

Research Article

Diagnosis of Atypical Autism in A Girl of 10 Years, A Case Study Carried Out in The City of Lubumbashi

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Introduction

This text relates our research carried out with a girl of 10 years, enrolled in the second year of primary school at the Balou Center (mentoring center for mentally handicapped children) located in the Quartier Jolie city of the Annexary Commune in Lubumbashi in the Democratic Republic of Congo between October 12, 2016 and December 17, 2018. During our fortuitous and then systematic observations made with the child Bernadette; we found the following behaviors:

She is shy;

She does not easily adapt Balou Center's school program;

S'He isolates herself from the other children of the Balou Center;

She likes to play in her corner;

She is indifferent, careless; and, has difficulties in establishing emotional relations with his comrades at the Balou Center;

She often makes self-harm.

These behaviors reveal the signs and symptoms of atypical infantile autism.

Based on this clinical picture, we focused our concerns on the following questions:

- The girl Bernadette aged 10, is he really a victim of atypical autism?
- What strategy can be used to reduce the likelihood of signs and symptoms of atypical autism occurring in Bernadette girl?

To address our concerns, we have formulated our working hypotheses as follows:

Girl Bernadette, 10 years old, would really be a victim of atypical autism;

The strategy to be used to reduce the likelihood of signs and symptoms of atypical autism occurring in Bernadette children could be cognitive-behavioral therapy.

In conducting this study, our main objective was to obtain reliable information about the biopsychosocial state of girl with autism in general, and the 10-year-old Bernadette girl in particular.

The aim was not only to improve the medical diagnosis for an adequate therapeutic management, but also and above all to establish an efficient psychologic-clinical diagnosis for a casuistic and holistic treatment.

The scientific interest of this study is essentially focused on the contribution of the SORC model of the functional analysis in the behavior approach that has been associated with the specific techniques of the clinical method (maintenance and observation). And, the social interest resided in the fact that the responsible persons in charge of the school and social reintegration, then of the therapy of these autistic children will now take into account the reliable information on their biopsychosocial state in general and the opinions of the expertise psychological (clinical) in particular.

In developing the present study, we used the clinical method, the techniques of maintenance, observation (fortuitous and systemic), clinical observation according to M. Montreuil and J. Doron [1], the Global Assessment of Functioning (EGF) (DSM IV

TR, 2005), for data collection, and the RS Lazarus quoted by J.-P. Birangui (2015) [2], SORC model for the functional analysis of data collected from children Bernadette.

Apart from the introduction and conclusion, our study is structured in two (2) axes: the first axis presents the quid on infantile autism; and the second axis analyzes the data collected from the child Bernadette and presents the results obtained.

What about early childhood autism?

General

The problem posed by the psychoses of the child is difficult, whether to give a definition or to specify the nosography. Since the beginning of the century, the very notion of child psychosis has not ceased to evolve; and the problems of ranking of clinical factors remain debated. During the years 1930-1940, the concept of Schizophrenia of the child emerges from the frame of the infantile dementias. In 1949, Kanner quoted by J.-P. Birangui (2019) [3], isolated from a population of so-called schizophrenic children, a number who presented with a more specific syndrome which he called "autism"; and whose main symptom is the inability to establish normal loving relationships.

The clinical forms described have also been numerous and varied. The last two are those of the tenth revision of the International Classification of Diseases (ICD-10.1990) [4] presented by WHO and the version of DSM-V (2013) published by APA [5]. This disorder is named global developmental disorders with subdivisions: infantile autism [299.OX], infantile autism with a residue state [299.01], they appear between 30 months and 12 years [299.9x], without residual atypical general disorder of development [299.8X].

Diagnostic criteria for childhood autism

All autistic disorders are classified into three categories: communication problems, behavioral problems and socialization problems.

Thus, before the age of 2, the child never laughs or smiles. He does not interact with his parents and his face remains expressionless. For example, when he is shown an object, he looks away. Behavioral disorders, for their part, include repeated gestures, motor tics, fixation on a particular object (especially rotating objects), isolation, tantrums and lack of interest in games imaginative.

Finally, autistic people find it difficult to integrate into society because they do not understand its codes or the people who compose it. They therefore lack empathy, fail to read the emotions of others, or express theirs.

Atypical autism occurs when the first signs occur late and when the disorders belong to only one or two of the above categories.

This form of autism appears after the age of 3 and especially affects children who have significant mental retardation.

Atypical autism

It is a pervasive developmental disorder that differs from childhood autism in age of onset or because it does not meet all three sets of diagnostic criteria for childhood autism.

Thus, either anomalies or alterations in development appear after the age of three, or the pathological manifestations are not sufficient in one or two of the three psychopathological fields necessary for the diagnosis of autism (social interactions, communication, restricted behavior, stereotyped and repetitive).

