

Anna SZKOLAK-STĘPIEŃ
ORCID 0000-0001-5957-5616
*Uniwersytet Pedagogiczny im. KEN
w Krakowie*

Asperger Syndrome — Case Study

Abstract

The article describes an attempt at initial diagnosis of the symptoms in a pupil suspected of having the Asperger Syndrome. Empirical part of the article titled *Case Study* is anteceded by definition of Asperger Syndrome, statistical data presenting the problem and list of criteria used to diagnose the syndrome, based on Gillberg's criteria.

Keywords: Asperger Syndrome, diagnosis, Gillberg's criteria

Introduction

In modern times, when almost everyone has unlimited access to the Internet, science and pop-science literature, when professional help from the field of psychology or psychiatry is sought with less and less sense of shame, providing help to a child suffering from any kind of difficulties related to developmental disorders becomes increasingly simpler. Tools and methods used for diagnosis are becoming more available and interim help is within reach of every teacher and parent.

Asperger Syndrome — definition

Asperger syndrome (AS), also known as Asperger's, is a developmental disorder from the autism spectrum. "Autism spectrum is understood as abnormalities in cognitive, social, emotional and behavioral areas, which significantly impede development and ability to function of a person in everyday life" (Grygier, Sikorska, 2008, p. 99).

www.czasopismoppiw.pl

Significant abnormalities of social interaction, interpersonal contact and ability to cooperate with one's surroundings and peers are distinctive for AS. Presence of such symptoms leads to patient's isolation and exclusion from the group, which in turn leads to even further alienation. It is typical for the people diagnosed with AS to feel the emotions very intensely and — at the same time — to have troubles with identifying and understanding both emotions and reactions of other people (Attwood, Wolff, Kutscher, 2007). "Asperger Syndrome is therefore one of the milder psychological disorders, affecting first of all the social and emotional spheres of the patient" (Chromik-Kovačs, Banaszczyk, 2017, p. 15).

Asperger's Syndrome in numbers

Based on the report presenting situation of children with AS in Poland, it is clear that syndrome is more common in boys than in girls. Out of 153 pupils who were diagnosed with the disorder 17 were girls and 136 were boys.

The study also included age stratification — from 2 to 14 years old. Parents of 38 children noticed first symptoms when their offspring was 3 years old, 33 parents noticed it when their child was 4 years old and 21 parents noticed it when the child was 2 years old. Accurate diagnosis was most often made firstly in 7-year old children (23 cases), secondly in 10-year olds (21 cases), and thirdly in 6-year olds and 12-year olds (18 cases). The results clearly show that there is no correlation between noticing the first symptoms and making an accurate diagnosis.

The study also presented the most commonly mentioned symptoms that the parents observed in their children, they were diagnosed. Those symptoms were:

- troubles with making contacts (133 children);
- difficulty with accepting changes (124 children);
- dysfunctions in communication skills (114 children);
- motoric clumsiness (95 children);
- repetition of routine behaviors (83 children);
- restricted interests (66 children);
- poorly developed empathy (49 children).

Gillberg's Criteria

Gillberg's Criteria are one of the possible methods of classifying Asperger's symptoms. In 1992 World Health Organization classified Asperger's symptoms with criteria described in ICD-10. American Psychological Association developed their own criteria, which they described in DSM-5 publication updated in 2013, which focuses on classifying symptoms of most of the psychological disorders, including Asperger's Syndrome. For the purpose of the case study analysis, I will focus on Gillberg's criteria as they describe typical characteristics of people suffering from AS both in easy to understand and precise way.

Gillberg's criteria are as follows:

1. Severe impairment in reciprocal social interaction (at least two of the following):
 - inability to interact with peers;
 - lack of desire to interact with peers;
 - lack of appreciation of social cues;
 - socially and emotionally inappropriate behavior.
2. All-absorbing narrow interest (at least one of the following):
 - exclusion of other activities;
 - repetitive adherence;
 - more rote than meaning.
3. Imposition of routines and interests (at least one of the following):
 - on self, in aspects of life;
 - on others.
4. Speech and language problems (at least three of the following):
 - delayed development;
 - superficially perfect expressive language;
 - formal, pedantic language;
 - odd prosody, peculiar voice characteristics;
 - impairment of comprehension including misinterpretations of literal/ implied meanings.
5. Non-verbal communication problems (at least one of the following):
 - limited use of gestures;
 - clumsy/gauche body language;
 - limited facial expression;
 - inappropriate expression;
 - peculiar, stiff gaze.
6. Motor clumsiness: poor performance on neurodevelopmental examination.

