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CASE REVIEW

Navigating Educational Therapy: A Case Study of a 10-year-old Boy with Autism

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Article DOI: <https://doi.org/10.64663/aet.31>

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Cite as: Singh, H. (2024). Navigating educational therapy: A case study of a 10-year-old boy with autism. *The Asian Educational Therapist*, 2(1), 47-52.

ABSTRACT

This case review explores the journey of Alex (not his real name) and his parents as they navigate the challenges of autism spectrum disorder (ASD) diagnosis and management. Initially, the child's parents sought professional guidance due to Alex's difficulties in social interactions and communication. A comprehensive evaluation confirmed his diagnosis using standardized assessment tools. The family embarked on understanding and managing Alex's unique needs, particularly within educational therapy. Utilizing a 7-step case management system, the author of this paper delves into the experiences, challenges, and successes encountered by the child and his parents throughout the process.

Keywords: Autism Spectrum Disorder, ASD diagnosis, Educational therapy, Case management system, Social interactions

1. INTRODUCTION

Alex (not the real name), a 10-year-old boy diagnosed with autism spectrum disorder (ASD), is navigating the case management system (CMS) of the educational therapy (EdTx) (see Liu, Xie, & Deng, 2023, for detail) with his parents, Mr and Mrs Mark and Sarah (not the real names). This case study sheds light on the challenges or problems they face and the strategies employed and/or solutions suggested to enhance Alex's educational therapy experience.

2. BACKGROUND

Alex's parents sought professional guidance when they noticed his difficulties in social interactions,

repetitive behaviors, and challenges in communication. A comprehensive evaluation done by a psychologist in private practice confirmed his diagnosis of ASD through the administration of the Autism Diagnostic Observation Schedule-Second Edition Module 2 (ADOS-2 Module 2; Lord et al., 2012) and the Autism Diagnostic Interview-Revised (ADI-R; Rutter, LeCouteur, & Lord, 2003). The family then embarked on the journey of understanding and managing Alex's unique needs, particularly within the framework of the educational therapy.

2.1 STEPS TAKEN IN THE CASE MANAGEMENT SYSTEM WITHIN EDUCATIONAL THERAPY

The Case Management System (CMS) within the context of educational therapy (EdTx) (see Figure 1) involves the following seven key stages (also see Liu, Xie, & Deng, 2023, for more detail):

Step #1. Case measurement, i.e., screening (e.g., the Prodromal Screener for Autism Spectrum Condition/PS-ASC; Merlion Paediatric Healthcare Group, 2023) and assessment (e.g., ADOS-2 and ADI-R) to prepare a Case Review Report (CRR) for Alex.

Step #2. Case consultation, i.e., reviewing of screening and assessment results (see Kempson, 1978, for detail) reported in the CRR to determine the issues of concern, and sharing the findings reported in the CRR with the consultees, usually the primary caregivers (i.e., Alex's parents) and/or the client (i.e., the child himself).

Step #3. Case collaboration, i.e., upon verbal and/or written agreement by the consultees (i.e., caregivers and/or client) and relevant professionals (e.g., an educational therapist, a speech-language therapist and an occupational therapist) are assigned to look at the case, where "[D]iscipline-specific contributions are discussed in a multidisciplinary context" and "[A]ll clinicians have an obligation to maximize client autonomy and participation in decision-making" (Zuscak, Peisah, & Ferguson, 2016, p. 1107).

Step #4. Case treatment design, i.e., developing a one-year individualized treatment program (ITP) with its annual aim, semestral goals and 4-term objectives from which the individualized education plans (IEPs) will be derived (White, 2022; Yell & Stecker, 2003). The criteria for the ITP and IEP are set by the agency that is managing the case.

Step #5. Case treatment implementation, i.e., based on what has been provided and recommended in the ITP, the professionals assigned to follow up the ITP with their respective IEPs will carry out their own intervention plans as well as to monitor the child's progress throughout the intervention period, e.g., the speech-language therapist will focus on social communication skills in the IEP, while the educational therapist will work on the child's learning skills in another IEP (see Johnston, 1984, for an example of an ASD case).

Step #6. Case evaluation, i.e., at the end of the intervention period (usually after three months or one term of 10 weeks), a formative assessment is done to determine if the target outcomes of the respective IEP have been attained (VanDerHeyden, Witt, & Gilbertson, 2007; Wesson, 1982).

Step #7. Case alignment, i.e., this takes place at the end of a respective IEP (Yell & Stecker, 2003; also see Johnston, 1984, for an example of an ASD case) and it typically involves reviewing and ensuring that the goals and objectives set for the client align with his/her specific needs and educational requirements (Flannery & Hellemn, 2015). It is a process of verifying that the strategies, accommodations and services outlined in the IEP are consistent with Alex's ITP and intended to support his/her academic and developmental progress .

