

In a court decision dated 17.03.2009, the undersigned were requested, as child psychologists, to give their professional opinion as to the following questions:

1. A professional assessment by someone specialising in child psychology must be obtained, ascertaining whether the bodily, emotional or mental welfare of the child Manuel Fischer is currently endangered and to what degree the mother is capable of averting this endangerment, if it exists.
2. The specialist should establish, in particular, whether the child has a disorder with regard to Asperger's syndrome.
3. The specialist should further give her opinion as to whether the child is capable of attending school and, if so, what measures can be taken to ensure that the child's school attendance is re-established.
4. In this regard, the specialist should, if necessary, also take into consideration, to what degree the mother is prepared to co-operate.

The preliminary report is based on knowledge of the court's files, on an examination carried out for the purposes of an evaluation on 4th June 2009 in the outpatient section of the clinic for child psychiatry and psychotherapy of the University Clinic Giessen and Marburg (Director: Prof. K Becker), at which Manuel appeared, accompanied by his mother and a friend of the mother. Furthermore, a telephone conversation with the boy's doctor (Dr Mann, Regensburger Kinderzentrum St. Martin, Sozialpaediatrisches Zentrum) took place.

1. Previous History

1.1 Past Family History

Father: The biological father works as a construction supervisor. There has been no contact between Manuel and his father for a long time. According to the mother, the father refuses to have contact with Manuel. All that is known from the past family history of the father is that a brother of his is dyslexic.

Mother: The boy's mother is a qualified Heim-und Jugenderzieherin (tr. this is a specialised qualification enabling one to look after young people, in children's homes or otherwise. It is not a teaching qualification). One of the mother's sisters is dyslexic. According to the mother, several members of her family are loners, but none of her family members has been diagnosed with an autism-spectrum disorder.

Further family members: Manuel lives with his stepfather, the children's mother and his two half-brothers. The two half-brothers are 5 and 7 and have not shown any problematic behaviours.

1.2 Personal past history

Pregnancy and Birth: Manuel is the first child of Frau Fischer, who was 20 years old at the time of his birth. Her pregnancy with Manuel was, except for a urinary tract infection, unproblematic. The birth was also free of complications. Birthweight 2 510g, length 53cm, APGAR 10/10/10 (values taken from yellow well-baby booklet).

Early childhood development: Manuel did not show any developmental delays or unusual behaviour in any of the well-baby/well-child visits. During the fifth checkup, a good psychomotor development was attested to. During the eighth checkup, a light phimosis was detected, as well as a sight problem during the ninth checkup. The milestones of early childhood development occurred in a timely and unremarkable manner. Manuel learnt to speak early – he was already saying individual words at 8 months and could speak in complete sentences at the age of 18 months. His motor development was normal and he was out of diapers both during the day and night at three and a half years of age.

Manuel's first unusual behaviour, according to his mother, occurred in a toddler group. Here the mother observed that he refused to get involved with the other children's games.

He started attending preschool at the age of four. Here, too, he played alone and refused to join in with group activities, but otherwise his behaviour was not unusual. His mother reports, furthermore, that in preschool, Manuel refused to count the dots on the dice whilst playing board games, but rather immediately moved his game piece.

Educational development: Manuel started attending school in 2001. According to a letter from a doctor at the Regensburger Kinderzentrums St. Marien (pediatric centre, letter dated 25.06.07) there were initial difficulties, as Manuel was not keen to go to school and did not adhere to the rules during the school-readiness checkup.

After his first two years of school, Manuel started attending another school, due to a family move. After only a few weeks here, problems started occurring. At the beginning of the 4th year of school, he was expelled from the school. Since then, Manuel has not attended school and has not even received any material from the school, but has been taught at home by his mother. There was an attempt to give Manuel individual tuition at home, which was, according to the mother, a failure, as the teacher was not able to cope with Manuel.

