The case study of language competence in children with Asperger's syndrome

(overview essay)

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Abstract: *The contribution analyzes the language competencies in children with autistic spectrum disorder, specifically with Asperger's syndrome. To diagnose an autistic spectrum disorder, the diagnostic triad has to be met. The communication, imagination and social behaviour impairment has to occur in the indiviual's clinical picture. The main part of contribution is comprised of the case studies of two boys of approximately the same age (12 years 8 months and 13 years 1 month) which have been diagnosed with Asperger's syndrome. The case studies contain information on the diagnostic triad. The aim of the contribution is to show differencies between children with the same diagnosis, especially in the communication area. To give the comprehensive picture, the case studies contain also the family anamnesis insight and the description of the current state of the children regarding their emotionality, social behaviour, play and motor activities.*

Keywords: *communication, autistic spectrum disorders, Asperger's syndrome, a case study*

1 Introduction

Communication is one of the most important life necessities participating in formation and development of each human being. It is generally human ability of using vehicles of expression to create and develop interpersonal reationships and to exchange information. Thorová (2012) rightly terms communication a golden key to learning and development of an individual. To communicate, various means can be used – listening, verbal, non-verbal or written way of communication, reading. The ability to communicate helps individuals in the course of their learning, creates and forms their interpersonal relationships, serves for thoughts and emotions expressing, facilitates the social functioning.

The comprehensive and primary means of communication is language in its written, spoken or sign form. The basic units of language are sounds whose combinations create meaningful words that can be then linked into sentences. The complex ability of speech consists of four language levels: phonetic-phonological, morphological-syntactic, lexical-semantic and pragmatic (Bednářová, Šmardová, 2011). The communicative abilities help children during their learning, creation and forming of interpersonal relations, expressing thoughts and emotions and last but not least they facilitate individuals' functioning in the society. (Klenková, 2006)

1.1 Autistic Spectrum Disorders

The autistic spectrum disorders are numbered among pervasive developmental disorders which represent the most serious disorders of children's mental development. The term 'pervasive' can be intepreted as existing in or spreading through every part of something which means that the disorder impairs the children's development deeply in many areas, afflicting all components of child's personality.Thorová (2012) considers the term 'autistic spectrum disorders' more appropriate given the specific deficiencies and abnormal behaviour which can be considered rather diverse then pervasive. From the pedagogical point of view, Průcha, Walterová, Mareš (in Pastieriková, 2013, s. 9) define autism as „the developmental disorder that manifests itself as the inability to communicate and get in touch with the person's surroundings; the afflicted person can express their wishes and needs only with difficuties and can not see that the others do not understand them. They enclose themselves into their own inner world and manifest themselves as extremely lonesome beings."

In spite of the wide variety of the autistic spectrum disorders' symptoms, for the disorder being diagnosed their presence is required in three areas.Thorová (2012) terms them a diagnostic triad which includes communication, imagination and social behaviour difficulties. Vocilka (s. 16–17, in Říhová 2011) states that the fundamental symptome of autistic spectrum disorder is „the child's inability to behave appropriately in various social situations; the child perceives the direct physical contact, a move or a sound disturbing his closed off inner world as a painful interference and so they respond disapprovingly or even ignore it."

Among the typical symptoms which are characteristic for the autistic disorders' manifestation Vocilka (1994) counts the limited ability or inability to make contacts with other people, expressing indifference to other people's display, inadequate realization of real danger, anxious behaviour in case of changes and their general refusal in daily routine, verbal and non-verbal communication's disruption, avoiding touches and physical contacts, excessive laughing or bursts of anger or even fury for seemingly groundless reason, motor agitation, unusual moves, liking for unusual

objects, inadequate eye contact, liking for rhythmic movement, impairment or even general limitation of imagination and improvisation in the course of play, tendency to identical and constantly repeated activities, reclusive behaviour and withdrawing into an inner world.

Within the 10th revision of International Classification of Diseases, the autistic spectrum disorders are embodied in the psychological development disorders whose typical features are beginning in an infant age or childhood, delay or impairment of developmental functions related to the biological maturation of the central nervous system and constant course without deterioration or temporary symptome disappearance. (http://www.uzis.cz/cz/mkn/F80-F89.html). The diagnosis code F84 covers following pervasive developmental disorders: Childhood Autism, Atypical Autism, Rett's syndrome, Overactive disorder associated with mental retardation and stereotyped movements, Other childhood disintegrative disorder, Asperger's syndrome, Other pervasive developmental disorders, Pervasive developmental disorder, unspecified.

