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RESEARCH ARTICLE

CASE STUDY- AUTISM SPECTRUM DISORDER

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Abstract

Autism Spectrum Disorder (ASD) is a life-long, pervasive neuro-development disorder that begins early in childhood and lasts throughout a person's life. It is characterised by deficits in three “core areas” - communication (both verbal and nonverbal), social interaction, and behaviour (which is restricted and repetitive). Case study refers to the in-depth study of a particular case. A case study employs multiple methods for collecting information such as interview, observation and psychological tests from a variety of respondents who in some way or the other might be associated with the case and can provide useful information. The information was collected by interviewing the case as well as the special educator (the teacher who assists the child at Vasant Valley school). In the case study, the details of the symptoms, causes, treatment, prevention, and management of the respondent were documented.

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Introduction:-

Autism Spectrum Disorder (ASD) is a life-long, pervasive neuro-development disorder that begins early in childhood and lasts throughout a person's life.

Autism is characterised by deficits in three “core areas” - communication (both verbal and nonverbal), social interaction, and behaviour (which is restricted and repetitive). The severity of difficulties in these three areas varies between individuals. On one end of the spectrum are “high functioning” individuals who have normal or above normal intelligence, excellent language abilities but may have difficulties in understanding facial expressions or some gestures and appear aloof but are reasonably independent in their personal life and professional careers. On the other end of the spectrum is “low functioning” individuals who have severe intellectual disability, minimal skills in communication, who may engage in self-injuring behaviour such as repeatedly banging their heads on the floor and require constant support in activities of daily living (dressing, feeding, going to the toilet, bathing, etc.).

Symptoms:

People with ASD have difficulty with social communication and interaction, restricted interests, and repetitive behaviours. Some children show signs of autism spectrum disorder in early infancy, such as reduced eye contact, lack of response to their name or indifference to caregivers. Other children may develop normally for the first few months or years of life, but then suddenly become withdrawn or aggressive or lose language skills they've already acquired. Signs usually are seen by age 2 years.

Each child with autism spectrum disorder is likely to have a unique pattern of behaviour and level of severity — from low functioning to high functioning.

A few behaviours seen in children with ASD include:

1. Making little or inconsistent eye contact
2. Tending not to look at or listen to people
3. Rarely sharing enjoyment of objects or activities by pointing or showing things to others
4. Failing to, or being slow to, respond to someone calling their name or to other verbal attempts to gain attention
5. Having difficulties with the back and forth of conversation
6. Having facial expressions, movements, and gestures that do not match what is being said
7. Having an unusual tone of voice that may sound sing-song or flat and robot-like
8. Having trouble understanding another person's point of view or being unable to predict or understand other people's actions
9. Restrictive / repetitive behaviours may include:
10. Repeating certain behaviours or having unusual behaviours. For example, repeating words or phrases, a behaviour called echolalia
11. Having a lasting intense interest in certain topics, such as numbers, details, or facts
12. Having overly focused interests, such as with moving objects or parts of objects
13. Getting upset by slight changes in a routine
14. Being more or less sensitive than other people to sensory input, such as light, noise, clothing, or temperature

Causes:

Autism spectrum disorder has no single known cause. Given the complexity of the disorder, and the fact that symptoms and severity vary, there are probably many causes. Both genetics and environment may play a role.

Genetics:

Several different genes appear to be involved in autism spectrum disorder. For some children, autism spectrum disorder can be associated with a genetic disorder, such as Rett syndrome or fragile X syndrome. For other children, genetic changes (mutations) may increase the risk of autism spectrum disorder. Still other genes may affect brain development or the way that brain cells communicate, or they may determine the severity of symptoms. Some genetic mutations seem to be inherited, while others occur spontaneously.

Environmental factors:

Researchers are currently exploring whether factors such as viral infections, medications or complications during pregnancy, or air pollutants play a role in triggering autism spectrum disorder.

Treatment:

There is no cure for Autism Spectrum Disorder. However, the goal of treatment is to maximize the child's ability to function by reducing autism spectrum disorder symptoms and supporting development and learning. Early intervention during the preschool years can help the child learn critical social, communication, functional and behavioural skills.

Treatment options may include:

Behaviour and communication therapies:

Many programs address the range of social, language and behavioural difficulties associated with autism spectrum disorder. Some programs focus on reducing problem behaviours and teaching new skills. Other programs focus on teaching children how to act in social situations or communicate better with others. Applied behaviour analysis (ABA) can help children learn new skills and generalize these skills to multiple situations through a reward-based motivation system.

Educational therapies:

Children with autism spectrum disorder often respond well to highly structured educational programs. Successful programs typically include a team of specialists and a variety of activities to improve social skills, communication and behaviour. Preschool children who receive intensive, individualized behavioural interventions often show good progress.

Occupational Therapy:

This a field of healthcare that focuses on teaching children and adults the fundamental skills they need in everyday life. For children, this often includes teaching fine motor skills, handwriting skills, and self-care skills.