According to a report of the Pediatric Centre Regensburg, dated 25.06.07, Manuel was described in his 3rd grade school report as a boy with a good comprehension ability, a good memory and a rich general knowledge. He was, however, not able to deal with criticism and could not integrate with the others in his class. He often got into fights with other pupils. He was very restless and disturbed the lessons by making noises and by leaving his desk, did not continuously persevere with assignments and repeatedly refused to follow the teacher's instructions.

Previous examinations and therapies or treatments

During the 4th grade, Manuel was brought to the pediatric psychiatry unit in Nuremberg, as a result of his school refusal. No diagnosis was made there, according to his mother. No relevant report was given to the examiner.

The first suspicion of the existence of Asperger's syndrome was suggested by a therapist in autumn of 2006. This therapist gave Manuel play therapy and behavioural therapy, as well as group therapy. No report by this therapist is available. According to the mother, this therapist did not want to be involved in a legal dispute and her name may not be mentioned. The diagnosis was made by this therapist with the aid of screening methods such as, for example, the *Atwood Scale*, the *Marburger Bewertungsskala für das Asperger Syndrom* and the *Child-Behaviour-Checklist*. She expressed strong suspicion regarding the existence of Asperger's

syndrome and recommended further diagnosis. After this, the boy was brought to the social-pediatric center in Regensburg, where a diagnosis of Asperger's syndrome was made.

In 2007 he was examined in the Regensburger Kinderzentrum St. Marien socialpaediatric center. There the following diagnoses were made along the multi-axial classification scheme for emotional disturbances of childhood according to ICD-10 of the WHO (Remschmidt et. Al., 2001): Asperger's syndrome (F84.5); anamnestic intelligence in the upper average range (K-AB of 11/02), above-average abilities in reading and understanding texts and in nonverbal test procedures; myopia (spectacles); chronic, considerable stress in connection with school as a result of repeated clashes with other pupils and teachers, so that Manuel has been educated at home by his mother since autumn 2004; serious and continuous social impairments in several areas.

Consequent to the recommendation of Dr. Mann, paediatrician at the Social Paediatric Centre in Regensburg, Manuel was presented to a resident behavioural therapist, a Mr Engel. He, however, told the mother that he did not know what to do with Manuel, because Manuel displayed no insight into his problem behaviour. No further therapy took place. Since then Manuel has not had any further therapies or treatments. He was supported, in particular, by his mother at home.

It arises from the report of the Children's Center St. Martin, social-paediatric center, dated 25.06.07, that Manuel was examined by school psychologists and child psychologists at various places. The results of these examinations indicate that Manuel has good abilities. A clear or understandable diagnosis cannot be seen in the documents that were available at that examination. There are indirect hints at a hyperkinetic disturbance of social behaviour in the initial examinations and play therapy was recommended. In an assessment by a psychotherapist with an orientation to depth psychology, she gave a „guess at school phobia and post-traumatic stress after being bullied“. The mother accidentally came upon the idea that Manuel could be suffering from an autism-spectrum disorder whilst reading a novel in which a character with similar characteristics was described. As a result, she contacted the Kompetenzzentrum Mittelfranken and read a lot of literature on the subject.

1.2.1 Autism Diagnostic Interview – Revised (ADI-R)

A differentiated interview regarding early childhood development by means of the autism diagnostic interview- revised (ADI-R) was then conducted. The particular emphasis of this interview is on the milestones of early childhood development with regard to communicative behaviour, social interaction, behaviour during play and repetitive, stereotyped behaviours and interests, which are core areas that are relevant for diagnosing a disturbance of the autistic spectrum.

The ADI-R is a standardised assessment tool for assessment and differential diagnosis of the autistic spectrum. It contains 93 items concerning early childhood development, language acquisition, possible loss of language abilities, verbal and nonverbal communicative abilities, interaction in social situations and during play, stereotyped interests and activities as well as co-morbid symptoms.

