling her destiny, being all she can be, academically and otherwise. While the road to self-acceptance is arduous and rocky, it can begin in any child at most any age.

“Go ahead!” Judy Ann squealed. “Ask me another one.”

“What about pizza?” I asked.

Judy Ann thought. “The BSG’s favorite food for every sleepover. Yes!” She punched the air in triumph, then laughed. “They call pizza a food group. Ask me again.”

“Let’s see, how about . . .” I looked around the office to get some ideas, “a juice box?”
Judy Ann smiled broadly. “Avery sipped the last of the juice into her mouth. One more question, please!”

Judy Ann had come in that day asking if I’d remembered the names of the *Beacon Street Girls*, a book series that she adored and that according to her mother had for months been consuming Judy Ann’s free time. My recalling three of the names and almost the fourth pleased Judy Ann and led to her asking me to test her on the books. I had started easy and asked if any of the books had music. Judy Ann said at least two. She gave the books’ titles and then described a singer at a beach party and a karaoke contest. Handling my questions with ease, she pushed for harder ones.

“How about a hair dryer?” I asked. Judy Ann closed her eyes. “Stumped?” She held up her hand for me to hold on.

“There’s a hair curler in *Crush Alert,*” Judy Ann spoke with excitement. “Katani’s coming over to give Charlotte a makeover. More, please, more!”

Judy Ann and I were well into our second year of therapy. She had begun in a very painful place (as I’ll tell more about in Chapter 9). Although Judy Ann had been making good progress with friends, her obsession with reading concerned her parents. For example, she had read every one of the 20-plus books in the *BSG* series. What troubled her parents most was that she would read each one over and over and over. Some days, her parents described, she would be happy doing nothing else.

“This is too easy.”

I took a few minutes to think of harder ones.

“A mosquito?” I asked.

*Freaked Out.* Maeve asks, ‘How do you get West Nile Virus?’”

“Balloons?”

*Crush Alert,* at the Valentine’s Day Dance,” she answered.

“A weird color?”
Judy Ann smiled. “This is going to take me a minute or two.” She closed her eyes and seemed to talk to herself. “Katani’s favorite color is Tuscan Gold!” she exclaimed.

“I can’t believe it!” I said.

Judy Ann glowed. “My parents think I read too much. I mean, the *Beacon Street Girls* too much.”

I asked Judy Ann how much was too much. She giggled and explained that she had read each book as many as six or more times. She added that there is “so much to see and hear” in the stories that she keeps reading them to get it all. “You don’t like missing a thing?” I asked. “I hate missing anything!” she replied.

I then asked Judy Ann how she could remember so much about the books. She said that she didn’t exactly remember everything, though she did remember a lot. She said for the harder questions, she read the books in her head. She described flipping the pages in her head and scanning the text for what she was looking for. She said that sometimes, something jogged in her mind, and other times, she actually saw the words and could read the exact sentence from the books in her head. “You are amazing, and so is your brain,” I said. “Thank you,” Judy Ann said, meaning it, her eyes welling up.

It must be tough enough to have a brain and intellect that can work so differently. The same brain and intellect can lead to interests and behaviors that push away the very children and adults whose attention, affections, and friendships are craved for so dearly. *As if it’s my fault that I’m built this way?* the child might ask in frustration. We must be wary, for when we try to discourage or extinguish the child’s interests, we risk discouraging and extinguishing who they are. Imagine if someone we adored made us feel less worthy or special because of our devotion to gardening, traveling, or the Red Sox?

My unbridled interest in Judy Ann’s interest in no way encouraged her to go off and read by herself. It did the opposite, giving her a much needed opportunity to show off her interest. When someone, including a child with Asperger’s, spends so much time pursuing an interest, we know it has to mean a lot to them and has to feel special (and vulnerable to the threat posed by others’ critiques and apathy). In addition to confirming her wish to share her love for reading with me, my interest in *her interest* opened up a
candid and enlightening discussion of Judy Ann’s thinking itself—the ways her brain and mind work.