This latter atypicality is particularly common in children with profound mental retardation (in these children it is difficult to identify the specific abnormal behaviors required for the diagnosis of autism). It is also observed in children who have a specific severe disorder of language acquisition, receptive type; some of these children have social, emotional, and behavioral symptoms that overlap with the characteristics of childhood autism. The atypical autism that constitutes thus a clinical entity that is justified to separate the infantile autism. In short, include: atypical child psychosis and mental retardation with autistic characteristics. Finally, there are several forms of autism, including Asperger syndrome, the least severe form. Atypical autism is, in turn, an invasive developmental disorder, which differs mainly from infantile autism by the age at which the first signs appear, as well as by the character of the disorders. Atypical autism occurs when the first signs occur late and when the disorders belong to only one or two of the above categories. This form of autism appears after the age of 3 and especially affects children who have significant mental retardation.

Therapeutic approach

Therapeutic approaches to autism are varied. If institutions separate autistic children from their parents according to the theories and practices of Bettelheim quoted by J.-P. Birangui (2019) [3], others will intensively treat these children in day hospitals with the collaboration of parents.

Several times appear in his procedure and in the initial phase. Two types of programs aim at eliminating pathological behaviors that are harmful to the subject (self-mutilation) or the environment (assault, destruction and the acquisition of behaviors from which more specific learning can be established).

To this end, it seems according to Kanner quoted by G. Berquez (1990) [6], that three (3) conditions must be met: the child must pay attention to the educator, remain seated for a long enough time by inhibiting his spontaneous activities; acquire the ability to imitate the educator. Once this initial phase is complete, the team is implementing other programs that focus on the acquisition of

verbal communication, with language programs being the most important (80%).

Depending on the possibilities, some autonomy programs are planned (dressing, eating, etc.). In progress when, behaviors become more complex.

Search Results

Presentation of the child Bernadette

Bernadette, 10 years old, lives in Ruashi commune, third of the family of 4 children including 3 girls and 1 boy. She is studying in the second year of primary school at Balou Center (Supervision Center for mentally handicapped children), located in the Jolie district of the annex commune in Lubumbashi in the Democratic Republic of Congo. Two years ago, her parents (her father, Emanuel, 45, and her mother, Monique, 36 years old), divorced three months after the divorce, she became shy, she isolated herself from the others. She does not sleep, she stays awake all night whispering, she is afraid without good reason. She attends the Balou Center for her studies despite her low level of education compared to her age (second grade, but 10 years old). She is no longer interested in studies or her friends. She sometimes hurts those who approach her or hurts herself. She is distracted in class, she likes to play in her corner. She makes repeated movements of the hands, the neighborhood children often treat her crazy. She has incoherent words that nobody understands. She is often scolded by her sisters for her carelessness and indifference.

His mother Monique gives him some diazepam's (anxiolytics) to put him to sleep. Six months ago, his mother brought him to live with his grandmother; for she at least understands it. Bernadette hardly speaks and her condition does not seem to improve.

Also, during casual and systematic interviews, we observed that Bernadette has oblique eyes, her face is round, her tongue in the mouth is cracked, and her hands and fingers are short. She is small and rarely speaks in cuts.

Finally, during our interviews with her mother Monique, she told us that she was consuming excessive "Simba" beer and hemp to manage the problems of her husband Emmanuel's infidelity, then to try twice to abort with the traditional medicines (the products of plants of the forest), the pregnancy which gave birth to Bernadette.

Symptoms after six (6) sessions of interviews and observations

Her intellectual level seems to be very low;

She is not interested in classroom lessons or her friends;

She makes repeated movements of hand rotation;

She speaks of times whispering; and his words are very often inconsistent;

She often self-mutilates;

She is also somewhat aggressive and insomniac;

She has oblique eyes and round face;

Her tongue in the mouth is cracked;

Her hands and fingers are short;

She speaks in clipping (in sequence);

She is small in size compared to her age.

Clinical picture

a. From a cognitive point of view:

- Insomnia;
- Her intellectual level seems to be very low;
- She is distracted;
- She has no interest in class lessons, nor in her classmates at Center Balou;
- She speaks in clipping (in sequence);
- She has very often inconsistent remarks; and, speaks of whispering times;
- Indifference and carefree.

b. From the social point of view:

- Shyness;
- Indifference and isolation (social withdrawal);
- She likes to play in her corner;
- Aggressiveness towards the other children of the Balou Center.

c. From the Active point of view:

- Shyness (passivity and inactivity);
- Repeated movements of hand rotation;
- Self-injury;
- Aggressiveness towards the other children of the Balou Center;
- She speaks of times with incoherent words while whispering;
- She speaks in clipping (in sequence).

d. From an emotional point of view:

- Carefree;
- Indifference and isolation (social withdrawal);

- She is indifferent, careless; and, has difficulties in establishing emotional relations with his comrades at the Balou Center;
- She likes to play in her corner;
- Shyness;
- She is somewhat aggressive.

e. From the physical point of view:

- She has oblique eyes and round face;
- Her tongue in the mouth is cracked;
- Her hands and fingers are short;
- She speaks in clipping (in sequence);
- She is small in size compared to her age.

f. Personality:

- Given the signs and symptoms observed, we noted the histrionic personality

Clinical diagnosis

- Axis I:–F84.9 [299.80] Pervasive developmental disorder non specified (including atypical infantile autism) severe
- F84.3 [299.10] Childhood disintegrative disorder
- Axis II:–F60.4 [301.50] Histrionic personality
- F70.x [317] Mild mental retardation
- Axis III: Nothing to report
- Axis IV:–Parents’ divorce
- Difficulty in establishing loving relationships;
- She has incoherent words and speaks whispering
- Indifference and Isolation (likes to play in his corner)
- Social withdrawal

Axis V: After applying the Global Functional Assessment Scale (GCA), to assess the psychological, social and academic functioning of patient SM on a hypothetical continuum ranging from mental health to illness, we noted that a rating of 31 is most appropriate for the overall functioning of the SM patient. This note shows that the symptoms of atypical infantile autism of the patient SM are severe in her psychological, social, academic functioning. (Confer DSM-IV-TR, 2005, p.49) (Figure 1).