The analysis and interpretation of the results takes place by breaking down a selection of items in an empirically generated diagnostic algorithm, which is strictly orientated to the guidelines for clinical classification according to ICD 10 and DSM-IV-TR. This diagnostic algorithm deals particularly with early childhood development.

Onset of symptoms: In response to the question of at what age the mother first noticed developmental anomalies with regard to her son, she replied that she first noticed this during his early language acquisition. At the age of approx. One year, Manuel did not take part in games in a mother-toddler group, upon which the mother spoke to a paediatrician, mentioning her suspicion that the boy was autistic. The doctor rejected this suggestion. In answer to the question as to when she would describe the onset of the symptoms from a present-day view, the mother stated that this was when Manuel was about 5 to 6 years of age. Whilst they were buying a school rucksack (tr. school rucksacks are significant items in Germany – during primary school years, children use very expensive, specialised school rucksacks which have various designs on them) Manuel walked away, as he did not want to buy a school rucksack. At around this time the child's mother's attention was brought by other people to certain unusual characteristics displayed by Manuel, for example that he could not name colours but was able to give an account of the hole in the ozone layer.

In general, the first year of Manuel's life was uneventful. At the age of about one and a half years, Manuel started displaying uncooperative behaviour.

Current Problems: In response to the question as to what serious worries the mother currently has regarding Manuel's behaviour or development, she states that Manuel has developed well in the last two years and that if things continue as they currently are, she has no worries.

There are no problems with Manuel in the family. Although it can sometimes be a little tiring, the rest of the family accepts his peculiarities, which mean that he takes a long time in the morning and has to be repeatedly requested to do things. He does not help in the home as much as one would expect from a child of his age. In particular, he needs more monitoring when he goes away from home. To this end the mother has organised a carer, as Manuel is on care level 1. For example, if Manuel wants to go to the library to get a book and the city is full of people, then someone must accompany. Manuel does not eat any food that has been touched by other people. He also does not use cutlery that other people have touched. A meal away from home is thus not possible. Manuel could not cope with a sleepover in a strange environment. He makes disparaging remarks about his mother in the company of other people. However, the mother does not regard all this as problematic, but just as a little more taxing and she explains this by the assumed presence of Asperger's syndrome.

Evaluation of the algorithm of the ADI-R

The evaluation took place with reference to the diagnostic algorithm for early childhood development as well as with reference to the current development.

Qualitative noticeable disturbances in reciprocal social interaction: According to the mother, Manuel reaches the cut-off value with regard to qualitative disturbances in reciprocal social interaction during early childhood development (Items: maximal abnorm 4-5 and over). He displays only slight disturbances in the area of inability to use non-verbal behaviour to regulate social interaction (direct eye contact, social smiling, scale of facial expressions with which one communicates). However, he does show clear disturbances in fantasy play with peers and with regard to the interest in other children, as well as in the ability to share with others. Further disturbances are displayed with regard to the lack of socio-emotional reciprocity, in particular the ability to give comfort as well as inappropriateness in facial expressions.

In the area of qualitative disturbances in communication Manuel displays the following behaviour, according to the mother. Here he reaches a value that lies on the cut-off value for the presence of a profound developmental disturbance. The signs displayed here are particularly visible in a lack of varying, spontaneous „do-as-if“ playing, with regard to social imitative play. He also displays slight signs in the area of the inability to start a conversation or keep one going. He does not display any disturbances in the area of gestures or facial expressions, or in the area of language disturbances, for example, stereotyped utterances, echolalia, pronoun reversal or neologisms.

In the area of repetitive, **circumscribed and stereotyped behaviour**, Manuel only demonstrates slight noticeable behaviour in his early childhood development: a few intensive interests, some compulsive ritualised behaviours, but, however, no mannerisms as well as no prevalent occupation with parts of objects or with non-functional elements of things. The cut-off value in this area is not reached.