1.2 Asperger's Syndrome

For the first time Asperger's syndrome was described by a viennese psychiatrist Hans Asperger more than fifty years ago. The symptoms determining Asperger's syndrome are specified by Vomisk, Bělohlávková (in Pastieriková, 2013, s. 45). „Likewise in the case of childhood autism, the psychological development is imperfect in the area of social interaction, communication and imagination. The social skills are considerably limited and associated with delayed emotional maturity. The syndrome's typical feature is unequal skills distribution." Asperger's syndrome is more common in boys, that is in a ratio of 8:1 as Thorová says (2012).

The communication and social behaviour difficulties which do not correspond to the child's good intellect and speech skills are key for Asperger's syndrome diagnosis. Individuals suffering with this disorder have problems with establishing relationships, it is very difficult for them to understand nonverbal communication. Facial expressions and gestures are very limited in people with Asperger's syndrome, they have unusual interests, their responds to changes can be negative. It is characteristic for them that their logic and the ways they think can be quite specific. (Thorová, 2008)

According to Thorová (2008) the speech development can be slightly delayed in the children but by the age of five the delay is equalized. Nevertheless, their speech can give a strange impression though the children speak fluently without any pronunciation defects and using fine vocabulary. Their voice shows unusual prosody, it sounds strongly mechanical and laboured. Considering particular language levels, the pragmatic level is disrupted most. The speech does not correspond with the social context of given situation.

The Asperger's syndrome's diagnostic criteria are stated by Thorová (2012). She divides them into five areas:

1. The qualitative disruption of social interaction is the same as in an individual with childhood autism
2. Repetitive stereotypical ways of behaviour, interests and activities which are identical to autism
3. Disruption in social and professional functioning areas and in many other fields of life activities.
4. Speech development is without any delay. The first words occur before the age of two, the sentences carrying communicative meaning occur before the age of three.
5. Normal intelligence. Self-serving skills are adequate to the age, adaptive behaviour with the exception of social and explorative behaviour is motivated by curiosity.

Children with Asperger's syndrome have difficulties with integration into their peers' group. Firm friendships are created only sporadically. Other problems come when the children try to understand social rules. The opinion that these individuals are not able to experience higher emotions can be regarded as overcome. (Thorová, 2008)

2 Methodology

The character of the research part is qualitative because its main aim is to bring the all-embracing picture of two children of similar age, suffering with Asperger syndrome. A case study can describe individual cases with focusing on individuals, groups of people or institutions. It can be used to compare similar cases. (Maňák, Švec, Švec 2005)

The case studies included in the contribution contain personal and family data, the description of development and current state of social behavior, communication, motor skills, play, perception and emotionality.

To colect data on the boys with Asperger syndrome, several methods were used: the method of semi-structured interview with legal representatives and class teachers, the documents studies method and the method of observation, which was defined by Vašek (in Valenta, Müller, 2007, s. 63) as „a diagnostic method determining a specific kind of perception and thinking, focused to the diagnosed person or phenomenon and whose aim is to recognize the most significant features and qualities, just as the causes, giving them rise."

The observation of each boy in his school environment took three days.

The work with children as well as the studies of their documents were carried out with their legal representatives' informed consent. To protect the personal data, the case studies do not contain any names and birth dates, any photographs or names of schools or institutions attended by the boys. It has been promised to parents the research would be going on anonymously.

3 Results and discussion

a) Case Study I

A twelve years and eight months old boy diagnosed with Asperger's syndrome. According to his social behavior, he is the passive-friendly type, having his ability of the social and emotional mutuality kept. According to adaptability, he is the high-functioning type with mild symptoms.

Family and personal history

The father is a university graduate, without any health difficulties, the mother is a university graduate, healthy. The boy was born from the first pregnancy. Currently he has no siblings. His mother says that as a precaution, her pregnancy was monitored as risk. The baby was delivered in the 37th week in a cesarean section due to age of the mother (42 years). Postnatal adaptation without difficulties.

The motor development was delayed. From the 12th month they used Vojta Therapy for rehabilitation, the unassisted walking the boy started in his 18 months.

