Autism Spectrum Disorder: A Pakistani Teenager

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Abstract
The individual (K.N) seeking support was a 16-year-old female. She was referred due to concerns related to behaviors such as emitting loud noises, hitting and biting oneself, cranial self-impact, and limited social interaction. The assessment process involved conducting behavioral observations and compassionate clinical interviews with her parents, teacher, and a clinical psychologist. Additionally, the Childhood Autism Rating Scale (C.A.R.S) (Schopler, Reichier, & Renner, 1988) was employed to evaluate the extent of the challenges. This assessment was conducted through observations of K.N and in collaboration with their teacher to comprehensively assess her condition and rule out the presence of other potential disabilities. K.N's score on the C.A.R.S was 54, indicating placement within the severely autistic category. Based on behavioral observation and assessment it has been hypothesized that K.N exhibits characteristics consistent with autism spectrum disorder, indicating a need for comprehensive support. To address the K.N's challenges, we developed a tailored Individualized Intervention Program incorporating diverse behavior modification techniques. One of these approaches involved the implementation of Floortime (DIR) strategies to enrich the individual's social interactions and broaden her communication network. Pivotal Response Treatment (PRT) was used to reduce self-disruptive behaviors and encourage communication. By the end of therapeutic session eye-contact improved and she started maintaining eye contact for 4-5 seconds while before intervention plan, she had no eye-contact. she also displayed increased engagement in joint attention activities, allowing another person to interact with her 40% of the time. Furthermore, she demonstrated an 80% success rate in independently wearing her jacket or sweater when going outside. She started making requests when asked what she wants instead of indulging into self-injurious behavior 60% of the time. In the area of academic or cognitive skills K.N was able to identify opposites, differentiate between masculine and feminine forms, write five prepositions, compose three simple sentences about herself, type dictated words on an iPad, name the days of the week, perform basic addition on a calculator, and sequence numbers up to nine. In the area of motor skills, she was able to ride gym-bicycle for few minutes. K.N was also able to paint pots, stack matching boxes in a shelf. These remarkable advancements were achieved over the course of nineteen sessions.

Keywords: Autism Spectrum Disorder, individual, history, clinical

1. Introduction
The current case study focuses on impact of parental non-compliance, absence of early interventions, diagnosis, and the stigma linked to Autism Spectrum Disorder in Pakistan. This case has been formulated by a trainee clinical psychologist working at a private special education school in an urban area. The study outlines a management plan devised for a teenager who previously has never had access to a psychologist, special education, or interventions catering to her specific needs. As recent research indicates, school teachers and healthcare workers exhibit limited awareness and understanding regarding Autism Spectrum Disorder (Imran et al., 2011). Therefore, the client could not function in a mainstream school in Pakistan and was kept home without any formal education. The development and management of self-harming behaviors have been discussed in detail. The effect of stigma, keeping the child hidden, and not letting them socialize because they are different, and its impact on the social functioning of the child, has been highlighted. As reported by Bauminger and Kasari (2000), autistic individuals already have higher levels of loneliness and a lesser number of friends as compared to neurotypical people of their age. So, it’s already difficult for autistic children to make friends, and on top of that, when they are kept isolated, it affects their social skills in an aversive way. A detailed formal assessment and clinical interviews were conducted with the client’s parents and teachers to assess the severity of difficulties
the client is facing and areas that require special attention. An intervention plan and a summary of each session have been outlined. The role of group therapy and play has been used to improve the client’s social skills, and subjective ratings were taken to measure the progress in the 19 sessions with the trainee psychologist.

1.1 Initial Observation

K.N appeared to have a height that was consistent with her age, and she exhibited a slightly higher weight for her age group. She had satisfactory hygiene as her hands were clean and nails were cut. She was wearing clean clothes and shoes and her hair was combed. She had a huge bulging scar on her forehead just between her eyebrows due to repeated hitting and head banging. Her right hand had many scars just below her thumb and at the end of her index finger caused by self-biting.

