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PSYCHOLOGICAL REPORT

BIOGRAPHICAL DETAILS

Name of Client:	Sean Gwenzi
Date of Birth:	24 October 2018
Date of Assessment:	07 November 2024
Chronological Age:	6 years and 14 days
Sex:	Male
Educational level:	ECD B
School:	Wise Owl Pre-School
Referred by:	Parents
Referral details:	Learner struggles with concentration, has speech problems and general symptoms suggestive of Autism.
Consent:	Consent was given by parents

Referral details: Sean's parents consulted the psychologist as they were concerned about their child's communication and behavior. They were specifically concerned that the child is exhibiting symptoms suggestive of Autism Spectrum Disorder (ASD).

Prenatal History & Birth order: The child was delievered through the C-section section. Sean is the last born child in a family of four children.

BACKGROUND

Background information was gathered from Sean's mother and aunt. Sean's aunt indicated that the boy had normal developmental milestones and had most aspects of his cognitive and communication domains functioning fairly well until about the age of 2 years when he started to

struggle with speech. At some point a pediatrician was concerned that the child may be deaf, however it turned out that even though the child hears, his speech was incoherent.
Sean hit his milestones like sitting, standing walking etc. just like the average child, there were no delays in that regards.

The aunt indicated that Sean is very hyperactive but most of the time prefers to play alone. He loves playing with water. It was reported that Sean is good at following routines. He does not speak a lot but when he does, his speech has an abnormal tone or rhythm and may use a singsong voice or robot-like speech. He has no significant problems in repeating words verbatim. His aunt reported that the boy is good with numbers and letters of the alphabet.

ASSESSMENT FINDINGS

During the assessment, Sean was unsettled and was moving up and about the room, he enjoyed the activities that he was doing and appeared like he was in a world of his own. He struggled to pay attention to the requests that were coming from the psychologist. Part of the assessment was carried out outside the consulting room and that proved to be a comfortable environment for him as he enjoyed running around.
During the assessment, Sean too interest in colouring and playing with blocks which he organized so well. The assessment also revealed that the boy does not enjoy playing with other children and he does not consider it important to fit in with peers. Sean does not spontaneously initiate a chat and finds it difficult to keep a two-way conversation. Sean does not maintain eye contact and struggles to maintain a conversation and even pay attention. His aunt reported that he cannot imaginatively play with other children or engage in role play.
Sean is very good at following routines and gets disturbed when the routine is interrupted. He generally likes to do things over and over again in the same way. He appears to have unusual memory for details. His voice is a bit flat and monotonous and he rarely speaks unless if asked a question or asked to repeat a statement. His social behaviour is generally one sided and most of the time on his own terms. During the assessment, Sean struggled to pay attention and would continue to engage in his playful activities even though the psychologist was speaking to him. He however would respond to questions even though he was fidgeting and playful. For the larger part of the assessment, he was playing with water.

The above analysis and background points to a diagnosis of Autism Spectrum Disorder (ASD) – F84.0 Level 2 "Requiring substantial support".

Without accompanying intellectual impairment.

With accompanying language impairment.

It is important to highlight that the diagnosis was made on clinical basis as per DSM 5 – TR criteria below:

- Criterion A: Persistent deficits in social communication and social interaction across multiple contexts, as manifested by deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

  Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- Criterion B: Restricted, repetitive patterns of behavior, interests, or activities, as manifested by stereotyped or repetitive motor movements.
- Criterion C: Symptoms must be present in the early developmental period. Some of the symptoms of ASD started appearing at around the age of 2.
- Criterion D: Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. Sean finds it difficult to communicate and play with peers.
- Criterion E: These disturbances are not better explained by intellectual developmental disorder (intellectual disability) or global developmental delay.

Sean's has symptoms suggestive of **Hyperactivity** which is a component of Attention Deficit Hyperactivity Disorder (ADHD) although the symptoms that he presented with and those reported by the caregiver are not enough to warrant a diagnosis of ADHD. Particularly, the child presented with the following symptoms in line with the DSM V TR.

Inattention

1) Often has difficulty sustaining attention in tasks or play activities (for example Sean had difficulty remaining focused during the assessment, conversations, or lengthy reading).

2) Often does not seem to listen when spoken to directly (for example Sean's mind seemed to be elsewhere, even in the absence of any obvious distraction).

3) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplSean (for example., starts tasks but quickly loses focus and is easily sidetracked).

Hyperactivity and impulsivity

1) Often fidgets with or taps hands or feet or squirms in seat.

2) Often leaves seat in situations when remaining seated is expected (e.g.,leaves his or her plSean in the classroom, in the office or other workplSean, or in other situations that require remaining in plSean).

3) Often runs about or climbs in situations where it is inappropriate.

4) Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, for example he struggled to remain still during the assessment).

For a diagnosis of ADHD to be made, the learner should present with at least six symptoms of the Inattention continuum and six symptoms of the Hyperactivity continuum.

INTERVENTION

The parents received brief psycho-education on the meaning of a possible diagnosis of ASD and other developmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD). The psychologist explained that whilst there were no pharmacological treatments for ASD, the symptoms can be managed.

RECOMMENDATIONS

The assessment and diagnosis pointed to Level 2 ASD which requires substantial support and some symptoms of hyperactivity and inattention. In that light, the psychologist makes the following recommendations to assist the child both at home and at school:-

1) Add **structure and routine** to Sean's days. Structure and routines are especially important for the autistic child. He will often need to know exactly what to expect, and do better with a very consistent schedule. Try to have a clear set of tasks for things like bedtime and getting ready for school or daycare. Make this the same every day if you can.
2) Use of **Picture Cards and Visual Schedules**. Picture cards and visual schedules help to give pictorial image of tasks and activities to be carried out in advance. So, before taking the child to an actual environment or learning situation, we can first demonstrate to the child using picture cards and even create a routine before-hand. Visual schedules can be made from drawings, photos, or text, and can be used independently over time. These are usually represented as the sequence of events throughout a day or within specific tasks, helping the child manage their time, understand transitions, and reduce anxiety. In essence, almost all learning experiences of the child have to be based first on visual exposure.
3) The teaching and learning environment should incorporate a number of **sensory tools and strategies** to maximize Sean's learning. Some of the sensory strategies will be outlined below. However, it is necessary to have a sensory toolkit for Sean. The sensory toolkit can include Auditory tools such as noise cancelling headphones and earplugs to be used in high noise environments. Olfactory Tools such as Scented Playdough or Putty. Oral Motor Tools such as Water Bottles with Straws or Bite-Valves. Tactile tools such as sensory balls.
4) **Allowing for Movement and Breaks** after every short period of learning. For example, at school, teachers could ask the learner to erase the board, collect papers or take a message to the office. Each time the location is changed, the learner may experience a burst of mental energy. Additionally, the learner may need to be doing something with their hands while seated. They may doodle, roll a piece of clay or perform some other manual tasks that enhance their alertness and arousal.
5) Designing an **Individualised Education Programme (IEP)** – The first critical step is designing an IEP which addresses the key issues that want to be learnt. The IEP should be designed bearing the child's mental age and the key skills to be achieved in the week, month and term. The IEP should be designed by the specialist teacher in consultation with

the parents and the educational psychologist. The IEP will be designed once the child enrolls for Grade One.

6) The psychologist recommends that **Discrete Trial Training (DTT)** be used as a teaching strategy for Sean especially for complex tasks.
   - Discrete trial training (DTT) is a one-to-one instructional approach used to teach skills in a planned, controlled, and systematic manner.
   - DTT is used when a learner needs to learn a skill best taught in small repeated steps.
   - The cornerstone of DTT is the use of **task analysis to break down skills into small teachable steps.**
   - The teacher will have to do a task analysis of the skill, identify each step of the skill, and list steps in sequential order from entry to mastery level.
   - The teachers and the parent will have to reward the learner for every small improvement in performance.
   - Teachers will have to **repeat the same learning trial** several times in a row, ensuring that the learner is successful multiple times at whatever step of the skill or concept is being taught.

7) Sean would benefit from being taught by a Special Needs Teacher/ Specialist Teacher in a class with not more than 7 learners.

CONCLUSION

The child presented with symptoms of ASD which led to a diagnosis of level 2 ASD. Although there were some symptoms suggestive of ADHD and a number of Hyperactivity symptoms they were not enough to warrant a diagnosis of ADHD. Recommendations have been proffered to manage the presenting symptoms of ASD from both the home and the school environment. In terms of schooling, the psychologist recommends the adoption of an inclusive learning set up supported by a special needs educator.

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