When they’re able and the time is right, children with Asperger’s can find it very helpful to share their experiences as learners and thinkers. I am ever impressed by the ways that these children can articulate the ineffable processes that go on in their heads and thinking. In trying to understand how Lincoln, in spite of his strong intellect, found school so hard, he said that his brain was like a “file folder full of other file folders, on and on”—like an infinite loop of cats in hats—an image that captured what to Lincoln was his powerful, obsessive, and disorganized brain. He used that image as a springboard from which to elaborate his experience and to problem solve ways that he and teachers might be able to better help him to learn and succeed academically. What makes more sense than applying their own intellects to (understanding and promoting) their own intellects?

While it will be the skilled educators and allied professionals who most directly help these children to learn and perform in the classroom, we as therapists can support their efforts by helping the child come to accept her limitations and need for help. Nothing ignites the growth of a disabled child than her growing to accept her needs and to want and use the wonderful help that’s available. How do we help a child with Asperger’s get to that place?

We believe in the child, nurturing him or her and finding even the smallest kernels of motivation, caring, or interest. We don’t try to deflate or deplete her energy because it tires us; we embrace it and work to find suitable places for its channeling and expression. We take care to notice and marvel at the islands, more like continents, of intellect and skill, ever giving these best parts the spotlight they deserve. We respect the child’s self-will and the ways in which she prefers to learn, which often include a liking of self-directed learning. Rather than squash the child’s love of certain learning, we try to inspire and expand it to engage more and more, be it new information, other subjects, or life skills. Through patient and plodding missteps and repair, we help the child to learn that she can make mistakes and move on. We try to create the opportunities and conditions for the child to recognize who she is cognitively and intellectually and to know that it is better than okay. We try to help her to see that there are many kinds of intelligences and that they all matter deeply. As Temple Grandin, with her characteristic good sense steeped in a life of first-hand experience, instructs us, don’t mistake the
label for a whole child; keep in mind that each child with Asperger’s has her own style of thinking and learning, and hold high expectations for what the child can learn and attain (2008).

**PERFECTION**

Learning requires risk and mistakes. But children with Asperger’s often show a perfectionistic striving that can grow tyrannical. The child with Asperger’s can fear making mistakes so much that he will not fully engage in his learning, a deterrence as unsurprising as it is tenacious.

In her paper on anxiety co-occurring with High-Functioning Autism, Reaven presents a lovely example of how cognitive-behavioral treatment was used with a boy named James to overcome his perfectionism and the worry and self-defeating behavior that it wreaks (2009). Reaven coached James to replace his harsh self-talk with more helpful comments. Instead of “I hate making mistakes; I’ll fail math if I make a mistake on this test,” James was urged to try saying to himself that “People make mistakes all the time; being perfect is impossible” (p. 197). The hierarchy of exposure that Reaven created asked James to make mistakes on an increasingly larger stage, starting with “1. Read a sentence out loud and intentionally make a mistake reading one of the words in front of a parent or teacher” and running all the way to “9. Intentionally make a mistake on a test, do not correct, and turn in the test” (p. 197). Any therapist, teacher, or parent can only imagine what a huge accomplishment and benefit such a hierarchy would be for any child living under overly high (and self-imposed) standards, with or without Asperger’s.

It is common to see these children react fiercely and negatively to self-perceived failures. These children rip up drawings, quit projects, angrily blame their own errors on teachers and other children, and so forth. Some children in therapy will spontaneously reenact scenes of frustration and self-hatred to work through what happened. Other children require my helping hand and initiative in recreating play situations that allow them to replay and reprocess the original experience, with all of its tumultuous self-disappointment and rebuke, by reenacting situations where the child’s reaction to self-perceived failure led to behavioral explosions (Levine & Chedd, 2007).
LEARNING DISABILITIES

Executive dysfunction, attention deficits, and learning disabilities often accompany Asperger’s. As I stated explicitly at the beginning of this chapter, the Asperger’s team should include a neuropsychologist, educational specialists, and teachers with the skills and temperament to engage and appreciate the child. As strong as we may be as clinicians, we do not substitute for such professional and educational intervening. We can, however, play a supportive role in the child’s educational life.