With regard to his **current state of development**, Manuel demonstrates only slight noticeable behaviour in the area of qualitative disturbances of reciprocal social interaction, in particular in the area „lack of socio-emotional reciprocity“ as well as „slight loss of shared joy“. In the area of qualitative disturbances in communication, he does not currently demonstrate any noticeable behaviour. In the area of repetitive, circumscribed and stereotyped behaviour, he demonstrates some particular interests as well as slightly compulsive behaviour.

2. Findings

2.1 Psychological finding

Manuel appears alert, lucid and with a general orientation. Externally, he is well-groomed and appropriately clothed. During the whole examination and behaviour observation he demonstrated a huge degree of oppositional behaviour and often refused to follow instructions. He makes eye contact appropriately and in a socially modulated manner. However, it is noticeable that he constantly seeks reassurance from his mother. For example, he only answers many questions after making eye contact with his mother and looking at her demandingly. Often it also occurs that the mother whispers answers to Manuel or gives him instructions on how to respond. Manuel describes his current mood as „average“.

There were further noticeable factors with regard to language. Manuel speaks in a very accentuated manner and his language is not typical for a young person. His tone is mostly hard and scathing, with an implied indignant undertone and he comes across in an arrogant manner. He non-verbally communicates his objection to the examination being conducted here in a very clear manner, and initially he comes along to start the behaviour observation in a very hesitant manner. He then refuses to take part in further examinations, saying that he will only let these be carried out in the presence of an accompanying adult, for example his lawyer.

2.2. Behaviour observation according the diagnostic observation scale for autistic disorders (ADOS), Module 3

The standardised behaviour observation for autistic disorders (ADOS) module 3 was carried out with Manuel. This is a method of observation, the aim of which is to detect the social, linguistic and communicative behaviours that are relevant for the diagnosis of an autistic syndrome. This observation process incorporates a range of structured and unstructured

situations that enable a variety of stimulations for triggering certain types of social and communicative behaviour.

To this end, the test person is given various tasks, for example, the description of a picture, telling a story from a picture book, playing with prescribed objects, common interactive play, etc. Furthermore, the behavioural observation contains interview segments, in which the comprehension of various relationship concepts, the cognition of social difficulties, differentiation of emotions, etc are examined.

The ADOS also has an empirically generated diagnostic algorithm and cut-off value, which enables an assessment as to whether the unusual behaviours present hint at the existence of an autistic disturbance.

Manuel refused to participate in 8 of the 14 tasks that form part of this procedure. He communicated his refusal in a very clear manner. At the beginning of the examination he asked questions relating to the background of each task, for example, „What is this?“ „What does it test for?“, etc. In the course of the examination he often reiterated that he had already refused to do these tasks in Regensburg and that he was still not going to do them. He was asked to explain in more depth why he did not want to do this, whereby he stated that if he did not want to do something, he would not do it.

Communicative behaviour: Manuel spoke in a grammatically correct manner, but his speech was accented and accelerated and not typical for a teenager. During the course of the examination he displayed no echolalia, as well as no stereotyped, unique use of words or sentences. A two-way conversation with Manuel was only possible to a small degree, as he merely answered the questions posed to him in an abrupt and hardly extensive manner. He also did not ask any questions himself and did not pick up on anything said by the examiner. He spontaneously demonstrated various descriptive gestures, as well as conventional and instrumental gestures.

In the area of **two-way social interactions** Manuel demonstrated normal, socially well-modulated eye-contact, his facial expressions were directed at the examiner and did not appear to have restricted variation. Manuel's linguistic utterances were accompanied by differentiated and socially appropriate variations of gesture, eye-contact and facial expressions. It is scarcely possible to make an assessment with regard to understanding and empathy towards other people, as Manuel refused to complete many tasks that enabled the spontaneous naming of emotional utterances, etc. His ability to have insight in social situations is similarly difficult to assess, as Manuel completely refused, for example, to make statements about his school background.

However, Manuel demonstrated an age-appropriate insight into typical social relationships and, hereby, into his own role. For example, he stated that he had friends, with whom he made arrangements to play computer games together.