The social behaviour development: in relation to his parents, the boy showed interest in caressing but the contact was differentiated – the distictive fixation to mother was apparent. To a small extent he was interested in social imitating plays, he imitated little in general and did not involve imitation in his plays. He required a companionship, bringing various things to show them. From the second to the fifth year of his age, he caught people's noses as a form of making contact with them.

Communication development: There were less facial expressions in his nonverbal communication. He tended obviously to the same expression, there were problems about the eye contact, gestures and shared attention. The speech development was delayed, the incorrect pronunciation persisted till his school age (8 – 9 years). The parents can not remember any milestones in his speech development, he used only single words when he was three years old.

His verbal communication reached higher degree when he was about five.

Play development: The spontaineous and creative play amost did not appear on its own, the boy needed somebody's leading.There was little constructive play, imaginative and pretend play were missing. He was spontaineously interested in clocks and in his six he was able to tell the time.

Pre-school and school care history so far

The boy attended nursery since he was two and half year old, then he went on to the kindergarten where he was educated in an individually integrating way. There were no difficulties about his behavior. Compared to his peers, his development was delayed but progressed continuously. His compulsory education was postponed twice – the reason was his social immaturity, mother fixation and slight body build.

In his seven years the boy started attending a compensatory class of regular primary school, now he is in the fifth grade. His homework takes him about one and half or two hours a day.

Current behavior description

Social behavior: The boy is friendly, his social behavior is immature. In his relationship to his parents, there is an ability of socially-emotional mutuality. He likes physical contacts but he does not offer consolation. Towards unknown people the boy is shy, kind, childish. He does not get in touch with them. His parents say he often responds unadequately to strangers, he is socially anxious. The school information mention that earlier the boy hated unknown people's touch, rejecting their caressing. His social adaptation takes rather long time, he reacts with inhibition. Towards his peers, the boy is little reciprocal, he is passive and never iniciate the contact first. In his class, he has got two friends who share his interest in computers. He has no interest in his schoolmates' company in the classroom.

Communication: As for the nonverbal communication, the boy has got difficulties with the appropriate socially-communicative body posture (he greets people with his head turned away), facial expressions and gestures. Hypomimia manifests itself, there is tendency to wear still the same satisfied and indifferent facial expression. The social smile is used just because of parents. Though the boy makes eye contact, it is not fully consistent in various situations. Gestures are used minimally, the boy flails his hands inappropriatelly, using only those gestures he has learned by practice. He does not nod or shake his head to show he does or does not agree. The boy's vocabulary is bellow-average, it would correspond to the age of eight. The whole quality of communication is at worse level, dysgrammatism occurs – he does not use reflexive pronouns and omits words. The defficiency is obvious in the semantic-pragmatic level – the boy relishes verbal rituals, there is an udistinguished tendency to stereotypical and echolalical expressing, perseveration in a demand regardless of the social context. The boy perseveres in time discussions. He talks to himself. His attitude to conversation is positive, the social aspect is not absent. Logical verbal expressing stagnates, if we need to get an information, we have to ask precisely to such a degree he could give us a precise answer, usually containing one or two words.

Free play activity: The free time content is limited in its context and creativity. The boy's interests show stereotypical and persevering character – bus numbers, a mobile, a databank, a calculator. In the short-term stretch, the interests are deflectable and they do not affect general funcioning of the child and his family more seriously. The boy is not interested in fairytales and movies, on TV he watches competition shows mainly. Some elements of imitation play occur, the boy collects sales slips and sticks them into his notebook. Imaginative play is missing.

Emotionality: Most of the time the boy does not show emotions too much. He looks satisfied. Parents inform of episodic incongruent emotional reactivity and emotional facial expressions. The basic emotions description is vague, there is a tendency to answer 'I don't know'. The boy is not able to match emotions to corresponding situations. He shows ambition. Looking at the picture of him as a baby, he cries. He has got no affective attacs (they occurred in the past when he was three, during the defiance period). He is not negativistic. Actually, he seems to be too good to his parents, he is quiet and shy. When more motivated, he can function surprisingly better.