She was initially observed in her classroom, where she shared the classroom with one other special-needs student. During this observation, it was noted that she did not establish eye contact with her teacher or anyone else present in the room. She was actively following instructions given by teacher regarding activities. She was mostly non-verbal but was echoing some words after teacher. She was throwing markers on the floor after using. She intermittently made unusual vocalizations. She displayed a preference for continuity in her activities and resisted transitioning to new tasks. When interrupted, particularly when another teacher entered the room and she was prompted to greet them while engaged in an activity, she responded by using one hand to push the teacher away while keeping her other hand focused on the ongoing activity.

In her first session with the trainee psychologist, it was observed that client was roaming around in the class she had a normal gait. Her hand eye-coordination was appropriate as she was closing cupboard door and the lock without assistance, and she was taking the pencils with ease and was putting cover on markers on her own. She required multiple prompts to take her seat in the classroom. Once seated, she maintained a focused gaze on the table in front of her, started following instructions regarding activities, rarely making eye contact with others in the room. She was made to do her predefined activity first and then new activities were introduced. She completed all activities quickly and then she stood up from her place and started roaming in the room. She was instructed to take her seat and then her reinforcement activity was given to her. She consistently emitted unusual vocalizations and engaged in repetitive sensory behaviors, including the repeated act of smelling various objects.

1.2 History of Present Concerns

Client was born through full term pregnancy and normal delivery. Mother’s health was satisfactory during pregnancy. Client’s birth weight was normal. The initial signs of the client's challenges became evident when she reached the age of one and a half years as she did not respond to her name. Her parents observed that she was not social and didn’t interact with other children and adults. She had no verbal or non-verbal communication. She was taken to speech therapist at the age of three. Speech therapist suggested that client might have features of autism and told parents that limited speech might be an associated feature of autism. The therapist explained that self-hitting behaviors and the production of unusual noises might stem from the client's difficulty in effectively communicating her needs. As reported by the clinical psychologist client was brought to current school at the age of sixteen with presenting several challenges such as of lack of socialization including deficits in verbal and non-verbal communication, head-banging, hand biting and self-hitting. She used to undress herself in front of everyone when she felt hot or when she was wearing trouser and shirt of different texture.

1.3 Background Information

The background information was obtained from mother and father since they were not able to give much time and rest of the information was obtained from client’s file that was maintained by the school administration.

1.3.1 Personal History

The client was born through normal delivery at hospital. There were no complications during pregnancy and mother’s health was normal. Client cried immediately after birth and weighed 6 pounds at the time of birth. She was not kept in incubator and there was nothing unusual before and after birth. According to the file maintained by the school it is reported there was no significant illness and head injury. All physical milestones were achieved on time. Speech was delayed.
Table 1. Developmental profile of client by mothers

<table>
<thead>
<tr>
<th>Developmental tasks</th>
<th>Age when achieved</th>
<th>Normal Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mono-syllable speech</td>
<td>6 years</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Two words speech</td>
<td>6 ½ years</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Full sentence speech</td>
<td>8 years</td>
<td>4 years</td>
</tr>
</tbody>
</table>

1.3.2 Family History

The client was a member of a middle-class family, residing within a nuclear family structure, and held the position of the second-born child in their family. The father was 60 years old, and he was working in a financial consulting firm. Father had a caring attitude towards her. He used to come to drop her to school. After work he took her for a car ride or a walk. Whereas her mother was 50 years old. Mother completed her education as a medical doctor but was currently a housewife. Client’s parents were cousins and they had consanguineous marriage both parents are had no history of psychiatric problems. Various studies have reported that cousin marriage act as predisposing factor for various birth and genetic complications including autism spectrum disorder (Bittles & Black, 2010).

Client was one of three siblings. She had two brothers. First born brother was studying in university and other was in 7th standard in school. As reported by the father she had a very healthy relationship with elder brother she sits with him and enjoyed his company but younger brother fights for parent’s attention. According to her mother she liked to see all the guests and people that came to their house; she may not interact with them, but she liked to know who was coming to their house. She did not play with children coming to their house but she liked to observe them running in the playground.

