

Asperger's Syndrome, A Story of Charlie Early Childhood

Charlie is an 18 year old male who has been diagnosed with Asperger's Syndrome. He has three other brothers, two older and one younger. Charlie's birth was normal, but labor was short and severe requiring a few seconds of oxygen to be given to him immediately after birth. As an infant Charlie would scream whenever I attempted to change a diaper or give him a bath.

Although early development proceeded normally, Charlie started with what was termed by doctors as Passive Aggressive Disorder. At eighteen months of age, Charlie started refusing to eat many foods. He limited his diet to dairy and grains, completely refusing to eat meats, fruits, or vegetables. Even though he started to walk before a year old, he suddenly stopped and decided to crawl until fifteen months of age. He had language ability, but refused to talk until four years old, preferring to grunt and point. He would go without something rather than talk or repeat a phrase he had said. Potty training was an issue due to retained bowel syndrome and refusals.

Charlie preferred to play on his own or to sit quietly against a wall or under a piece of furniture. He could remain so quiet and still for extended periods of time that you could walk right past him and not know that he was there. Charlie was fascinated with anything to do with nature (i.e., animals, plants, etc.). He would only allow you to hold him when he initiated the action, which was always of brief duration. When he was upset, you could not hold or comfort him. If the family went out socially, say to a school function, Charlie would often hide under a table or desk and growl at people who went past. At times this growling would be accompanied by his swatting at people, especially if they attempted to engage him in any way.

Charlie was put in preschool programs starting at age 3-1/2. He would often sit outside of the circle, but listened to everything that was said. In kindergarten his teacher noticed that even though he appeared not to be paying any attention, Charlie knew where she was and everything she said no matter where she was in the room. He continued to be a "loner" not engaging socially with classmates. Charlie had to repeat 1st grade due to his refusal to participate in the class for ¾ of the year. In fact, Charlie had to be dragged to school kicking, biting, and screaming. Once at school he would behave, but I would get panic calls from the school saying that they could not find him. He would be located in a bathroom stall hiding on the toilet or separating wall, or standing quietly against a hallway wall watching people go past looking for him. Until this point, the school system did not think there was a problem and my concerns had gone unheeded. Now they wanted Charlie to have professional evaluations.

Charlie's first official evaluation was at Newington's Children's Hospital in Connecticut. Both Charlie and I were interviewed together and separately along with different tests that were administered to him. The results of all this were that they suspected me of child abuse (something Charlie said while interviewed alone because he didn't understand their question), I was told that Charlie was of low average intelligence*, they diagnosed him with ADHD, and suggested I get a full psychiatric evaluation/counseling. I knew that Charlie was not ADHD. At one point Charlie spent an entire day sitting at the dining room table (except for bathroom breaks and meals) rather than write three sentences for school. He was not disruptive or restless in any manner; he just refused to write more than three words. This was not ADHD. So I set up the psychiatric evaluation.

Although the psychiatrist could not diagnose Charlie's disability, he did agree that Charlie did not have ADHD. He told me that Charlie did not have Autism, but it would benefit me to read up on the disorder as Charlie exhibited many of the traits.

These behaviors continued with Charlie receiving occupational and speech therapies, and behavior modification services through the school. When Charlie was eight years old, his father shut down with clinical depression. The family was thrown into a crisis mode. A call from the school alerted me to the fact that Charlie might be suffering from depression himself. Charlie began exhibiting suicidal ideations and acting out violently. Although psychiatric counseling and medication management were started immediately, Charlie spent his ninth birthday hospitalized due to a thwarted suicide attempt. This was the start of a year and a half of 911 calls due to violent behavior, emergency room visits, and inpatient and outpatient hospitalizations.

Counseling was problematic as Charlie was not cooperative. He often hid under the table and growled. At one point he locked himself in the men's room, refusing to come out until security finally managed to get the door open. The insurance company finally decided to send a counselor out to the house. On his own turf, Charlie finally started to respond.

We all learned a lot through this process. For one, we learned that Charlie was not necessarily ignoring us when we asked him questions and he talked about something to do with nature. Charlie used analogies with nature in an attempt to communicate with others. The counselor taught Charlie to come to us for comfort and to accept hugs. He was also the first person to mention Asperger's syndrome (then still a new diagnosis) and recommend an evaluation for it. Consequently, Charlie was finally diagnosed with Asperger's at nine years of age.

* Standardized testing has rated Charlie from low average intelligence to gifted depending on the mood he was in and external factors at the time of testing.

Names have been changed to protect identities.