During the approximately hour long examination, he demonstrated no unusual sensory interests, mannerisms, excessive interest in objects or issues, obsessions or rituals.

As a result of Manuel's extreme oppositional and uncooperative behaviour, it is not possible to make an assessment regarding the quality of social approach, social relations and the degree of two-way social communication. There is, however, clear doubt that this insubordinate attitude stemmed from an autistic disorder. On the basis of the few tasks that

Manuel did not refuse to take part in, such a diagnosis is rather unlikely: He currently does not reach the required cut-off point. Manuel's oppositional and unco-operative behaviour is at the forefront of his behavioural disturbances.

2.3 Exploration of Manuel by Dr. Martin

Manuel was not very open during the exploration. In answer to the question, as to what his interests are, he replies that he is interested in programming, fish and stones. In answer to a question about his preferred future career, he states that he wants to be a programmer. When questioned on whether he has friends, he replies that he does have friends, who play with him and communicate with him via the internet. In response to the question of whether he likes sports, he replies that his mother still pays membership dues to the fencing club but that he is not currently active in this sport. In response to a question about his schooling, he states that he is schooled at home and has not attended a school for the last five years. When asked the reason for this, Manuel replies that he cannot say why. When asked whether he regrets not going to school anymore, he answers „no“. In response to the question as to what school-leaving qualification he intends to achieve, Manuel answers that he wants to get a „Realschule“ qualification. When asked whether it is his goal to go to school again, Manuel answers that it is not, and that this would not be possible for him, due the loudness and the light, which he found unpleasant. In answer to the question as to whether he prefers to be alone, Manuel answers that he does not like to be totally alone, but also does not like having too many people around him. In answer to the question, as to who the most important person in his life is, Manuel answers that everyone is equally important to him. When questioned as to whether his mother is not particularly important to him, Manuel answers that his mother is „a little bit more important“. In response to the question as to whether he wants to have a family of his own one day, he answers that this is something that he rather does not want.

Furthermore, he states that he plays with his siblings and that he gets on well with them. In response to the question of how he rates his own level of knowledge, he states that his level of knowledge is superior to that of his peers. In response to the question as to who teaches him, he replies that his mother does this. In answer to the question, as to how much he learns during the day, he answers that he spreads this over the whole day and learns as an aside. When asked to go into this in more detail, he answers that he is currently occupied with judicial issues. In response to the question, as to whether he would change anything in his current schooling situation, he answers that it is o.k. as things currently stand. When asked whether he is different to other people, he responds that everyone is different. In response to a further enquiry, he says that he is a little different. In response to a question regarding his current mood, he states that his current mood is average.

2.2 Exploration of Frau Fischer by Dr. Martin

In the concluding interview of the mother, she states that it is her goal for Manuel to achieve an external school-leaving qualification after being taught at home. She states that she could conceive of Manuel doing the lowest school-leaving qualification (Hauptschulabschluss) and then being able to start formal studies after his further school career. She states that Manuel received tuition at home for three days, but that this was broken off after three days by the tutor, who was not able to cope with Manuel. In response to the question as to whether it is also her goal for Manuel to be fundamentally capable of attending school again, she states explicitly that this is not her goal. Her goal is for Manuel to continue to be schooled by her through home schooling. In the past, there was an attempt to obtain school assistance for Manuel. According to the mother, it was thought that Manuel could receive individual tuition

from a tutor in a local school. If Manuel wants it, she stated, then he could have made contact with other children.

Her declared aim is now that Manuel would continue to be schooled by her. She states that they have already begun to renovate their house so that Manuel could, in the long term, have his own apartment in the house.