For adults, OT focuses on developing independent living skills, such as cooking, cleaning, and handling money.

Speech Therapy:

Depending on the child's needs, speech therapy to improve communication skills, occupational therapy to teach activities of daily living, and physical therapy to improve movement and balance may be beneficial. A psychologist can recommend ways to address problem behaviour.

Medications:

No medication can improve the core signs of autism spectrum disorder, but specific medications can help control symptoms.

Prevention:

There's no way to prevent autism spectrum disorder, but there are treatment options. Early diagnosis and intervention are most helpful and can improve behavior, skills and language development. However, intervention is helpful at any age. Though children usually don't outgrow autism spectrum disorder symptoms, they may learn to function well.

Research Methods Used:-

Case Study:

A case study is an in-depth study of one person, group, or event. Researchers focus on cases which can provide critical information or new learning on less understood phenomena. A case study employs multiple methods for collecting information, such as interview, observation, and psychological tests from a variety of respondents who in some way or the other might be associated with the case and can provide useful information. Case studies provide a narrative or detailed description of the events that take place in a person's life.

Interview:

An interview is a purposeful activity conducted to derive factual information, opinions and attitudes, and reasons for particular behaviour, etc. from the respondents. It is generally conducted face-to-face but sometimes it can also take place over the phone.

There can be two broad types of interviews: **structured or standardised**, and **unstructured or non-standardised**.

A **structured interview** is one where the questions in the schedule are written clearly in a particular sequence. The interviewer has little or no liberty to make changes in the wordings of the questions or the order in which they are to be asked. The responses to these questions are also, in some cases, specified in advance. These are called close-ended questions.

An **unstructured interview** the interviewer has the flexibility to take decisions about the questions to be asked, the wording of the questions, and the sequence in which questions are to be asked. Since responses are not specified in such type of interviews, the respondent can answer the questions in the way s/he chooses to. Such questions are called open-ended questions.

Observation:-

Observation is a very powerful tool of psychological enquiry. It is an effective method of describing behaviour. The steps of observation are:

Selection:

Psychologists select a particular behaviour for observation.

Recording:

A researcher records the selected behaviour using different means, such as marking tallies for the already identified behaviour whenever they occur, taking notes describing each activity in greater detail using short-hand or symbols, photographs, video recording, etc.

Analysis of Data:

After the observations have been made, psychologists analyse whatever they have recorded with a view to derive some meaning out of it.

Types of observation:

Naturalistic observation-

This refers to observations done in natural and real life settings. The observer makes no effort to control or manipulate the surroundings/ situation. This type of observation is conducted in schools and hospitals.

Controlled observation-

This type of observation is done in laboratory experiments.

Participant observation-

In this observation the observer becomes a part of the group being observed.

Non-participant observation-

In this type of observation, the observer isn't physically a part of the group being observed, a group or people are observed from a distance through camera.

Characteristics:-

Physical:

1. He has a good body balance and is a very energetic child
2. Enjoys playing sports and has high endurance and satisfactory stamina level
3. Hyperactivity is one of the noticeable traits
4. He is a good visual imitator especially when it comes to movements in terms of exercise and dance
5. Very restless and cannot concentrate for long periods of time

Sensory/motor coordination:

1. He wears socks throughout the year and dislikes getting a haircut
2. Poor fine motor skills- Has difficulties buttoning his clothes and tying shoe- laces
3. Hypersensitive to certain stimuli- He does not like trying new food and finds certain noises frightening

Concept formation:

1. He is a sight reader and learns through pictorial books
2. Good at processing information but memory retention period is short
3. Grasps onto concepts efficiently from pictures and videos

Self-help skills:

1. A fairly independent child who prefers to do everything on his own
2. Needs mild assistance in wearing clothes
3. He is particular about order and keeps everything back the way he found them

Academic skills:

1. He is an audio-visual learner and has a strong conceptual understanding
2. He is consistent with his work and maintains regularity
3. Limited attention capacity and slight noises lead to distraction
4. Reinforcement works well with him- hugs and high- fives are provided to reinforce appropriate behavior

Interpersonal skills:

1. Polite child and very obedient
2. Prefers to be alone and is not a very verbal child
3. Uses gestures to communicate
4. He was comfortable having conversations with me

Management:-

1. Picture schedules are integrated into his study routine to reduce dependence on his educator
2. Token and reward system are used to improve concentration
3. Since he is not verbal, speech therapy is used to improve social communication and identification of words

Conclusion:-

My interactions with my case have had a major impact on me. It gave me an in-depth understanding of Autism Spectrum Disorder and practical knowledge. It is inspiring to see how he aspires to achieve so much. In one conversation, he told me he wishes to feature in a movie someday. This conversation impacted me so deeply and made me realise the bigger things that matter in life. I wish to help my case achieve his dream in the future and wish him all the best!

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