

Ref. No. ICP 4354

Date: 5/8/2019

Psychological Clinic
Institute of Clinical Psychology
University of Karachi

PSYCHOLOGICAL ASSESMENT REPORT

Name: Arham Sheikh
Father's Name: Mr Abdul Aleem Sheikh
Date of Birth: July-6-2010
Dates of Assessment: April 2, 3, 9, 10, 11 & 15 2019
Examiner: Ms Ayesha Salman
Case No: 24719

Identifying Information

Arham Sheikh is 8 years and 9 months old boy. He is the only child of his parents. His father's education is Masters in business administration and is recently working as country director in Gerry's International Pvt Ltd. His mothers' education is Masters in international relations and she is house wife. Arham belongs to Muslim, Punjabi speaking family with, upper socioeconomic status. He lives in a joint family setup and resides at Salala Apartments Daud Pota Rd, Cantt, Karachi.

Referral Source and Presenting Complaints

Arham is referred to the Institute of Clinical Psychology, University of Karachi by Dr. Yasmeen working at Agha Khan University Hospital, Karachi, for the purpose of I.Q assessment and behavior therapy. His presenting problems as reported by his mother include; hitting, biting, pinching, poor eye contact, self-talk, low adaptability to change and restrictive repetitive behavior.

Tests Administered

- Slosson Intelligent Test----- (SIT)
- Draw A Person intellectual ability Test for children----- (DAP-IQ)
- Vineland Adaptive Behavior Scale, Second Edition----- (VABS-II)
- Childhood Autism Rating Scale----- (CARS)
- Attention Deficit Hyperactivity Disorder Test----- (ADHD-T)
- Children Apperception Test (Animal) ----- (CAT-A)

Behavior during Assessment Session

Arham's appearance was kempt, and well groomed. In initial sessions he appeared moody and had difficulty in adjustment with the examiner. However in later sessions with the utilization of positive reinforcement strategies he responded well and followed the instructions of examiner. He had limited reflective speech that restricted his performance on verbal tasks. However it was noticed that he had difficulty sustaining his attention on one task and wanted to engage in other activities simultaneously. He engaged himself in activities of his interest that were related to performance whereas he had difficulty maintaining focus and attention on different

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comprehension tasks for which persistent attempts on the part of examiner were required to gain his attention.

Arham has understanding of conventional social gestures; he tried to interact with others and responds to social gestures when asked. However he had difficulty engaging in conversation or initiating conversation. He displayed fleeting eye contact and had difficulty following instructions in one go. He had limited sitting tolerance and mostly enjoyed roaming outside the room. On many assessment tasks his distractibility affected his performance. He sometimes threw temper tantrums as a mean to influence examiner for the engagement in his preferred activities.

On neuropsychological screening test (BG), Arham started the task with interest but later became challenged when he was unable to copy the required complex geometric designs and left the test incomplete. Further he tried to discard the relevant protocol of his performance with irritable mood. Examiner tried to apply the same test in multiple attempts in later sessions, but child refused to perform on it and become agitated whenever presented with the stimulus due to which the neuropsychological screening test was terminated.

Psychological Evaluation:

On Slosson Intelligence Test (SIT), Arham's mental age is found to be equivalent to a of 6 years and 1 month old child, almost 02 years below his chronological age, the current IQ score was 68 with (95% confidence interval : 60-76) which categorizes his current performance within the "Low" range of intellectual functioning. Further, qualitative analysis indicates that the child performed well on arithmetic and motor tasks such as drawing shapes and counting on paper. However he had difficulty in comprehension items, items that requires abstract reasoning and speech.

It was observed that his distractibility and speech limitations interfered with his performance and impacted negatively, so for further correlations Another nonverbal intelligence test i.e. DAP-IQ was administered in order to assess his nonverbal intelligence as well, on DAP, which Arham obtained IQ score was found to be equivalent to 74 with a percentile rank of 4, and age equivalent of 5 years 6 months, that is reflective of "Mild impairment". further clinical observations indicated that Arham has difficulty in comprehending instructions of the task so with supervised guidance and simplified instructions he was able to complete the task.

Arham's overall adaptive functioning level (which is comprised of skills in four areas, i.e., Communication, Daily Living Skills, Socialization and motor skills) as assessed by Vineland Adaptive Behavior Scales-II indicates "Adequate" range. Domain analyses indicate "Mild Deficit" in Communication, Daily Living Skills, and motor skills And Socialization domain.

Furthermore, Communication sub-domain analyses indicate that Arham's receptive, expressive, and written skills subdomain is in "Moderately Low" range. His age equivalents for the three sub-domains are 5.6, 3.6, and 6.10 year respectively. For example, he performs better on items that require him to express himself through reading and written skills. however he has difficulty

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in pre-speech expressions and interactive speech, which limits his functioning to moderately low range.

Daily Living Skills sub-domain analyses indicate that Arham has "Low" functioning in personal and community skills and in domestic subdomain it falls within "moderately low" range. His age equivalents are 3.6, 3.11 and 5.5 respectively. For instance, he has better ability to complete kitchen and household chores but he needs assistance in self- grooming and health care activities. however it is expected that if Arham would be provided with the opportunity of supervised guidance and training in the areas of deficit, chances are fair that his functioning in the subsequent skills would be improved.