2.3 Further Findings

In the questionnaire „Child-Behaviour Checklist“ (CBCL), a questionnaire for parents or guardians about problematic behaviour on the part of their children, the child’s mother states that Manuel demonstrates above-average knowledge in the areas of computers, law and Greek mythology. Furthermore, the mother answers the questions about performance problems or other problems in school with: „He had problems for five years. Today he says that because he does not learn there because of noises, etc, he does not go there.“ In response to the question „When did the problems begin?“ Frau Fischer answers: „With the first ‚repeats‘, change of teachers, change of classrooms, change of books and with every instruction.“ In response to the question about what worries her the most about her son, Frau Fischer answered: „That through unqualified measures, bodily enforced school attendance is carried out, as has been indicated and that, if he defends himself against that, he is placed under psychiatric care. According to the suggestion of the responsible social worker“.

When asked to describe her son’s best side, Frau Fischer answers: „Cheeful, funny, scrupulous, can also be funny in situations which he knows are very serious, gets excited about topics that he finds worthwhile, he separates things that are not worthwhile from important things.“

Furthermore, she brings up in the standardised questions that Manuel sometimes behaves too young for his age, that he suffers from fructose intolerance, he sometimes argues, contradicts, he sometimes shows off, brags, boasts about his achievements, he is sometimes too dependent on adults for his age, he is sometimes teased, most of the time he wants to be alone rather than with other people, he sometimes chews his fingernails, he is sometimes mistrustful, he sometimes talks too much, he is sometimes very concerned with neatness and cleanliness, he sometimes withdraws and does not make contact with other people. Problems that have not yet been mentioned are: „He has been diagnosed as having Asperger’s syndrome, has other perceptions in sensory areas, e.g. he hears all lights or batteries, can differentiate between television frequencies. He practically never recognises faces the second time or if he does not like someone, does not talk to people who threaten him or repeat things.“

The questionnaire „**Attention deficit hyperactivity disorder“ (ADHD) – rating scale IV – Version for parents**“ was responded to by the mother with the written comment „ADHD has already been excluded. Nuremberg Clinic“. The mother only indicated slight behavioural anomalies that could hint at a attention deficit and hyperactivity disorder. However, many questions relate to the context of school, which does not apply in Manuel’s case.

2.5 Further course of the examination

Two days were left open for conducting the assessment. On the first day of the examination, Manuel refused to take part in further tests, in which he would only participate in the presence of an accompanying adult. The mother and Manuel were told that these were standardised tests, that did not foresee the presence of an accompanying person as standard. Manuel refused to participate in these examinations without accompaniment. At the end of the first day of examinations, the examiner was told that Manuel had decided to allow himself to

be examined only in the presence of an attorney. As a result, the assessment was broken off at this point.

3. Opinion regarding the questions in the request for a psychiatric report

Question 1

The question as to whether the bodily, emotional and mental welfare of the child Manuel Fischer is being endangered and as to how far the mother is capable of averting this danger, if it exists, is answered as follows: the undersigned see the bodily, emotional and mental welfare of the child Manuel Fischer as being endangered.

The following arguments lead to this assessment:

- The mother is firmly convinced that her son has Aspergers syndrome. There is justifiable reason to doubt the validity of this diagnostic assessment (see below).
- The mother does not have insight into the current problematic behaviour of her son (see 1.2.1 current problematic). This is further made clear by the fact that Frau Fischer describes her son as not exhibiting any unusual behaviour (see 1.2.1 current developmental status).
- It is the declared goal of the mother, to continue the present mode of schooling by homeschooling her son.
- A method of treatment that implies the return to school as the therapeutic aim was also rejected by the mother.
- We thus see the mother, in her educational competence, as not being capable of enabling the boy to receive an adequate therapy or education.

