

PSYCHOSOCIAL PERSPECTIVES ON CHALLENGES OF ADOLESCENT WITH AUTISM SPECTRUM DISORDER: A CASE STUDY

Ms. Sobhiya vani M.O.T (Paed), FAOT (NDD)
NIEPMD, Chennai, Tamil Nadu, India.

Abstract- The aim of the present study was to find out the perspectives of psychosocial challenges of an adolescent with ASD. A case study method was used for the present research study. Miss “N” aged 15-year female was diagnosed as Autism Spectrum Disorder and was assessed using Psychosocial skills and Psychological components from Uniform Terminology in Occupational Therapy, Child and Adolescent Scale of Participation (CASP) and Canadian Occupational Performance Measure (COPM). The data was analysed and it was concluded that psychosocial problems are significantly higher in adolescent with autism. This study recommended to implement the psychosocial intervention, to reduce challenges faced at home and community.

Key Terms- Adolescent, Psychosocial, Autism Spectrum Disorder.

Introduction

Adolescence is the transitional stage of development between childhood and adulthood, representing the period of time during which a person experiences a variety of biological and emotional changes. Hall denoted this period as “Storm and Stress” and states “conflict at this developmental stage is normal” (Hall GS, 1904). During this period, adolescents suffer from various forms of problems/dysfunctions and conflicts, which ultimately impair normal psychosocial development aggravating psychosocial dysfunction

Autism spectrum disorders (ASDs) (or pervasive developmental disorders (PDDs), in the DSM-IV) are impairing developmental disorders characterized by aberrations in the domains of social interaction, communication and stereotyped or repetitive behaviour patterns, estimated to affect about 1% of the general population (Kadesjo B et al.,1999). Specifically, adolescents with an ASD have been reported to experience difficulties in establishing or maintaining peer relationships, participating in social and recreational activities, and often report having few friendships (Bauminger and Kasari, 2000)

Researchers have tried to define psychosocial dysfunction in many ways, but confusion remains. However, understanding regarding psychosocial dysfunction concludes that it is a state of emotional and behaviour disorders synonymous with internalizing and externalizing conditions, respectively. Most common disorders include depression and anxiety (internalizing disorders), and delinquency, aggression, educational difficulties, and truancy (externalizing disorders) (Ahamed A et al.,2007). However, the aim of the present case study was to find out psychosocial perspective on challenges of adolescent with ASD

Research Methodology

The aim of the present study was to find out the psychosocial perspective on the challenges of adolescent with ASD. A case study method was used for the present research study. Miss “N” aged 15-year female was diagnosed as Autism Spectrum Disorder by Dept. of Clinical Psychology in NIEPMD and also had a history of developmental delay. She is attending service in NIEPMD model school to till date. Informed consent from the parents was taken. She was assessed using psychosocial skills and psychological components based on Uniform Terminology in OT and interview to the parent, Child and Adolescent Scale of Participation (CASP) and Canadian Occupational Performance Measure (COPM) to analyse the psychosocial problems.

Chief complaints

Miss “N” 15- year aged female brought by her parent with the complaints of frequently chewing her mouth without food, always rolling her hair, pressing her eye with index finger. The felt need of the parent was to reduce her stereotypical behaviours.

Case History

A 15 years old female is the first born of one of the twin child from non- consanguineous marriage. Full term baby and caesarean delivery, her birth cry was normal and birth weight was 2. Kg. She had mother feed (Breast feed) up to the age of 3 months. Immunization was given as per the schedule. “N” had viral fever for 4 days at age of 3 months. At 6 months of age, she had complaints of frequent fever, loss of sleep at night and was taken to the hospital at Mumbai. They could not find the reason. Parents consulted with another doctor which was diagnosed be a seizure at 8th month. The seizure was under control by medication. She has undergone medication for seizure still the age of 3 years.

By the age of 5 years, parents noticed the behavioural issues and came to NIEPMD, referred by friends for further management. The various rehabilitation members assessed the child at NIEPMD. She was diagnosed as an Autism Spectrum Disorder by Dept. of Clinical Psychology. She joined NIEPMD Special School and continued her special education and other services till date. Then she got her puberty at the age of 13 years.

Looking at the family history, mother’s age was 21 years and the father’s age was 32 years at the time of marriage and mother’s age at conception was 22 years. Mother’s antenatal check-up was regular. Mother had jaundice at 3rd month of conception and also taken iron injection for three times at 5th month. And her younger sister studying 7th class. They live in nuclear family and belong to lower socio economic status.