Perception and imitation: The sight perception and sight control is inflexible and inconsistent. The hearing perception is inflexible, too, the boy often gives no response to incentives or verbal instructions, sometimes he responses but with longer latency. The imitation during organized activities is sometimes problematic. Inaccuracy and small deflections appear, the performance is worsened by short-term memory deficiency. The boy can imitate activities and dialogues in his room without other people's presence.

Motor skills: There is a psychomotoric agitation in the boy's behaviour – he rubs his hands, twist his hair, he strokes himself behind his ear or starts jumping mainly when he is happy. The gross motor skills are immature, it is difficult for the boy to coordinate his movements, his ability to catch a ball is clumsy. At school there are significant problems in Physical Education. The fine motor skills are immature, as well. He is able to button his clothes up but he can not tie a knot on his shoelaces. He is able to cut out shapes. Spontaineous drawing of the boy is childish and schematic, with respect to form his drawing of a house is stereotypical. The human figure drawing is schematic and rather stereotypical, lacking details. In some of his figures the boy omited important parts.

He writes in child cursive, his handwriting is not trained and neat, particular graphemes are big. In the course of writing he often crosses and rewrites words.

4 Conclusion

A boy diagnosed with Asperger's syndrome with mild symptomatics of autistic behaviour without intellectual and verbal abilities decreased. The disorder causes social interaction difficulties (deficient understanding of social situations, worsened peer contact, infantile and socially inappropriate responses) and communication problems (thematically limited communication, perseveration, lapses in common answers, verbal disinhibition, inability to lead a dialogue appropriatelly and imagination disorder which manifests itself as specific limited interests of persevering character (he is interested in numbers and technic tools)

a) Case Study II

A thirteen years and one month old boy diagnosed with Asperger's syndrome. According to his socially-communicative behaviour, he is the mixed type, he has got great difficulties in his peer group contacts. According to his adaptability, he is the middle functioning type with definite symptoms.

Family and personal history

The boy grows up in a complete family. His father is a university graduate, he is healthy. The mother is a high school graduate, currently without any health problems, she underwent a serious depressive syndrome treatment in the past. The boy was born from her first gravidity, now he has got two brothers (the older brother has been diagnosed with the middle functioning childood autism, the younger one is waiting for his diagnostic examination, there is suspected autism, too). In her first weeks of pregnancy, the mother was hospitalized for a few days at neurology department. Two weeks after the due date, the labour had to be induced due to the birth canal obstruction. The baby was born head first.

From three to nine months the Bobath concept rehabilitation was done for the hypotonic syndrome. As a baby, the boy was calm. Before he reached age two, hyperactivity and nightmares have developed in him. He often hit his head against the wall or furniture, he refused food. He was very negativistic and considerably affective raptuses occured. In his childhood, the boy suffered from repeated laryngitis, often being hospitalized. When he was two, he underwent adenoidectomy in general anaesthesia. Since the age of two, his speech was very pedantic, the boy showed noticeable interest in encyclopedias and means of transport. When he was nine, he had to be hospitalized in a mental institution for three weeks due to his grandmother's decease.

Social behaviour development: He used the social smile. He was not cuddly and he accepted a physical touch only for a short time. The separation anxiety did not occur

markedly, but the boy did not show joy when meeting his parents either. He rejoiced in interactive social even physical games. In the course of interactive play he tended to lead the activity, he was interested in browsing through books. His response to criticism or reproof was affective, he did not accept forbidding. He made contact with strangers very actively, developing the communication. He talked about his favourite topics. He did not differentiate between a close person and a stranger. He did not make contact with the same age children, he rather watched them without joining their games. Imaginative play was not present.

Communication development: Before he was two, the boy made an eye contact. Then he made it for a short time only. He used common gestures, his agreement or disagreement were accompanied with a corresponding head movement. The babbling was not missing in his speech development. The boy started using his first meaningful words in the age of seven months, he imitated the animals' voices. The simple sentences started to occur in the age of one. When he was about two, he spoke complex sentences. He often spoke to himself. From three to eight years the boy was in care of the speech therapist. His speech was pedantic, he required the standart language even from the others. He used literary expressions and repeated advertising slogans. Common instructions had to be repeated several times before he carried them out.