Question 2:

As regards the diagnosis of „Asperger’s syndrome“, owing to the examinations performed here, justified doubts emerged whether the diagnostic criteria for the existence of an Asperger’s syndrome are totally fulfilled. The following arguments militate for this:

- The diagnosis has established that several qualitative interferences of social interactions combine with the restricted, repeated, stereotypic behavioral patterns, interests and activities similarly to infantile autism, but without a clear linguistic and cognitive developmental delay. The disorders have a strong tendency to persist until adolescence or even into adulthood.
- According to the declaration of the mother, however, at present Manuel hardly displays any abnormal behaviour that is typical of Asperger’s syndrome. In the algorithm of the ADI-R as to the current state of development only minor abnormalities are cited. Moreover, in the current observation of his behaviour only a few symptoms have been observed that indicate the presence of an autistic disorder.
- Both in the past and at present, Manuel has shown a significant degree of oppositional and insubordinate behaviour. Currently, as well as in the past, there is evidence that often Manuel does or did not obey to orders or rules, actively rejects or rejected requests or requirements by adults, shows or showed sensitivity or a feeling of being harassed by others.
- It is unclear whether these symptoms are to be considered as co-morbid symptoms of an Asperger's syndrome (recent studies show that for 15% of the patients with an Asperger's syndrome these symptoms emerge as co-morbid symptoms, [Kanne et al.

2009]) or if they exist as a differential diagnosis. There is, however, no doubt that these symptoms are clearly present and that they can be influenced by environmental factors. In case of the co-morbid presence owing to an Asperger's syndrome these symptoms complicate the process significantly and influence the prognosis. Even if these symptoms are related to a differential diagnosis, there is urgent indication for targeted and intensive treatment.

- Due to the fact that Manuel has refused many examinations here, the question cannot be resolved as to whether Asperger's syndrome is present or not. For this, a more intensive and more differentiated stationary diagnostic would be necessary to be able to observe Manuel in different situational contexts.
- The clear symptoms of the oppositional – insubordinate behaviour appear to require urgent treatment. Up to now Manuel has not received any adequate out-patient or inpatient treatment that has led to a satisfying result.
- The mother rejects any in-patient treatment.

Question 3:

As to the “schoolability” [NB: This term is defined as “*the potential that somebody can be educated successfully within a school*”] of Manuel, it must be stated that this is currently not a given, but assessed to be achievable by means of in-patient treatment. The following arguments form the basis for this assessment:

- The presence of an Asperger's syndrome is not necessarily linked to non-schoolability. For many individuals with this disorder, the school is an important and indispensable environment in which they learn to behave appropriately for their age, to become acquainted with social rules and norms, to acquire social competencies, etc.
- The schoolability of Manuel is not a given due to the symptoms of the oppositional – insubordinate behaviour. This behaviour is intensified by the mother as she herself declines an education in a regular school.
- By means of in-patient treatment, the schoolability of Manuel can be restored. By means of in-patient treatment an attempt at schooling within a protected scope (school for disabled) would be possible. Here corresponding blockages could be detected which have previously prevented Manuel from taking part in normal school lessons.

Question 4:

As to the question whether the mother is willing to collaborate at means of an in-patient treatment, there exist considerable doubts:

- It is the declared goal of the mother that Manuel is neither to be subject to an inpatient treatment nor that he attends a normal school.

- On the contrary it is her declared goal that Manuel is to continue to be schooled by her. In the examination conducted, several signs of a mother-child-interaction disorder showed up. This should be examined in a more differentiated manner within the framework of inpatient diagnosis and treatment as well. Therefore, requires a longer-term stationary treatment close to home is necessary, in order to normalise the mother-child-relationship.
- Should the mother continue not to be willing to collaborate in such a therapeutic goal, there remains, ultimately, the separation of mother and child.

In summary, the collected findings give no evidence that Manuel could not attend a public school after adequate therapeutic preparation. We see the urgent need to establish a child psychiatric diagnosis and treatment, which should be implemented promptly. Manuel should be enabled to have the normal social experiences of common learning with other children of the same age as soon as possible because this is indispensable for the development of his social skills.

Credited after own capacity for judgement

(Dr. I. Kamp-Becker)

(PD Dr. M. Martin)

Graduated psychologist

Senior physician, Deputy Director of the Hospital

Appendix

Literature

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