Moreover, Socialization sub-domain analyses reveal that Arham has "Low" functioning in interpersonal relationships, play and leisure time, however it falls within "Moderately low" range on coping skills. His age equivalents are 2.10, 2.10 and 3.4 respectively. For example, Arham respects mannerism but has difficulty in taking responsibilities according to his chronological age and in expressing and recognizing emotions, imitating actions and maintaining social communication through the understanding of verbal and nonverbal gestures according to his mental and chronological age.

Motor Skills sub-domain analyses indicate that Arham has "Adequate" functioning in gross motor skills and in fine motor subdomain it falls within "Moderately low" range. His age equivalents are 6.10 and 4.7 respectively. For instance, he has the ability to engage in play activities however he has difficulty in manipulating objects to create something new.

Maladaptive behavior index analyses reveal that Arham's functioning in "Average" range domain analysis indicates that on internalizing and externalizing subdomains his functioning is on "Average" range. For example Arham is impulsive and has temper tantrums.

On CARS, Arham obtained a total score of 30, indicating "Mild" presence of autism. High scores were observed in difficulty relating to people, and adapting to change in his environment or giving emotional response. Due to which he is feeling difficulties in adjustment with the environment.

Keeping in view his excessive distractibility and short attention span, Attention-Deficit/Hyperactivity Disorder Test (ADHD-T) was also administered to rule out any possibility of comorbid features that could be of need of clinical attention. His current profile is indicative of "Below Average" range. Probability of ADHD (quotient=83) thus his feature of inattention and impulsivity would be counted as associated disturbance of autism spectrum disorder.

Projective analysis indicates that Arham perceives his environment as supportive. He has needs for play. He becomes anxious when overpowered and feel helpless. His behavioral temper tantrums are actually his defensive way of gaining control in situations where he found himself overpowered and rejected. This pattern can easily be manageable through Individualized Applied Behavior Analysis program.

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Tentative Diagnosis:

299.00 (F84.0) Autism Spectrum Disorder, Mild, Requiring Support For Deficits In Social Communication, Without Accompanying Intellectual Impairment, With Accompanying Language Impairment- Phrase-Speech.

Conclusion:

Overall evaluation and interviewing information indicates that the client's symptomatic pattern falls within the category of "Autism Spectrum Disorder, Mild". Further analysis indicates that client's intellectual and adaptive functioning falls within "Adequate" range which is improved as compared to his previous records. Manifestations of social and communication impairments seems to be due to coping difficulties with adjustment to change in environment and as a defense leads to his disruptive behaviors. However a proper supportive environment and individualized resource teaching would be beneficial for management of these behaviors.

Recommendations:

Following are some of the recommendations that might help in improving child's functioning:

- Applied Behavior Analysis (ABA), with Behavior therapy to help him in improving his maladaptive behaviors.
- Behavioral strategies such as contingency management (e.g., point/token reward systems, timeout, response cost) should be focused for treatment is recommended to control his hyperactivity with other maladaptive behaviors.
- Speech therapy is recommended for the child in order to improve his communication skills and socialization. Written, verbal and pictorial forms of communication as well as gestures and demonstrations are helpful to ensure mutual understanding and improve treatment adherence.
- Sensory integration and occupational therapy is recommended in order to overcome his sensory needs.
- Parent Management Training (PMT) parent is taught child management skills and taught to use contingency management procedures. Family guidance or counseling is recommended for healthy environment of the child.
- Engage client in constructive and mind-building activities, such as reading, games, and puzzles.

Recommendations for improved academic learning:

- Use simple and concrete language to teach specific social rules/skills, such as turn-taking and social distance. It will help the client to behave in socially acceptable manner.
- Instructions should be given in precise manner and repeat instructions if necessary. Also check on understanding level of child.
- Teaching very specific tasks or teaching tasks in sequential order would be helpful to enhance and improve his comprehension and understanding of the task.

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- Behavioral interventions should be considered to provide a clear structure and set a daily routine including time for play.

Recommendations for meltdown and disruptive behaviors;

- Recognize the triggers that make the child feel over whelmed and distressed, like his sensory needs, changes in environment and communication difficulties.
- Increase predictability about the situation to ensure his readiness before changing the task.
- Incorporate relaxation techniques to make him feel relaxed and calm and to increase his coping.
- Facilitate him to express his feeling appropriately before getting frustrated, and for better communication with others.


Recommendations for improved social communication:

- Use of visual stimulus such as pictures, videos and social stories to enhance social emotional reciprocity and communication.
- Improving eye contact by using strategies that will encourage the child to look at the face of the person who is communicating.
- Assigning particular and specific time for encouraging social interaction.
- Enhancing communication by facilitating the client for every effort he does.

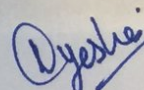
Recommendations for parents

- Active involvement of parents with therapist and teachers to help formulate goals, learn strategies and effective dealing with the client.
- Parental support in carrying out the designed task to establish continuity of learning in home environment.

Supervisor


Dr. Hina Imran
Associate professor

Examiner


Ayesha Salman
MPhil 1 Internee