Consider these examples. I regularly use therapy to help children deal with their frustration over school and work with child and parent to make homework less of a hardship and battle. I check in with children to ask how they like their classrooms, their classes, their teachers, and query them as to how pleased or displeased they are with their own progress and effort. I often witness and celebrate their hard work to overcome a learning difficulty. For example, I have invited children to give me a tour of their backpacks and binders, making clear my great interest and shared pride in the new ways in which they’re trying to be more organized in school. I offer children my laptop keyboard to show off the typing skills they’ve acquired to offset their illegible handwriting. I listen to what laments them about their academics—for instance, when Judy Ann confessed sadly that even after reading and rereading 20-plus volumes of the Beacon Street Girls, she wasn’t sure how to spell two of the heroines’ names. I encourage children to exploit and sublimate their special interests into forms that’ll be welcome and that can flourish in the classroom environment. And hardly last, I do much work with parents, supporting their support of the child at home and at school, doing what I can to make the parents better advocates, and, when needed, “velvet bulldozers” who can get their children’s needs heard and met in ways that build rather than burn relationships (Row, 2005). (Clinicians who consult to schools and educational programs will appreciate Silverman and Weinfeld’s thorough and well-informed guide to insuring school success via best educational practices, 2007).

CREATIVITY

Among the several sad and mistaken myths of conventional thinking on autism is one believing that the child with Asperger’s lacks creativity. It makes my blood boil just thinking about it! Nothing is further from the truth.
Back up and take note of the world that surrounds us. Our richest mines of innovation, invention, insight, and discovery are full of people with Asperger’s. I mean places like the Ivy League, graduate schools and schools of medicine and business and writing, Silicon Valley and the Triangle area, engineering departments and libraries, accounting firms and financial institutions. Asperger’s is everywhere. I am hardly dismissing the impact and challenges that Asperger’s implies. But then, there is an aspect of the broadness of normalcy, isn’t there?

We can mistakenly see creativity as confined to pastel-colored butterflies in a child’s drawing or her emotionally accessible poem about her family vacation. To create is to bring something new or different into existence. And that can and does happen all over the place, all the time. Some of this creativity happens in computer science, medicine, psychology, and every other discipline. Some creativity happens at work, where employees come up with neater, faster, or cheaper ways of getting a job done. Creativity can be seen in most every kitchen and woodworking shop; it can be seen in engineers and journalists, in bankers and librarians. And though I cannot tell you who specifically these people are, I can promise you that many of them have Asperger’s.

All children I’ve met with Asperger’s are intriguing in their thinking and ways of approaching their world. As Asperger put it, “Autistic children have the ability to see things and events around them from a new point of view, which often shows superior maturity” (1944/1991, p. 71). That lovely phrasing and the observation beneath it made me think of the way literary agents ever seek fresh voices whose words speak the familiar in new and palatable ways. If things go as they should, these children will grow enough to fulfill their intellectual dreams and maybe become creative there. But in the meantime, they are at risk of coming to share some others’ view that they, in fact, are not creative. How do we as therapists help? By treasuring what they say, do, show, and produce; by anointing with our undivided attentions and curiosity the tiny pearls of creativity that they display each and every therapy hour. Through our heartfelt presence, we let them know that their different ways of thinking bear merit and wonder.

Using whatever materials are handy, Seth ever builds lovely and oft times humorous things, as appealing as they can be complex. Teenage Lincoln takes lines from movies, cartoons, and books and weaves them into novel
combinations to create hysterics, and now teachers are noting that his school writing is taking on his own idiosyncratic perspective that’s humorous and evocative. Grown out of his prolific mythological world, Martin now writes intriguing blogs on teenage life and is working on a very good short story. Luc uses magnets and Legos to create machines that test and demonstrate principles of science. Devon experiments with cardboard blocks to build structures that are increasingly simple without losing strength. Iggy ever ponders ways that his work site can be greener, efforts that recently earned him recognition as employee of the month. Young Brady used the sticks from Tinker Toys to hit everything in my room to see what they sounded like, after which he played songs by doing so. Tiny Sheila would use blocks and figures to construct elaborate movie scenes that ultimately featured a theme related to her aggression and the remorse and loneliness that often followed. Judy Ann worked to find faster strategies for assembling puzzles and worked out new dance steps for her jazz dance. And you probably don’t recall Carlos, the Wediko camper from the Bronx. He made a fishing pole out of a branch and by trial and error learned to cast so lightly and quickly that he could catch sunfish after sunfish in the same pond that defied all the other kids and staff.