As reported by a clinical psychologist who went for home visit, client is loved by her family. She had separate rooms for different activities but despite all the love and affection the household appeared to be marked by considerable chaos. Client was mostly left unsupervised during the day and was granted considerable autonomy to do whatever she wants. Her parents didn’t intervene when she indulged in self-harming behaviors. Even after being told otherwise parents still believe that this hitting behavior was their child’s need that’s why they don’t stop her. She has no set routine at home. They don’t let her socialize or meet anyone, yet they expect her to get better at social skills. That is why she doesn’t like to or try to interact with anyone. Clinical psychologist also reported that mother was overly protective toward the child as she didn’t allow her to meet anyone or to go anywhere outside the house except for school.

One potential factor impacting treatment efficacy is parental non-compliance. Parents of the client, especially mother, believed that since she was a doctor so she understood everything about the disease and she didn’t follow clinical psychologist’s instructions. Other than that clinical interview with clinical psychologist revealed that there was no routine set for any activity client at home.

As reported by another teacher at current school who happens to be friend of client’s mother the client was very hard for family to handle in early childhood. She used to make loud noises and would climb the doors and walls of the house. They had to get their house-help to take the client down from unsafe places. There was a time when the client’s mother used to tie her with ropes in the house to keep her from causing harm. It was this teacher who recommended the current school to client’s mother.

1.3.3 Educational History

As reported by the mother, at the age of three years the client was sent to mainstream school for two years. Soon the school administration informed the parents that their child needed special education, as she used to make loud noises, did not listen to teachers, didn’t interact with anyone. Her parents insisted that she stayed in mainstream school. Consequently, the school administration adjusted their curriculum for her for two years till the age of five years. After that, a home program was arranged for child beginning at nine years of age. When the home tutor left, parents brought client to the current school at the age of sixteen and half years. She attends the current school on alternate days of the week.

1.4 Provisional Formulation

Based on initial observation, school records and presenting complaints it was hypothesized that client had typical symptoms of autism spectrum disorder. She is severely deficit in social interaction. She was not able to convey her basic needs. She indulged into self-destructive behavior such as self-hitting, head-banging and self-biting. The client did not make eye contact. She had repetitive behaviors such as making loud noises. Client had a quick
temperament as she completes every activity quickly and then gets up from her seat and starts to open and close cupboards and doors, even walking out of the room. She has various sensory issues such as, she doesn’t like to be touched and she takes off her clothes if she feels a little hot. She doesn’t let anyone tie her hair or put any kind of pins on it. She doesn’t use any kind of cream or let anyone put cream on her hands or face. She engages in socially inappropriate behaviors such as smelling everything that is given to her whether it’s a pen or an iPad.

1.5 Assessment

Apart from observation the client was assessed by:

1.5.1 Informal Assessment

(1) Clinical interview

Clinical Interview. The clinical interview was conducted with client’s mother and father, but they were in a hurry and couldn’t give more than few minutes. They gave brief information about the home environment and client’s educational history. Then, interviews were conducted with the clinical psychologist and the teacher to get detailed information about her behaviors. Due to further non-availability of parents most of her developmental history was taken from the file maintained by the school administration.

(2) Subjective rating scale.

Subjective Ratings of the presenting concerns. A subjective ratings scale of the client’s presenting concerns was completed by the client’s teacher. Ratings were given using a 10-point scale where 1 is least severity and 10 is highest severity of the concern.

Table 2. Presenting complaints by teacher

<table>
<thead>
<tr>
<th>Presenting behaviors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes loud noises</td>
<td>9</td>
</tr>
<tr>
<td>Lack of social Interaction</td>
<td>9</td>
</tr>
<tr>
<td>Hits on forehead with hand</td>
<td>7</td>
</tr>
<tr>
<td>Takes off her sweater in winters</td>
<td>7</td>
</tr>
<tr>
<td>Head-banging</td>
<td>6</td>
</tr>
<tr>
<td>Hand biting</td>
<td>6</td>
</tr>
</tbody>
</table>

(3) Reinforcers identification

Reinforcers Identification. The school administration had been asked by client’s family not to give her any kind of food, consumable or drinks that are not sent from client’s home. During the session several stimuli were presented to the client and to identify the reinforcers client’s reaction to various stimuli were observed.