Occupational Therapy Findings:

Her vision & hearing appeared to be functional. She could follow instruction with repetitive prompting. When in need she is able to speak in two words. She has generalised hypotone in her musculature. She could walk independently with wide base gait. she is left hand dominant. She does needle (threading) work with physical prompts. She has sensory processing difficulties (vestibular seeking, proprioceptive seeking, tactile & visual seeking). She is able to do sorting of colours and shapes with physical and verbal prompts. She was able to randomly identify numbers from 1 to 10.

Basic Activities of Daily Living (BADL) like Eating, Toileting, Menstrual hygiene, Bathing, Dressing, Grooming require minimal assistance. During shopping task, she could passively accompany her mother, she did not participate actively while shopping like carrying bags. On household task, she does very rarely with physical & verbal prompts.

Psychosocial assessment:

Miss “N” was assessed using psychosocial skills and psychological components based on Uniform Terminology in OT, Child and Adolescent Scale of Participation (CASP) and Canadian Occupational Performance Measure (COPM) for outcome measure.

Test behaviour

Testing was conducted in two sessions in three days along with her parents. Parents were very cooperative. She can follow instruction with repetition, expressed her needs through non- verbal communication most of the time and she can speak two words at the time. She established stereotype behaviours and tried to escape from the place during the assessment.

Analysis and Interpretation

The psychosocial perspectives on challenges was analysed by using psychosocial skills and psychological components based on Uniform Terminology in OT and also conducted face to face interview to the parent, Child and Adolescent Scale of Participation (CASP) and Canadian Occupational Performance Measure (COPM) for outcome measure. The result of data was analysed and displayed in tabular and graphic formats.

Result and Discussion:

The aim of the study was to find out the psychosocial perspectives on challenges of adolescent with ASD. In this case study table:1 showed the result of psychosocial skills and psychological components from uniform terminology in Occupational Therapy.

Table: 1 Psychosocial and Psychological components of Miss. “N”

Psychological	Social	Self-Management
<p>a. Value:</p> <ul style="list-style-type: none"> In self-identity, she did not understand her value and beliefs. But she showed her interest towards her favourable items 	<p>a. Role performance:</p> <ul style="list-style-type: none"> she was able to understand about her role with (class room activity in special school) class teacher and her classmate. She helped her mother in some household activity with more verbal & physical prompts 	<p>a. Coping skill:</p> <ul style="list-style-type: none"> She used to avoid from an activity and place, when she did not like or maintain herself keep calm. When she was upset, it reduced her involvement to participate in any therapeutic and home activity.
<p>b. Interest:</p> <ul style="list-style-type: none"> she preferred to hear song from mobile. She would like to travel by bus and like to be in park or beach 	<p>b. Social contact:</p> <ul style="list-style-type: none"> she couldn't maintain her personal space, eye contact and active in listening & participating her activity. She communicates through pointing, pulling & speaks two words of the object. She required prompts for participating in group & peer group activity 	<p>b. Time management:</p> <ul style="list-style-type: none"> she was not able complete her therapeutic activity, house work within time limit. She was taken more time when performing BADL and sometime she was hurry & incompleteness of given task.

<p>c. Self-concept:</p> <ul style="list-style-type: none"> • she did not know about the difference between from boy and girl. • She will choose her dresses based on her sister's dress whether new or casual dress. • She has delay in getting ready from home and to go out. 	<p>c. Interpersonal skill & self-expression:</p> <ul style="list-style-type: none"> • She was able to greet others on prompting • she couldn't maintain her interpersonal relationship with her sisters actively. • She requires verbal prompt to share her materials. • She doesn't get permission from her sister's, parent's & classmate's to get desired object 	<p>c.self –control</p> <ul style="list-style-type: none"> • She was not able to control her emotions. • She expressed her need through crying, making sound and pulling or pushing others.
--	--	---

In Psychological skills, she has problem in self-identity, self- concept and gender difference. In **social skills** she has problems in social contact, interpersonal and self-expression skills. In **self-management skills**, she has problems in time management and self-control skills. This result is supported by **Megan Foley Nicpon et al., 2010** and it was concluded that Psychosocial functioning appears to impact the high ability in adolescent with ASD and developmental differences in severity may exist.