There is no question that the child with Asperger’s has plenty to work on. But we must be careful not to forget the other stuff, too—those natural gifts and talents. This “beautiful otherness of the autistic mind” has been relatively overlooked in both brain research and education of children with Asperger’s (Happé & Frith, 2009). I would go further and suggest that our professional focus itself has been askew in terms of what can promote the child’s growing into all she can and wishes to be. Both the science and lay media have made it easy and likely to conceptualize the talents of the child with Asperger’s as savant skills that rise like “islands of genius” out of a sea of handicap nowhere (Treffert, 1989, 2009). This limiting purview has been further compromised by the realities of school systems. It’s a challenge to meet the needs of a child who all at once can be so bright, capable, and disabled, particularly by teachers already overburdened to meet the collective needs of a classroom. Gifted and talented programs, never the norm, have grown rarer in these harder economic times. Ellen Winner (1996), who studies both giftedness and creativity, reminds us of our duty—parental, educational, and social—to
foster exceptional talents. Listen to what Winner wisely cautioned in a 1996 interview:

“I know it sounds elitist, but I think it’s unfair to treat these children like you treat everybody else, because they’re not like everybody else. They know and understand too much too soon and they are feared as strange, oddballs or freaks. But they are America’s future leaders and are much less likely to become successful, creative adults if they don’t have the right kind of education.” Not all the children she studied had high IQs, as one might expect, nor were they well-versed in all academic and artistic areas, Winner said. However, each of the children displayed an obsession with a particular skill and, whenever possible, looked for or created opportunities to express their specific talent. One with a fervent interest in painting constantly recruited playmates to be his models, for example; another seemed to turn every situation into a mathematical equation, such as calculating distances every time she passed a road sign while on a car trip.

(Howe, 1996)

When children with Asperger’s don’t “find a compatible learning environment most such children will fail to realize their potential and suffer from some degree of under-achievement and frustration. For the intellectually gifted child with a learning disability this is doubly the case” (Rowley, 2001, p. 11). Whatever their nature, the children’s strengths, intelligences, and interests need constant feeding and challenge. Just because some children cannot do more basic or rote work doesn’t preclude them from needing individualized music study, creative writing tutoring, or advanced math instruction. Programs such as the Johns Hopkins’s Center for Talented Youth (CTY) and Stanford’s Educational Program for Gifted Youth (EPGY), which offer summer and long-distance, self-paced curricula in many subjects, can sometimes fit a child who in other ways does not manage school well. Nothing, by the way, buoys a child’s working on deficits than the satisfaction and pride of taking his strengths to new heights.

Nurturing the talents and interests of children with Asperger’s may hold extra treasures, too. Children with Asperger’s can sense the emotional impact of music (Heaton, Hermelin, & Pring 1999). They often
share a love of words and writing. And given their passions for less seemingly romantic endeavors, such as science or math or historical facts, is it possible, or even likely, that many subjects besides music can sing to these children and touch their souls? Perhaps honoring and feeding their talents and preoccupations is itself an effective intervention for developing their emotional and communicative selves.

Not every talented child has Asperger’s, and not every child with Asperger’s is savant (Happé & Frith, 2009). And of course, a majority of these children’s talents do not reach the level of a savant. Maybe, we will do best by following Temple Grandin’s advice to not focus too much on the Asperger’s diagnosis or label (2008) and instead strive to see the child in his own completeness and reality. Perhaps the child with Asperger’s will fare best when we can take his unusual and unique strengths and weaknesses in stride with an even mix of marvel and responsibility, remediating, supporting compensation, and promoting and enriching, all implemented with our admiration and enthusiasm.