Activities Cutting paper, looking at picture books, Playing games on tablet/ iPad.

Toys Play dough, puzzles.

1.5.2 Formal Assessment

(1) Children Autism Rating Scale (C.A.R.S)

Childhood Autism Rating Scale (C.A.R.S). The Childhood Autism Rating Scale (C.A.R.S) (Schopler et al., 1980) was administered based on observation of the client and with the help of client’s teacher to assess the severity of the problem and to rule out the possibility of other disabilities. The client scored 54 on the test placing her into the severely autistic category. She demonstrated severely atypical behaviors in multiple assessed areas, including, emotional response, adaptation to change, visual response, taste, smell, touch response and use, verbal and nonverbal communication etc.
### Table 3.

<table>
<thead>
<tr>
<th>Areas</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Relating to people</td>
<td>3</td>
</tr>
<tr>
<td>II. Imitation</td>
<td>2.5</td>
</tr>
<tr>
<td>III. Emotional Response</td>
<td>4</td>
</tr>
<tr>
<td>IV. Body Use</td>
<td>3.5</td>
</tr>
<tr>
<td>V. Object use</td>
<td>3.5</td>
</tr>
<tr>
<td>VI. Adapt to Change</td>
<td>4</td>
</tr>
<tr>
<td>VII. Visual Response</td>
<td>4</td>
</tr>
<tr>
<td>VIII. Listening Response</td>
<td>3</td>
</tr>
<tr>
<td>IX. Taste, smell, and touch response and use</td>
<td>4</td>
</tr>
<tr>
<td>X. Fear and Nervousness</td>
<td>4</td>
</tr>
<tr>
<td>XI. Verbal communication</td>
<td>4</td>
</tr>
<tr>
<td>XII. Nonverbal communication</td>
<td>4</td>
</tr>
<tr>
<td>XIII. Activity Level</td>
<td>3.5</td>
</tr>
<tr>
<td>XIV. Level and Consistency of Intellectual response</td>
<td>3</td>
</tr>
<tr>
<td>XV. General Impression</td>
<td>4</td>
</tr>
<tr>
<td>Total score</td>
<td>54</td>
</tr>
<tr>
<td>Category</td>
<td>Severely Autistic</td>
</tr>
</tbody>
</table>
2. Summary of Case Formulation

2.1 Diagnosis
V 299.0, (F84.0) Autism spectrum Disorder requiring very substantial support.

2.2 Management Plan
The management plan of client’s challenges will be outlined on two different levels:
(1) Short term goals
(2) Long term goals

2.2.1 Short Term Goals
(1) To make client comfortable Rapport building was done to start the process of assessment and management of the challenges.
(2) The mother and teacher of the client received psychoeducation to assist them in comprehending the client's difficulties
(3) Learning readiness skills i.e., maintaining eye contact of the client were enhanced to facilitate the learning of new skills.

(4) Floortime (DIR) was used to help child expand her communication circle.

(5) Pivotal Response Treatment was used to encourage client to make requests and initiate conversation.

(6) Different behavior modification techniques such as prompting, fading, reinforcement and modeling were used to help child learn new skills in the area of socialization, self-help, motor and cognitive areas.

(7) Group activities were conducted to develop better social skills.

(8) Client's Individualized Intervention Program (ITP) was formulated to impart new skills encompassing learning readiness, self-help, socialization, language, cognitive, and motor skills.

2.2.2 Long Term Goals

(1) Continuation of short-term goals.

(2) Implementation of goals of Individualized Intervention Program (ITP) was carried out.

2.3 Implementation of Therapeutic Approaches

Rapport Building. Rapport was built by greeting child and by giving client her favorite activities such as coloring and cutting paper with scissors in order to carry out assessment and to teach child new skill with ease and to make client comfortable with the therapist.