Play development: At an infant age the boy was interested in common toys. His favourites were toy cars and contruction sets. After the age of two he started combining toys and real things. Playing with a contruction set, he always had an elaborated plan what he was going to build and he always used all pieces of the set. At the age of four he was able to create constructionally complex buildings containing movable parts. He liked to join particular objects and pieces of furniture together with a string. Between the fifth and the sixth year he had a favourite game and he demanded playing it several times a day. He showed a distictive interest in means of transport and building machines.He had a favourite toy, a soft toy dog, which he wanted to have with him all the time. He did not play with figures and did not create his own scripts.

Preschool and school care history so far

Before the age of three, the boy started attending the kindergarten for children with special needs. He did not make contacts with his peers, he did not join collective activities spontaneously. He preffered contacts with the adults. When he was seven, he changed to a speech therapy providing kindergarden which meant he had to stay there all day long. His adaptation was difficult, he had problems in the contact with his peers and demanded his own rules being kept. The compulsory education postponement was recommended twice. Before the age of eight the boy started attending

to a regular primary school – his adaptation was difficult, the teachers pointed out the behaviour problems. His study results were excellent and he became a member of the gifted children club. In the fifth grade he had become a victim of bullying and refused to go to school then. After changing the primary school, his adaptation was without any difficulties. Currently he studies with excellent results. For his academic knowledge he is not too popular with his schoolmates and he does not try to get in touch with them. He prefers working on his own.

Current behaviour description

Social behaviour: The boy uses the social smile towards his parents. He looks for a physical contact, sometimes he makes it inappropriately. He is not able to tell other people's emotions, his empathic ability is lowered. He is egocentric. He can ask for help, he can thank. Being reminded, he says Please. He can share his things spontaneously, there is a social naivety in his behaviour. He often does not respect social norms, using vulgarisms in public places and having inappropriate coments. In his behaviour, he does not make a difference between close people and strangers. His social behaviour gives the impression of a younger child. He does not make contact with his peers and avoids places where there is a group of them. He prefers being alone. During the collective activities he demands following his own rules. He has got no friend. According to him, friendship is a shallow relationship. He can not cooperate with other children, he does not understand the social play rules.

Communication: The eye contact is markedly short-term and evasive. The social posture and social expression is weakened. The boy's vocabulary is above-average but there is also the semantic-pragmatic deficiency. The expression is formal, he requires the others to speak standard language. The delayed echolalia occurs, the boy repeats passages from advertisements or sometimes he keeps asking still the same question. There are expression difficulties, the boy answers questions very extensively. His sense of language - the ability to choose fitting words - is weaker, especially in the social interaction language. He does not communicate his experience spontaneously. In conversation, he clings to his preferred topics – building the shopping centre, means of transport. The verbally abstract notions understanding stagnates, the boy does not understand irony or hyperbole. He takes everything literally.

Free play activity: The boy prefers playing alone, with a tablet or a mobile phone. According to his parents, it is uneasy for him to differentiate reality from the game setting. He likes reading newspapers, magazines, handbills and all genres' books. On TV he likes watching documentaries without particular interest – he watches all spheres. He attends music school – he plays the piano and the flute. He changes

his favourite activities easily. He becomes enthusiastic quickly but loses the interest very soon. He responds with an affect if his preffered activity is being interrupted.

Emotionality: According to his parents, the boy is often in a negative mood. The increased insecurity manifests itself – the boy underestimates himself, expects the worse results, blaming people around. The long-term affect is his response to frustration, the interruption of his preferred activity, sudden changes or criticism – he starts screaming, kicking out his legs, beating and throwing things, using vulgarisms. He shows his delight with jumping, fluttering his hands or loud vocalisation. The boy worries enormously about his health so he is very causious about himself.

Perception: The eye contact is short-term. It is uneasy for the boy to distinguish faces. He can not remember people and he often asks who it is - even if it is a close person. There are no conspicuities in his hearing perception. The boy often tears various materials out of the surface – unraveling clothes, splitted pieces of material, etc. He puts everything in his mouth.

Motor skills: His walk is less coordinated, he scuffs his feet. He often hits against people and objects. He can walk upstairs and downstairs alternating his feet. The movement coordination is worse when running. He can kick, throw and catch a ball. He likes individual movement activities. In his demeanour, there is the psychomotoric agitation and movement stereotypy – hand mannerisms, hand fluttering, hitting into his chest, rubbing his eyes. The fine motor skills are less developed. He can cut with scissors with difficulty. He can do and undo his clothes - buttons even zip fasteners, he can tie his shoelaces. His handwriting is less neat but well legible. His exercise books are neat and nice. The human figure drawing is slightly immature, there are no serious anomalies.