Case study

The case in question is 8 years old Mateusz, who started his education in school year 2017/2018 as pupil in the first grade of primary school.

Data regarding pupil and his family situation

Mateusz is a boy, born in February 2010 and not a preemie. He lives in a detached house together with his mother and an older, 14 years old sister who was not diagnosed with any kind of developmental disorders. The mother works from home, running her own business activity — she designs and crafts handmade household accessories, as well as sews toys. She had higher education in gardening field of study. Boy's father does not live together with the rest of the family, he is professionally active lawyer living in Warsaw. Due to the distance, his contacts with the son are rare. Additional condition complicating family situation is the fact that boy's sister is a child from mother's first relationship. At the moment Mateusz's mother does not have any partner.

Mateusz never attended nursery. Before starting his education in a kindergarten, Mateusz remained under mother's care and had sporadic contact with his peers. As a 4 years old he started education in a kindergarten unit connected to primary school in a group of his peers. He continues the education in that group until today.

Mateusz's appearance does not stand out from his class — he has average height, blond hair, blue eyes and has slim silhouette. Mother takes great care to ensure that he always goes to school clean and neatly dressed.

Interview with mother

The interview with his mother revealed that until Mateusz reached 7 years old (i.e. until he started going to first grade of primary school) she didn't realize or rather didn't want to acknowledge the fact that her son might be suffering from disorder relating to his psychological sphere.

Mateusz didn't go to nursery and was the only baby in immediate family, therefore his mother didn't have any concerns regarding son's development. He was developing physically according to medical standards, therefore pediatrician didn't notice any abnormalities. Until Mateusz started attending kindergarten, nobody in the household or close circle of friends voiced any concerns about Mateusz's development or contact with his peers, as the boy rarely had contact with other children.

First symptoms of aberrancies could be seen when the child started education in kindergarten. He was unwilling to go, didn't want to play with other children and was often aggressive towards his peers. When he was in the kindergarten, he usually played alone with his favorite set of wooden blocks. He didn't want to play with other children in thematic activities or collaborative games organized by teacher, in general avoiding any kind of interaction with his peers. Form mistress always informed boy's mother about the problems and challenges that Mateusz encountered. However, as his mother admits, she didn't pay much heed to those remarks as she was convinced her son would "grow out" of such behaviors or tried to explain that he abreacts lack of male model in home.

She encountered similar remarks during later stages of son's education as well — in 5 years olds and 6 years olds groups. It is crucial to note here that each year, her son's group was governed by a different teacher, who voiced similar remarks as their predecessor. Each year, mother explained her son's behavior in the same way, "running from" the problem, as she herself admits. Each year after vacation period, despite attending the same peer group (with rare cases of new children joining) Mateusz struggled with long adaptation period which lasted, one could say, until June. Mother didn't pay attention, didn't wonder why her son is not making friends with other children despite knowing them for two or three years.

The boy does not like change. He likes each day to maintain its stable rhythm and gets angry or often furious if some sudden situation forces his mother to change plans.

Mateusz has rich vocabulary even though he uttered his first words only as a 20 months old boy. Only as a three years old he learned how to communicate verbally with his surroundings in a simple, although not always comprehensible manner. He has a minor speech impediment — lisp and mother takes him to speech therapist regularly since he reaches age of 5 years to correct it. Despite the impediment, Mateusz takes great care to spelling vowels "ą" and "ę". He accents the words in unnatural way, which makes them sound different from the ones spoken by other children.

Mateusz loves military — he has vast, extraordinary for his age knowledge about the World War II and machines used during that period. Army, military equipment and machines are main and most often recurring subjects in boy's plays.

Observation of the pupil

In school year 2017/2018 Mateusz became a pupil in first grade of primary school, which does not have classes focused on integrating disabled children with healthy ones. His class has 25 pupils, who are being taught by one teacher. Teacher in

question finished studies in kindergarten & primary education and has degree from postgraduate studies in pedagogical therapy and oligophrenic pedagogy.

From his first days at school Mateusz was showing signs that he is a difficult child to work with. He was nervous from the start, he interrupted lessons, was mean to his peers, didn't want to work in group or play any kind of physical games, in which whole class participated.

When teachers call out his inappropriate behavior during the recesses, the boy immediately becomes furious, he shouts and becomes aggressive. When teacher tries to stop the boy, e.g. because he is running in the corridor, Mateusz has no kind of self-control to stop himself from pushing the teacher back and trying to struggle with them.