Psychoeducation. Client’s mother was provided with information to help her gain insight into her child's challenges related to autism, including sensory needs and the underlying causes of self-hitting and head banging. Additionally, she was informed about the vital role of the clinical psychologist in managing these challenges and how following the psychologist's guidance could contribute to her child's progress. Similarly, the client's teacher was educated to ensure an understanding that the client's self-hitting, head banging and self-biting should not be seen as fulfilling needs. The teacher was encouraged not to wait for instances of self-harm but rather to promptly intervene and ascertain the underlying needs motivating such behaviors.

Reinforcement. Reinforcement refers to the mechanism through which a behavior is strengthened by the consistent and immediate consequences that ensue after its manifestation (Miltenberger, 2012). Client was given her reinforcer i.e. cutting basket with used magazine or newspaper and scissors at the end of every session so that she would complete all activities given to her to get her reinforcement.

Prompting and fading. Prompts serve the purpose of enhancing the probability that an individual will appropriately engage in a specific behavior at the right moment. These stimuli are presented either before or during the execution of the behavior, facilitating its occurrence and enabling the teacher to deliver reinforcement (Miltenberger, 2012). Client was given various verbal and physical prompts throughout the intervention program. Once the client mastered the skill being taught prompts were eliminated by the process called fading.

Differential Reinforcement of Other Behavior. Differential Reinforcement was provided to the client to increase the desirable and appropriate behavior while at the same time the undesirable or inappropriate behavior was decreased either by ignoring or interfering with the occurrence of undesirable behavior. Differential reinforcement was used to improve client’s eye contact every time client looked at the therapist she was reinforced and when client would not look at the therapist, she was either not reinforced or the colored cards were taken away.

Floortime (DIR) (Davis et al., 2014). Floortime is a therapeutic approach rooted in the Developmental Individual Difference Relationship Model (DIR). It operates on the principle that adults can facilitate a child's expansion of communication abilities by connecting with the child at their current developmental stage, fostering self-regulation, and nurturing their interests. This therapeutic technique often integrates play into activities conducted on the floor. The ultimate aim of Floortime is to guide the child through six pivotal developmental milestones crucial for emotional and intellectual development: developing a sense of intimacy or a special connection to the human world, establishing two-way communication, mastering complex communication, forming emotional ideas, and engaging in emotional thinking.

During Floortime sessions, the therapist or parent connects with the child in a way that suits the child's comfort, fully immerses themselves in the child's interests, and follows the child's cues. Through this shared interaction, parents receive guidance on facilitating the child's progression into more complex interactions, a process known as "opening and closing circles of communication." Floortime doesn't isolate or focus solely on speech, motor skills, or cognitive abilities but rather addresses these areas through a holistic emphasis on emotional development. The
term 'Floortime' mirrors the approach of parents actively descending to the floor to engage with the child at the child's own level.

Floortime was employed to enhance the client's two-way communication skills by engaging in tablet or iPad play that followed the client's lead and met her at her developmental stage.

Pivotal Response Treatment (Koegel & Koegal, 1970). Pivotal Response Treatment (PRT) is employed to impart language skills, diminish disruptive and self-stimulatory behaviors, and enhance social, communicative, and academic abilities. It centers on pivotal behaviors, those that exert a significant influence on a wide spectrum of behaviors. Positive transformations in these pivotal behaviors lead to improvements in communication skills, play interactions, social conduct, and the child's ability to self-monitor behavior.

Pivotal Response Treatment follows a child-directed approach, emphasizing motivation strategies throughout the intervention. These strategies encompass task variation, revisiting mastered tasks to ensure skill retention, rewarding attempts, and employing direct, natural reinforcement. The child plays a central role in determining the activities and items incorporated into the PRT process. For example, the child's deliberate efforts in functional communication are met with reinforcement corresponding to their communication endeavor (e.g., when a child attempts to request a stuffed animal, they receive the desired toy as reinforcement).

PRT was implemented with the client to reduce her self-disruptive behaviors and her tendency to make loud noises. The approach involved rewarding the child's requests by providing the desired objects or activities.