Conclusion

A boy diagnosed with Asperger's syndrome with definite symptoms. The cognitive abilities appear to be in the middle above-average zone. His results are better in an individual contact, he has great difficulties in the group of his peers. Pragmatic deficiency manifests itself in communication, there are problems in the nonverbal communication and prosopagnosia symptoms occur. The boy is emocionally and socially immature. He has got encyclopedic and scientific interests.

b) Summary

To sum up, there is a summerising table (tab.1) showing differencies in both boys' communication. It is obvious that the same diagnosis of autistic spectre disorder, Aperger's syndrome, does not mean the same communication profile of a child, and it was the aim of the contribution to point out this fact.

Table 1: Communication Differencies

	Boy 1	**Boy 2**
Eye contact	it is made but not consistent	markedly short-term, evasive
Facial expression	hypomimia – still the same satisfied indifferent expression	inappropriate - excessive grimacing
Pragmatic deficiency	Yes	yes
vocabulary	bellow-average	above-average
Echolalie	yes – verbal rituals favoured	yes – advertisemens' passages repetition
Perseveration	yes – time discussions	yes – means of transport, building the shopping centre
Defective pronunciation	Yes	yes - r,ř, sibilant and palatal consonants
The first words	by 3 years of age	in seven months
Contact with peers	not interested in his schoolmates' company, he has got two friends who share his interest in PC.	does not make friends, he has not got any friend
The speech specifics	infantile and socially inappropriate responds; communication tematically limited; lapses in common aswers; inability to lead a dialogue	pedantic speech; the standard language demanding; using literary expressions; inability to understand irony or hyperbole; speaking regardless of his listeners

Conclusion

The subject matter of this contribution was first the theoretic introduction to problems of communication and the autistic spectre disorders. The research investigation within the contribution was oriented qualitatively since its aim was to give a comprehensive picture of children with Asperger's syndrome as one of the autistic spectre disorders.

Working on the case studies did not mean only examining documents and the pupils' work results but also complex descriptions of the individuals. Of course,

the documents study had its important role, too, because not all essential data can be acquired through observation. What was important for our research was information about the parents, the pregnancy and delivery process, the postnatal development of the baby. Both the information given by the representatives and the information gained by long-term observation of the boys in their school environment were significant.

Though the contribution contains case studies of two boys of nearly the same age and diagnosed with the same disorder – Asperger's syndrome, we can find both lots of similarities and many differencies in it. We can see it is necessary to view each child as an individual having their own individual wishes and needs.

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References

[1] Bednářová, J. & Šmardová, V. (2011). *Školní zralost: Co by mělo umět dítě před vstupem do školy*. Brno: Computer Press.
[2] Klenková, J. (2006). *Logopedie*. Praha: Grada
[3] Maňák, J., Švec, Š. & Švec,V. (2005). *Slovník pedagogické metodologie*. Brno: Masarykova univerzita.
[4] Pastieriková, L. (2013). *Poruchy autistického spektra*. Olomouc: Univerzita Palackého v Olomouci
[5] Říhová, A. (2011). *Poruchy autistického spektra: (pomoc pro rodiče dětí s PAS)*. Olomouc: Univerzita Palackého v Olomouci.
[6] Thorová, K. (2008). *Poruchy autistického spektra: včasná diagnóza branou k účinné pomoci.* Praha: APLA
[7] Thorová, K. (2006). *Poruchy autistického spektra: dětský autismus, atyický autismus, Aspergerův syndrom, dezintegrační porucha*. Praha: Portál.
[8] Thorová, K. (2012). *Komunikační a řečové dovednosti*. In Čadilová, V., Thorová, K., & Žampachová, Z. (2012). *Katalog posuzování míry speciálních vzdělávacích potřeb* (s. 27–38). Olomouc: Univerzita Palackého v Olomouci
[9] Ústav zdravotnických informací a statistiky ČR. (2014*). Mezinárodní statistická klasifikace nemocí a přidružených zdravotních problémů*. http://www.uzis.cz/cz/mkn/F80-F89.html
[10] Valenta, M. & Müller, O. (2007). *Psychopedie: teoretické základy a metodika*. Praha: Parta.

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