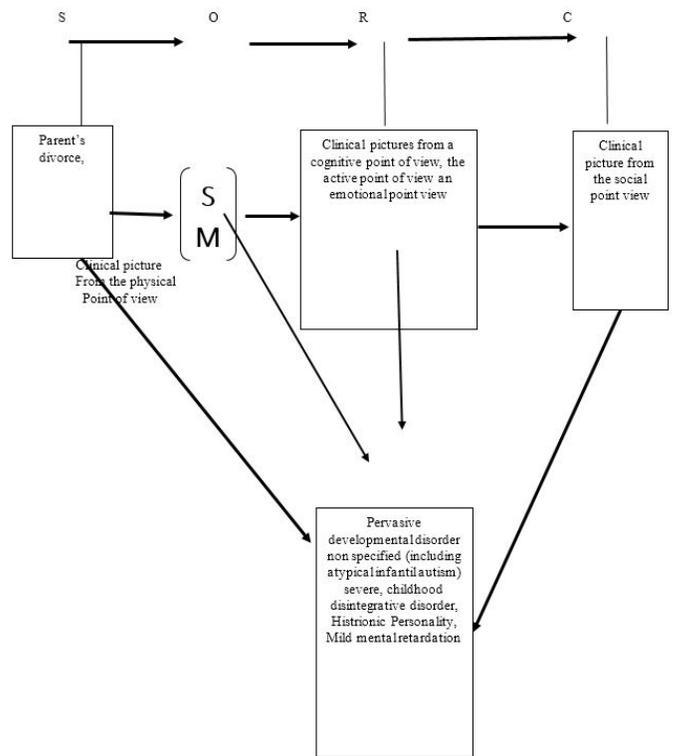


Figure 1: Functional analysis of Bernadette girl in the model SORC.

Conclusion

To conclude our research with Bernadette, aged 10, enrolled in second year of primary Balou Center (Center for mentally handicapped children). After the clinical diagnostics and functional analysis, we have noted the signs and symptoms of atypical infantile autism. Concretely the Pervasive developmental disorder non specified (including atypical infantile autism) severe, childhood disintegrative disorder, the Histrionic Personality and the mild mental retardation.

Based on the reality of the diagnostic aspects retained by our client the girl Bernadette, we have suggested the following:

Psychoanalytic psychotherapy focused on the causes to be analyzed in mother - child - father relationships (Monique, Bernadette and Emmanuel). For it is often the mother’s refusal to accept the child as another, which is at the origin of an unconscious hostility; and sometimes Mother Monique desired to reject Bernadette.

Carry out a program of education of the appropriate clinical behavior according to the behavioral problems and the mental handicap of Bernadette according to the behavioral conception: $S \rightarrow (O) \rightarrow C \rightarrow R$ (discriminative Stimulus, Organism, Behavior and reinforcer) [7-12].

References

1. Montreuil M, Doron J [2017] *Clinical psychology and psychopathology*, ed. PUF, Paris.
2. Birangui JP (2015) *Depression among wounded war veterans*, ed. EUE, Sharbruken.
3. Birangui JP (2019) *Behavioral psychopathology and case analysis*, Unilu-Print, Lubumbashi.
4. WHO ICD-10 (1990) *International Statistical Classification of Diseases and Related, Health Problems: Tenth Revision, Vol. 1* Geneva, World Health Organization.
5. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, (DSM-5)*, Washington DC, 2013.
6. Berquez G (1990) *Infantil autism and Kanner, historical study and consequences in autism and psychosis* 19-30.
7. Ladouceur R, Fontaine O, Cottraux J (1993) *Cognitive behavioral therapy*, ed. Masson, Paris.
8. Cottraux J (2006) *Behavioral and Cognitive Therapies*, in, *Medicine* 451: 25-168.
9. Kanner L, Eisenberg L (1955) *Early Infant Autism 1943-1955*. *Am J Orthopsychiatry* 26: 556-66.
10. Lazarus RS (1976, 2008) *Patterns of adjustment*. New York: McGraw-Schneider J.-J. (1916, 2008), *The Health Service of the French Army*, Ed. Verdun, Paris.
11. Kanner L (1992) *Follow-up study of 11th in 1943; French translation by Marie Rosenberg in Neuropsychiatric. Infantil. Teen* 40: 317-322.
12. Mises VR (1968) *Positivism*, ed. Mass Market Paperback, New York.