2.4 Group Sessions

Group 1 (Group session was conducted to enhance social skills). The group session was held with all children at school manifesting autism spectrum disorder. All children were gathered in playground of the school. The client was only allowed to enter the playground if she agreed to wear her sweater. She was also asked to look in the mirror and fix her hair and clothes before going out. Each child - teacher pair was made to sit in a circle. A play activity was carried out using three cardboard dice. One die had 1-6 numbers on it, another die had six colors on it and a third die had pictures of six activities on it such as spinning, clapping, jumping, hugging, toe-touching, and high five. There were six colored disks placed on the floor corresponding to the color-dice. Every child was given two turns and, in each turn, the child had to roll all three dice. When it was the client’s turn she rolled the number die it came out to be three. Then she rolled the color die it came out to be yellow and then the activity die it came out to be spinning. So, the client had to stand on yellow disk and spin three times. The client was given prompts and she was helped in spinning and all other children were asked to count as she spins three time. The client clapped when it was other children’s turns. In the next turn client rolled dice and it came out to be 4 times jumping on red disk. The client was told to jump 4 times on red disk but instead she started jumping from one disk to other until she jumped on all disks.

Group 2 (Group session was conducted to enhance social skills). This group session was conducted to develop pro-social skills in client. The game of Musical Chairs was played in activity area of school. All school children having autism spectrum disorder were included in this activity. The client was asked to wear her jacket before going to the activity area. The client took part in it and was able to get to third round but then she missed the chair when music stopped and was dropped out of the game. Next, a train was made by making children stand in a line. At first client wasn’t letting anyone put hand on her shoulders to make train but then she was explained the process and how other children were doing it. Then she let child behind her put hand on her shoulder and walked with other children and was laughing all through the play.

2.5 Post Assessment Conclusion

After implementation of intervention plan, a post management assessment was done. All the tasks that were taught to client were carried out with the client to obtain post-management outcomes. The results indicated that there was improvement in client’s presenting behaviors. Her eye-contact had improved and she started maintaining eye contact for 4-5 seconds, while it was revealed by the teacher that before the intervention she effectively made no eye-contact. She was able to take part in joint attention activities and let one person play a game with her 40% of the time. She was able to wear her jacket or sweater when going out 80% of the time. She started making requests when asked what she wants instead of indulging into self-injurious behavior 60% of the time. In the area of academic or cognitive skills client was now able to match the opposites, masculine-feminine, write 5 prepositions, write three sentences about herself, type dictated words on iPad, tell the names of the days, do addition on calculator and number sequencing till 9. In the area of motor skills, she was able to ride gym-bicycle for few minutes. Client was also able to paint pots and stack matching boxes on a shelf.
Table 4. Pre and post Assessment Ratings of the client

<table>
<thead>
<tr>
<th>List of Tasks</th>
<th>Pre-management Assessment</th>
<th>Post-management Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Readiness Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye-contact</td>
<td>No eye-contact</td>
<td>4-5 seconds</td>
</tr>
<tr>
<td>Social Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotion recognition</td>
<td>Unable to recognize emotions</td>
<td>Able to recognize happy and sad emotions</td>
</tr>
<tr>
<td>Joint play</td>
<td>Didn’t let anyone play with her</td>
<td>Lets one person play with her 40% of the time.</td>
</tr>
<tr>
<td>Waiting</td>
<td>Had no concept of waiting</td>
<td>Able to wait for few minutes when told</td>
</tr>
<tr>
<td>Cognitive skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matching opposites</td>
<td>Unable to match</td>
<td>Able to match on request</td>
</tr>
<tr>
<td>Masculine-feminine identification</td>
<td>Unable to identify</td>
<td>Able to identify six pairs</td>
</tr>
<tr>
<td>Typing on iPad</td>
<td>Unable to type</td>
<td>Able to type when words are spelled</td>
</tr>
<tr>
<td>Myself Essay</td>
<td>Unable to write</td>
<td>Able to write three sentences about herself</td>
</tr>
<tr>
<td>Names of the days</td>
<td>Unable to name</td>
<td>Able to tell the day when asked 40% of the time</td>
</tr>
<tr>
<td>Addition on calculator</td>
<td>Unable to add</td>
<td>Able to add (1-9)</td>
</tr>
<tr>
<td>Self-help skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing weather appropriate clothes</td>
<td>Unable to keep sweater on in winters</td>
<td>Wears sweater when going out 80% of the time</td>
</tr>
<tr>
<td>Looks in mirror and fix clothes</td>
<td>Unable to do</td>
<td>Able to do 20% of the time</td>
</tr>
<tr>
<td>Motor skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Riding gym-bicycle</td>
<td>Unable to ride</td>
<td>Able to ride for few minutes</td>
</tr>
<tr>
<td>Stacking similar boxes in a shelf</td>
<td>Unable to do</td>
<td>Able to stack milk boxes in a shelf</td>
</tr>
<tr>
<td>Pot Painting</td>
<td>Unable to paint the patterns</td>
<td>Able to paint pattern with prompts</td>
</tr>
</tbody>
</table>