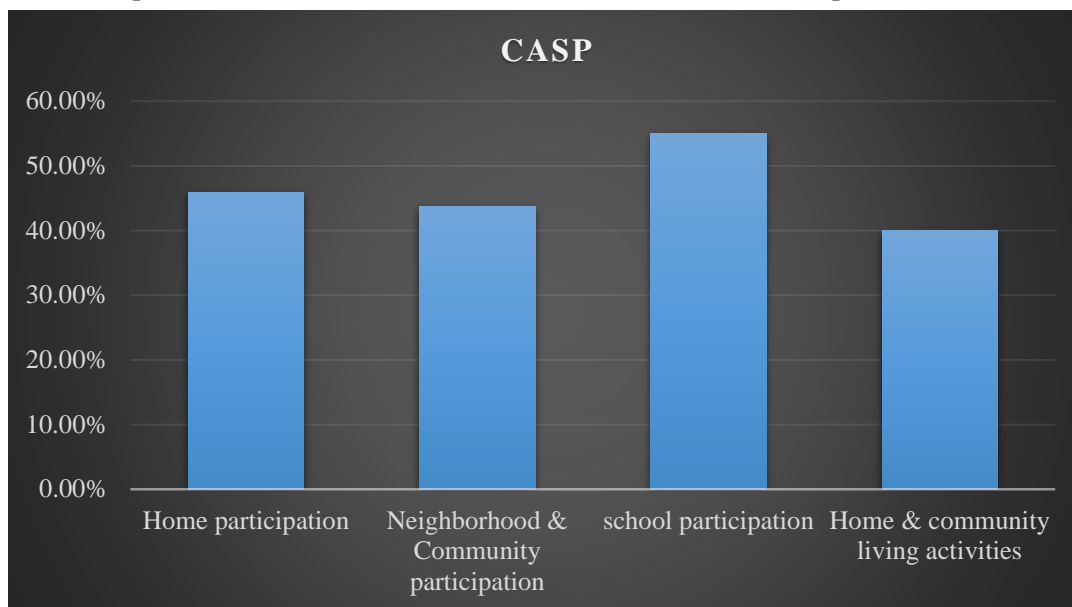
The open ended questionnaire (interview) was given to parents to find out their challenges in the home and community. Table:2 shows the result of feedback about their challenges based on their parental aspects.

Table:2 Parental feedbacks and their challenges

Sl.no	Open ended questions	Parental Responses
1.	How did you motivate/ facilitate your daughter to participate in an activity?	• Parents were using positive words to facilitate her activity at home. She likes to be with her younger sister rather than her twin. Her younger sister motivates her to participate in house hold activities and other activities.
2.	Are you going to attend or celebrate any family functions/ festivals ?	• Parents used to celebrate their festival within their family. They don't prefer to attend celebrations outside of their home and also other family functions.
3.	Is there any culture given challenges?	• They avoid to talk to their neighbours due to their community restriction (Muslim). culture is the barrier to facilitate the communication with neighbours and others. Parents were facilitating her to participate in cultural events within their family.
4.	How did she manage herself during weather changes?	• She could tolerate climate changes and the changes of light and sound
5.	Can she access her home and school independently?	• She requires assistance to reach to the school and back to home. She also needs assistance in managing in public places like waiting for bus, getting in and getting down from the bus.

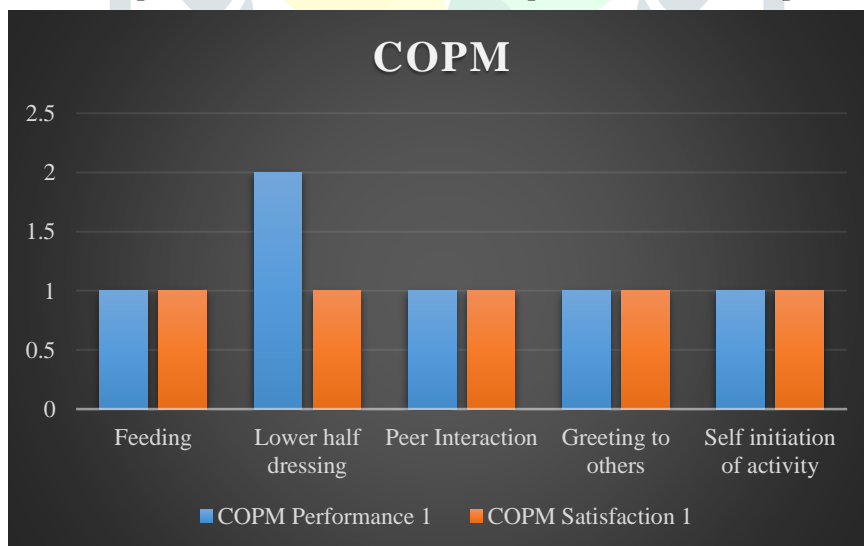
The result of open ended questionnaire (interview) in Table:2 shows that parents are having problem in attending festival and family functions from outside of their home due to disability. They are avoiding to talk to neighbours due to community restriction and also their culture is the barrier to facilitate communication with neighbours. Parents reported that she requires assistance to reach school and back to home. She requires assistance for waiting for bus and getting in and getting down from the school bus.

