

## **Echo Case**

Richard, age 3 ½, a firstborn child, was referred at the request of his parents because of his uneven development and abnormal behavior. Delivery had been difficult, and he had needed oxygen at birth. His physical appearance, motor development, and self-help skills were all age appropriate, but his patients had been uneasy about him from the first few months of life because of his lack of response to social contact and the usual baby games. Comparison with their second child, who, unlike Richard, enjoyed social communication from early infancy, confirmed their fears.

Richard appeared to be self-sufficient and aloof from others. He did not greet his mother in the mornings or his father when he returned home from work, though, if left with a baby-sitter, he tended to scream much of the time. He had no interest in other children and ignored his younger brother. His babbling had no conversational intonation. At age 3 he could understand simple practical instructions. His speech consisted of echoing some words and phrases he had heard in the past, with the original speaker's accent and intonation; he could use one or two such phrases to indicate his simple needs. For example, if he said, "Do you want a drink?" he meant he was thirsty. He did not communicate by facial expression or use gesture or mime, except for pulling someone along and placing his or her hand on an object he wanted.

He was fascinated by bright lights and spinning objects, and would stare at them while laughing, flapping his hands, and dancing on tiptoe. He also displayed the same movements while listening to music, which he had liked from infancy. He was intensely attached to a miniature car, which he held in his hand, day and night, but he never played imaginatively with this or any other toy. He could assemble jigsaw puzzles rapidly (with one hand because of the car held in the other), whether the picture side was exposed or hidden. From age 2 he had collected kitchen utensils and arranged them in repetitive patterns all over the floors of the house. These pursuits, together with occasional periods of aimless running around, constituted his whole repertoire of spontaneous activities.

The major management problem was Richard's intense resistance to any attempt to change or extend his interests. Removing his toy car, disturbing his puzzles or patterns, even retrieving, for example, an egg whisk or a spoon for its legitimate use in cooking, or trying to make him look at a picture book precipitated temper tantrums that could last an hour or more, with screaming, kicking, and the biting of himself or others. These tantrums could be cut short by restoring the status quo. Otherwise, playing his favorite music or a long car ride was sometimes effective.

His parents had wondered if Richard might be deaf, but his love of music, his accurate echoing, and his sensitivity to some very soft sounds, such as those made by unwrapping a chocolate in the next room, convinced them that this was not the cause of his abnormal behavior. Psychological testing gave him a mental age of 3 years in non-language-dependent skills (fitting and assembly tasks), but only 18 months in language comprehension.

## **Echo Case Questions**

1. What is the Differential Diagnosis? (List at least 3 diagnoses)

2. What is the most likely diagnosis and why?

3. What are treatment options?

## **Into Everything Case**

Eddie, age 9, was referred to a child psychiatrist at the request of his school, because of the difficulties he creates in class. He has been suspended for a day twice this school year. His teacher complains that he is so restless that his classmates are unable to concentrate. He is hardly ever in his seat, but roams around the class, talking to other children while they are working. When the teacher is able to get him to stay in his seat, he fidgets with his hands and feet and drops things on the floor. He never seems to know what he is going to do next, and may suddenly do something quite outrageous. His most recent suspension was for swinging from the florescent light fixture over the blackboard. Because he was unable to climb down again, the class was in an uproar.

His mother says that Eddie's behavior has been difficult since he was a toddler, and that as a 3-year-old he was unbearably restless and demanding. He has always required little sleep and been awake before anyone else. When he was small, "he got into everything," particularly in the early morning, when he would awaken at 4:30 a.m. or 5:00 a.m. and go downstairs by himself. His parents would awaken to find the living room or kitchen "demolished." When he was age 4, he managed to unlock the door of the apartment and wander off into a busy main street, but, fortunately, was rescued from oncoming traffic by a passerby. He was rejected by a preschool program because of his difficult behavior; eventually, after a very difficult year in kindergarten, he was placed in a special behavioral program for first- and second-graders. He is now in a regular class for most subjects, but spends a lot of time in a resource room with a special teacher. When with his own class, he is unable to participate in games because he cannot wait for his turn.

Psychological testing has shown Eddie to be of average ability, and his achievements are only slightly below expected level. His attention span is described by the psychologist as "virtually nonexistent." He has no interest in TV, and dislikes games or toys that require any concentration or patience. He is not popular with other children, and at home prefers to be outdoors, playing with his dog or riding his bike. If he does play with toys, his games are messy and destructive, and his mother cannot get him to keep his things in any order.

Eddie has been treated with a stimulant, methylphenidate, in small doses. While taking the drug, he was much easier to manage at school in that he was less restless and possibly more attentive.

### **Into Everything Case Questions**

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