Table 5. Pre and Post-management ratings by therapist

<table>
<thead>
<tr>
<th>Presenting concerns</th>
<th>Pre-management Ratings</th>
<th>Post-management Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes loud noises</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Hits on forehead with hand</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Head-banging</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Hand biting</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

2.6 Limitations
Non-availability, non-compliance and non-serious attitude of parents towards the school administration was a major limitation. Both parents only gave few minutes for interview due to which it wasn’t clear how client’s problem was being managed at home before coming to school.

Client was only sent to school on alternative days which made working with her difficult since she wasn’t able to remember what she did on her previous day at school.

2.7 Recommendations
(1) Long term goals of Intervention plan must be continued.
(2) Class teacher must not let child indulge into self-injurious behaviors and shouldn’t leave her unattended.
(3) Client should be made part of social activities at school more often.
3. Sessions Report

3.1 Session 1 (Date: 25.11.15)
In the initial session the rapport was built with client by giving her favorite picture to color. Client started throwing markers on the floor after using. Client was asked to pick up the markers from the floor or all the colors will be taken away from her. She picked up the markers from the floor and started coloring again. She was also given her cutting basket in which there was a used magazine and scissors. Client responded to the therapist by putting stripes of the paper in the basket that were falling out.

3.2 Session 2 (Date: 30.11.15)
Clinical interview of client’s teacher and mother was conducted. Client’s teacher reported about her behavior in school and history of academic abilities. Client’s mother was called to take detailed history of client’s history of present illness and home environment. Client’s mother said that she was in a hurry and only has few minutes. Brief history was taken from client’s mother due to limited time.

3.3 Session 3 (Date: 2.12.15)
Slosson Intelligence Test was started with the client. Client didn’t respond to first and second item. Client started making unusual noises. Client was given prompts but still she didn’t respond to the asked question and she continued to make loud noises and started hitting her hand on her head. Client was asked to relax and was asked “what do you want?” client answered by requesting water and play dough. Slosson Intelligence Test (SIT) was discontinued and client was given water and play dough.

3.4 Session 4 (Date: 7.12.15)
Children Autism Rating Scale (C.A.R.S) was administered with the help of client’s teacher till the area of fear and nervousness. Teacher’s observation was used to cross check client’s behaviors observed by therapist.

3.5 Session 5 (Date: 9.12.15)
Rest of the Children Autism Rating Scale (C.A.R.S) was administered with the help of client’s teacher. Observation were written under each area.

3.6 Session 6 (Date: 14.12.15)
In this session activity to enhance client’s eye contact was carried out. At first client did not look at the therapist but when more vibrant colored cards were put in front of therapist’s face and story was told with much enthusiasm client looked at the therapist. When client looked away the story was stopped and card was removed. After few seconds client was asked to look again and card was placed in front of therapist’s face.