Mateusz never wants to play with other children, neither during a recess, nor during a short breaks between activities in classroom. He has great difficulties with participating in P.E. classes. He lacks coordination, often stumbling and tipping over, even if there is no physical object in his way. He has troubles with catching the ball when someone throws one at him and his own throws are not accurate as well. The uncoordinated movements cause other children to avoid him as a teammate, which in turn angers him and throws him into a tantrum. In this state he is prone to bite, scratch or hit his friends with any object that lays in his immediate vicinity.

The boy does not understand jokes of his peers, nor metaphors used in everyday conversation, he doesn't laugh with the group. Any prank or joke he interprets as an attack and becomes angry — calling other children names, punching them. When he talks to his peers, he always has the same, overly serious for his age expression — no matter if the topic at hand is funny, sad, serious or casual. His expression never shows sadness or joy. When discussion happens while standing, his hands are always dangling loosely along the body, then suddenly he starts waving his arms around, which makes other children scared and wary of a possible attack.

He has troubles with focusing during the classes or on individual tasks. He becomes demotivated quickly and stops working if he does not understand the task, or if there is new type of exercise in the textbook, one that he is not yet familiar with.

Mateusz grudgingly participates in any kind of art activities, especially if they require from him precision (e.g. using scissors). His drawings are not easily legible and lack colors. When he tries to cut paper as per previously drawn lines, his work is always done inaccurately, which results in jagged cuts and figures having different shape than intended.

Unfortunately children do not understand Mateusz and don't want to enter any kind of interaction with him. Due to his difficulties he became a loner and is more and more isolated from the group.

Diagnostic tools — Gillberg's criteria

1. Severe impairment in reciprocal social interaction (at least two of the following).

Symptom	Observed behavior in Mateusz based on case study
Inability to interact with peers	Yes
Lack of desire to interact with peers	Yes
Lack of appreciation of social cues	Yes
Socially and emotionally inappropriate behavior	Yes

2. All-absorbing narrow interest (at least one of the following).

Symptom	Observed behavior in Mateusz based on case study
Exclusion of other activities	In a greater degree — yes.
Repetitive adherence	Yes
More rote than meaning	Yes

3. Imposition of routines and interests (at least one of the following).

Symptom	Observed behavior in Mateusz based on case study
On self, in aspects of life	Not observed
On others	Yes

4. Speech and language problems (at least three of the following).

Symptom	Observed behavior in Mateusz based on case study:
Delayed development	Yes
Superficially perfect expressive language	Not observed
Formal, pedantic language	Yes, despite dysfunction
Odd prosody, peculiar voice characteristics	Not quite
Impairment of comprehension including misinterpretations of literal/implied meanings	Yes

5. Non-verbal communication problems (at least one of the following).

Symptom	Observed behavior in Mateusz based on case study
Limited use of gestures	Yes
Clumsy/gauche body language	Yes
Limited facial expression	Yes
Inappropriate expression	Yes
Peculiar, stiff gaze	Yes

6. Motor clumsiness: poor performance on neurodevelopmental examination.

Symptom	Observed behavior in Mateusz based on case study
Motor clumsiness	Yes

Conclusion

Empirical part of the article suggests that diagnosed pupil might be suffering from Asperger's Syndrome. Teacher, after consulting his doubts with school pedagogue and psychologist, as well as after conducting talks with boy's guardians, should take necessary steps towards helping the child, in agreement with his parents. First the child should be directed to Psychological and Pedagogical Clinic in order for full and accurate diagnosis, as well as to choose most advantageous and most effective ways to help the boy.

Bibliography

- Attwood, T., Wolff, R. R., Kutscher, M. L. (2007). *Dzieci z zaburzeniami łączonymi. ADHD, trudności w nauce, zespół Aspergera, zespół Tourette'a, depresja dwubiegunowa i inne zaburzenia*. [Przeł. R. Waliś]. Warszawa: Liber.
- Całek, G., Kwapińska, K. (2014). *Sytuacja dzieci z zespołem Aspergera w Polsce. Raport z badań 2014*. Warszawa: Polskie Towarzystwo Zespołu Aspergera.
- Chromik-Kovačs, J., Banaszczyk, I. (2017). *Jak pracować z dzieckiem z zespołem Aspergera w domu i szkole. Poradnik dla rodziców i nauczycieli*. Gdańsk: Grupa Wyd. Harmonia.
- Grygier, U., Sikorska, I. (2008). *Mój uczeń pracuje inaczej. Wskazówki metodyczne*. Kraków: Ośrodek Twórczej Edukacji Kangur s.c.