Case study of an autistic child- evaluation

This case is of an 8-year-old boy, Steven.

Steven has been diagnosed by a Pediatrician as having an Autistic Spectrum Disorder because of the severity of his needs In terms of communication and reciprocal social Interaction. Autism Is a pervasive developmental disorder that Is very complex and Involves a broad different and separate physical and mental disorders. Outlasts children are In the private world of their own. It Is common beliefs that performance of Individuals with autism was inferior when compared to that of normal children.

Autism is a psychiatric disorder ND it is characterizes by (a) gross social deficits , such as, difficulties in forming and maintaining social relationships and deficits in reciprocating social interaction; (b) a striking impairment in both verbal and nonverbal communication; (c) the presence of repetitive behavior (Radioman, 2001). It is believed to be caused by biological factors due to: neurological symptoms, mental handicap, genetic causes, infections, and also difficulties in pregnancy.

The diagnosis generally requires a team of professionals because of the many unique characteristics and behaviors of the autistic child. However, the psychiatrist and the psychologist are mainly responsible for the diagnosis and the psychological evaluations Involved. Children with autism would show specific deflect on activities that demand the ability to understand hierarchical interrelatedness among classes (Salmon, 1995). However, children with autism do not show marked impairments in seniority categorization since in young children at this level require a minimal amount of abstract thought (Warily, 1998).

Studies (Barack, 1994; Chairman, 1997; Warily, 1998; Warily, Sigma, & Jack, 1994) show that at a concrete operations stage of cognitive placement differences between children with autism and other individuals occur. Chairman (1997) state that impairment in empathy, pretend play, attention and imitation have been linked to the later problems In social understanding and reciprocal social communication.

Children have difficulty responding to people, events and objects and their responses to light, sound and feeling may be exaggerated.

Even though autism Is thought of as a disease or disorder, outlasts children can demonstrate special skills, such as, play instruments, accurately sing songs, and recognize structures of music. Research also show that individuals with autism performed better on matrices based on perceptual attributes than on matrices based on functional attributes (Shah & Firth, 1993). It generally appears that ability to manipulate cognitive operations (e. G.

, planning, inhibition, flexibility, and working memory) is deficient in low functioning autistic individuals. Many therapies have been devised to help autistic children.

Some of these therapies are behavior therapy, speech and language therapy, holding therapy, music therapy, and the newest one, facilitation therapy. In the school settings it will be difficult to roved therapy to an autistic individual due to the resources available and the workload of the school counselor. A lot of repeated assistance and routine patterns is the best way to assist an autistic child in learning activities or schedules due to

tenet low memory tidally A consistent routine can De ten Key to teaching an outlasts child how to learn and perform a specific task.

Alongside a daily routine is the importance of placement of things in an autistic child's surroundings. The counselor's role here is more of a supporting nature, supporting the child as well as he school system to accommodate the child. This essay will provide Stevens educational and personal background and evaluate the intervention programs in the school settings. Stevens family background: Steven is the youngest child in a family of three children. He has a 14-year-old brother at a high school and a 19-year-old sister.

At home the family speak Spanish.

His father said that Stevens Spanish was not good and also at his school Stevens teacher noted that he struggled with the spoken language and had limited vocabulary. Stevens educational background: Steven started kindergarten in 2000 when he was years old. In early February 2000 a speech and language assessment was carried out by a Speech Pathologist. His school because of inability to understand and follow instructions in the classroom referred him. He was assessed as having a Severe Language Disorder.

In late February a Psychologist gave Steven a WHIPS-R. Again the school because of academic and language problems referred him. He was assessed as having significant Verbal discrepancy with Performance in average. In June that year Steven was transferred to the local primary school and a

Pediatrician organized to test Steven for Fragile X. The Pediatrician reported normal chromosomes and no Fragile X.

AT school, in October, school counselor, who is also the District Language Counselor, assessed Steven on ADS.

Non Verbal Score was in the Mild Disability Range raising possibility of global intellectual disability rather than language disorder (he was later diagnosed as autistic). However this score was inconsistent with previous Heckler score. Expressive language has increased significantly sine the beginning of the year but is observed to be non-reciprocal and incessant about his particular interests. Steven was given a low priority for language Support Class. In July 2001 Chance Teacher Report was completed and found scores in the significant range for Attention and Thought Problems.

At this time application for Support Teacher Behavior was made. In February 2002 A Community Pediatrician diagnosed Steven with an Autism Spectrum Disorder because of the severity of his needs in terms of communication and reciprocal social interaction. In October assessment o WISH Ill by the school counselor showed significant Verbal/ Performance discrepancy as with previous WHIPS-R Verbal score in moderate range and Performance in Low Average range. In November a specialist teacher (teacher of Autism satellite class at the school) observed that Steven had very poor academic skills compared with her students.

In 2003 Steven was placed in the mainstream class.

Again he was deemed to be very poor academically. There was an intervention program for Steven where he was removed from the class by a teachers aide and administered this program that built on social and communication skills. Sometimes the teacher's aide would work with Steven in class. Stevens class teacher completed two patella measures; Valance Ana BAAS, Don AT wanly snowed patella functioning in moderate range. Finally the District Guidance Officer applied for Special Consideration for placement in IM class. Barack, J.

A. (1994).