1. Full citation

2. Abstract
Currently, there is a paucity of literature on stigmatization of adults with Asperger’s Disorder (AD). Therefore, this study examined whether young adults hold stigmatizing views towards individuals with AD and if that stigmatization is elicited by behaviors or labels. College students (N = 195) read one of six vignettes. A modified Social Distance Scale (Link et al. 1987) was used to assess stigmatization. A 2 x 3 analysis of variance revealed that the social behaviors commonly observed in AD significantly impacted stigmatization scores, while the label, “Asperger’s Disorder,” did not. These findings have important implications for future research, educating the public, providing support services, and treatment recommendations for individuals with AD.

3. Summary (In your own words, that make sense when skimmed)
   a. Purpose of study (problem statement and/or research question) This study is an experiment to see how college students view social behaviors associated with Aspergers syndrome, and whether there is a stigma associated with the label.
   b. This study sought to examine whether adults hold stigmatizing views towards individuals with AD and whether behaviors, labels, or both evoke such stigmatization
   c. Framework (conceptual or theoretical framework guiding inquiry) There is stigmatization against these individuals either based on behavior or label of AD.
   d. Population and sample (size, inclusion/exclusion criteria, representativeness, single/multi-institutional, cross-sectional or longitudinal)- 195 participants, college undergraduate students at least 18 years old, taking psychology courses at Auburn
   e. Overview of methods (type of analyses, statistical tests, valid)
      Utilized with a modified version of the Social Distance Scale to assess stigmatization of adults with AD.
The Social Distance is a self-report questionnaire. Questions from a modified Social Distance Scale were used to measure the amount of stigma participants held towards the individual described in each vignette.
      Have participants read vignettes with two independent variables: label and behavioral description
   • The presence or absence of the label, “Asperger’s Disorder.”
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- There were three levels of behavioral descriptions: (a) social behaviors indicative of AD, (b) milder social deficits than is typical for individuals with AD
  f. **Variables** (or broad topics/sources of variance for qualitative studies)
    i. Control/Background variables - Social Distance Scale & Demographic Scale
    ii. Independent/Predictor variables of primary interest - Diagnosis of Asperger’s
    iii. Outcome/Criterion/Dependent variables - response to vignette

g. **Findings/Results** (not everything, but the most important and/or surprising)
   - Average participant rated their knowledge of AD “none to moderate” and 2/3 indicated that they had to exposure to an individual with AD
   - It is the atypical behaviors associated with AD that influence stigmatizing attitudes towards individuals with AD, not the label of the disorder
   - The label of Asperger’s Disorder did not significantly impact stigmatization.

h. **Implications** (for research, policy, and/or practice) - more awareness of AD, treatment of AD should target behaviors and social interaction, policy work to end stigmatization because it does exist

4. **Critiques & Limitations (In your own words, that make sense when skinned)**
   a. **Conceptual** (definitions, frameworks, problematizing) At the time of this study, Asperger syndrome was still applied as a diagnosis. This is no longer the case – would the findings still be relevant if the label was ASD instead of AS?
   b. **Data** (sample, missing data, instrumentation, variable/scale selection) results limited to small sample of college students that is not a random sample; self-reporting leaves room for careless responding and positive impression management
   c. **Analysis** (statistical procedures, poor validity/reliability, untested assumptions) The researchers utilize various statistical methods to analyze their data.
   d. **Interpretation** (consideration of alternate explanations, logic of argumentation)
      - No prior knowledge of behavior leads to stigmatization (not just behavior alone)
      - The authors suggest that mental health has become less stigmatized in general lately, and that educational outreach efforts have been successful in lessening the stigma for those with AS.
   e. **Application** (transferability, feasibility/practicability, method for implementation) The study is generalizable to Auburn students taking courses in psychology, not to the larger student population. However, the study could be replicated with a sample of the larger IHE student population.

5. **Follow-Up**
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a. **Little Questions** (clarifying questions about substance, confusing sections) what exactly were the behaviors being depicted by AD vignettes?

b. **Big Questions** (big-picture questions/issues/ideas prompted by study)
   - Do only young adults hold these views? Or do older adults as well?
   - How would the findings change if the students were not psychology students, and thus might have less knowledge of this population? How would they change if the label was ASD instead of AS? Would this be more stigmatizing?

c. **Next Steps** (areas for further research, need for intervention, policy suggestions)
   Implement this test with other populations (besides Auburn psychology students).
   Further research should be done using this methodology to study how the findings would change with the update to ASD labels as according to the DSM-5.

d. **Other Resources** (important references, instruments, datasets for subsequent use)
   The authors describe modifications made to the social distance scale as used as an instrument, but the tool is not included as an attachment, thus making replication of this study difficult. However, they do include behavioral descriptions of the vignettes they used in Table 2.