Graph:1 shows the result of Child and Adolescent Scale of Participation (CASP).



In the results of Child and Adolescent Scale of Participation, she has scored 45.83% in Home participation, 43.75% in Neighbourhood and community participation, 55% in school participation and Home & community living activity was 40%. The CASP results shows that her school participation (55%) is higher than other participation scores. The overall percentage of participation score was 42.5% and the result revealed that she has less participation in neighbourhood, community, home and school.

Graph:2 Result scores of COPM Occupational Performance problems



The results show in graph:2 scores of performance and satisfaction of occupational performance problems by parents in the Canadian Occupational Performance Measure (Lawet al., 2005). Four main performance areas were identified as concerns and priorities: daily living occupations (feeding and lower half dressing self), peer interaction, greeting to others and self-initiation of activity. COPM performance scored in feeding, peer interaction, greeting to others and self-initiation are 1 out of 10 and the lower half dressing are 2 out of 10. COPM satisfaction scores of occupational problems are 1 out of 10. This result found that problems like feeding, lower half dressing, peer interaction, greeting to others and self-initiation of activity leads to facing problems in occupational performance skills

like less participation in neighbourhood, community and home & school. This result also supports the study by Liron Lamash 2018 conclusion that adolescent with Autism Spectrum Disorder show poor independence in daily activities with their peer.

Limitation

1. Case study method, hence the results cannot be generalized to larger population
2. The results of the study cannot be generalized to other age groups as it is adolescent population.
3. Duration of the study is short

Future Recommendation

1. Study can be done through sampling
3. Psychosocial Intervention can be used to implement in future studies

Conclusion

Psychosocial challenges are significantly higher in adolescents with autism and the outcome of the study directly reveals that there will be a problem in performing her occupational performance skills. The present study recommends to plan and implement the psychosocial interventions to reduce her challenges faced at home and community.

Reference

1. Ahamd A, Khalique N, Khan Z, Amir A (2007). Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med* 32:219–21.10.4103/0970-0218.36836 [CrossRef] [Google Scholar]
2. Bauminger N, Kasari C (2000). Loneliness and friendship in high-functioning children with autism. *Child Dev.* 2000 Mar-Apr; 71(2):447-56. [PubMed] [Ref list]
3. Gary Bedel (2011). *The Child and Adolescent Scale of Participation (GASP)*
4. Hall GS. (1904). *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education.* New York: D.Appleton & Co;. [Google Scholar]
5. Law,M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko,H., & Pollock, N. (2005). *The Canadian Occupational Performance Measure (4th ed.).* Ottawa: CAOT Publications
6. Liron Lamash (2018). Daily Routine and Autonomy: Identifying Independence and Desire for Autonomy in Daily Activities Among Adolescents with Autism Spectrum Disorder. *AJOT*, Vol. 72, 7211500007p1. doi:10.5014/ajot.2018.72S1-PO1006.
7. Megan Foley Nicpon, Alissa F. Doobay, Susan G. Assouline (2010). Parent, Teacher, and Self-Perceptions of Psychosocial Functioning in Intellectually Gifted Children and Adolescents with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, August 2010, Volume 40, Issue 8, pp 1028–1038
8. Kadesjo B, Gillberg C, Hagberg B: Brief report: autism and Asperger syndrome in seven-year-old children: a total population study. *J Autism Dev Disord.* 1999, 29: 327-331. 10.1023/A:1022115520317.
9. Uniform Terminology for Occupational Therapy -Third Edition, (1994). *American Journal of Occupational Therapy*, Volume 48. Number 11.