3.7 Session 7 (Date: 4.01.16)
Different activities were done with the client along with the activity done in the previous session for eye contact. Different activities such as matching the opposites, prepositions and masculine feminine was done through activity sheets. Each activity sheet had three matching items. Verbal and gestural prompts were given to client to help her understand how matching should be done. Words were read for the client and client was asked to match the related item.

3.8 Session 8 (Date: 06.01.16)
Clinical interview with client’s father was done to complete the family history and client’s routine and behavior problems.

3.9 Session 9 (Date: 13.01.16)
Revision of eye-contact maintenance and matching the opposites, prepositions and masculine feminine was done on work sheets. Client was able to match the opposites on command. Client was also able to write preposition in the given spaces. Client had little difficulty in matching masculine feminine but was able to do it with verbal prompts.

3.10 Session 10 (Date: 18.01.16)
Client was taken to vocational area of the school after making her wear her sweater and making her look in the mirror before going out of her class. Client was told how to differentiate between different objects such as milk boxes, deodorant bottles etc. Client was told how to place different items on shelf. Modeling and prompting was used to explain the method to the client. Client started putting items on the right shelves with help of verbal prompts. Client was given her reinforcing activity at the end of the session.
3.11 Session 11 (Date: 20.01.16)
Clinical interview was conducted with the clinical psychologist who went for a home visit. Information was obtained about client’s home environment and to cross check information obtained from other sources.

3.12 Session 12 (Date: 25.01.16)
Vocational training was repeated. Client was asked to place matching boxes of milk on one shelf. Client was monitored while she placed the boxes and prompts were provided when necessary. Revision of matching, words opposites, masculine feminine and preposition was done with the client. Names of the days were introduced to the child.

3.13 Session 13 (Date: 27.01.16)
Client was told which day it was, which day was yesterday and what day would be tomorrow. Multiplayer games were played with client on iPad according Floortime technique client was made to sit on the floor and her favorite game was played with her to develop her awareness of people around her. Client had awareness of alphabets on iPad she was asked to type what was dictated to her. Different words were being typed by client on command. She was taught to calculate on calculator. Client was made to write myself essay in which three sentences were written and client had to copy those sentences. Client was able to copy the sentences but she started making mess on paper by writing different alphabets and making shapes. Activity sheet was taken from client and her reinforcing coloring picture was given to her.

3.14 Session 14 (Date: 01.02.16)
Client was asked which day it was, which day was yesterday and was told what day would be tomorrow. Typing on iPad was practiced again. Revision of myself essay writing and addition on calculator was done. Pasting of numbers, what comes after and before certain number was done with the client. Emotion recognition was taught to client by using pictures of happy and sad faces.

3.15 Session 15 (Date: 03.02.16)
Names of days were asked and told to the client. Revision of activities from previous session was done. Practice of typing was done on iPad, addition on calculator was done again, and pasting of numbers was also revised. Emotion recognition through pictures was repeated. Hand impression of client was taken on a chart paper by painting different colors on the palm of client’s hand.

3.16 Session 16 (Date: 08.02.16)
Names of days were asked from client. Client was then taken to gym. She was made to sit on the gym-bicycle. Client was nervous and was making loud noises. She was told to relax and cycling was modeled and client was then asked to sit again and try paddling it for few seconds. Then client was taken to her class room pot painting was done with the client. Client was allowed to paint the pot however she liked.

3.17 Session 17 (Date: 10.02.16)
Names of days were revised. Revision of practicing gym-cycle riding was done with the client she was made to sit longer now cycle this time. Client was able to paddle cycle for two three minutes this time. Then she was taken to her class where pot painting was done with her and she was given instructions for using certain colors in certain areas.

3.18 Session 18 (Date: 12.02.16)
Different activities from previous session were repeated such as matching opposites, masculine feminine, proposition, pasting numbers and addition on calculator was done with the client to make sure that she hasn’t forgotten how they are done. Client was able to do most tasks on requests. Client was also taken to vocational area of school to assess her performance.

3.19 Session 19 (Date: 15.02.16)
Outcomes of all tasks taught to the client in therapeutic sessions were obtained.
References


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