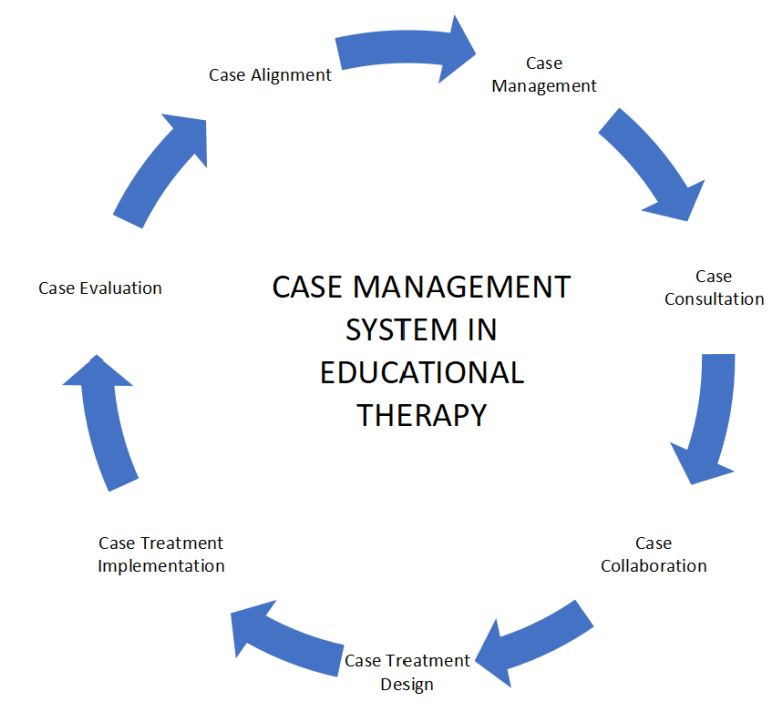


Figure 1. Case Management System in Educational Therapy

3. CHALLENGES IN THE CASE MANAGEMENT SYSTEM WITHIN EDUCATIONAL THERAPY

Challenge #1. Individualized Treatment Program (ITP) Development:

Key problem: Designing an individualized treatment program (ITP) for Alex poses challenges due to the heterogeneity of ASD symptoms and individual differences between or among children with ASD (Pua et al., 2021; Uljarević et al., 2017). Tailoring interventions to address specific needs, communication styles, and sensory preferences is crucial.

Author's suggested solution: A multidisciplinary approach, including input from teachers, speech therapists, occupational therapists, and behavioral specialists, is needed. Regular dynamic assessments and treatment adjustments to the ITP based on the child's progress can enhance its effectiveness.

Challenge #2. Individualized Education Plan (IEP) Development:

Key problem: Crafting an individualized education plan (IEP; Jozwik, Cahill, & Sánchez, 2018) tailored to Alex's needs proved challenging due to the diverse nature of ASD (see Johnston, 1984, for an example of an ASD case).

Author's suggested solution: Collaborative efforts between Alex's parents, teachers, and special education professionals were essential in developing a customized plan (i.e., IEP) that addressed his specific learning requirements.

Challenge #3. Communication Barriers:

Key problem: Alex's limited communication skills posed hurdles in expressing his needs and understanding instructions (Koegel & Ashbaugh, 2017).

Author's suggested solution: Implementing augmentative and alternative communication (AAC) tools, such as visual schedules and communication boards, facilitated effective communication both at home and in school or classroom.

Challenge #4. Social Integration:

Key problem: Alex struggled with social interactions (a challenging issue often seen in children with ASD), leading to feelings of isolation among his peers (Little, 2017).

Author's suggested solution: The inclusion of social skills training in his therapy plan (i.e., ITP and/or IEPs) and collaboration with a peer support system promoted a more inclusive environment, fostering positive relationships among students.

Challenge #5. Sensory Sensitivities:

Key problem: Alex exhibited sensitivities to sensory stimuli, impacting his ability to concentrate in a traditional classroom setting (see Robertson & Simmons, 2013).

Author's suggested solution: The integration of sensory-friendly accommodations, including a quiet space and sensory tools, enhanced his comfort and focus during learning activities.

Challenge #6. Consistent Monitoring and Adjustment:

Key problem: Regularly assessing Alex's progress through dynamic assessment (e.g., Autism Behavior Checklist/ABC; Krug, Arisk, & Almond, 1980) and adjusting interventions proved essential but resource-intensive.

Author's suggested solution: Establishing a close partnership between parents and educators enabled continuous monitoring, allowing for prompt adjustments to the educational therapy plan as needed. This is also known as therapeutic alliance (Hougaard, 1994).

4. OUTCOMES AND RECOMMENDATIONS

Through concerted efforts from all stakeholders (i.e., the client, the primary caregivers, the teachers and the therapists) involved in the case management system (CMS) of the educational therapy (EdTx) (see Liu, Xie, & Deng, 2023, for more information of the process) that was provided for Alex, the child showed notable progress in his academic and social development. His parents actively participated in psychoeducational workshops conducted by the child's assigned therapist and/or counselor (Chia & Chia, 2015) to better understand and support his needs, while his school/class subject teachers received ongoing professional development to enhance their capacity to address diverse learning styles of children with ASD.

Parents of special needs children often face unique challenges and stressors that can impact their mental health and well-being (Benn et al., 2012; Pachița & Gherguț, 2023). Hence, it is better for these parents to go for psychoeducational workshops. Psychoeducation provides them with valuable information, coping strategies, and support to better understand their child's condition, navigate the healthcare system, manage their own emotions, and advocate effectively for their child's needs (Tapias et al., 2021). It can also help them develop realistic expectations and build resilience, ultimately improving their overall quality of life and their ability to provide effective care for their child.

Recommendations for the CMS in EdTx include continued training for teachers on ASD awareness, increased resources for sensory-friendly accommodations, and fostering a more inclusive and understanding the child's school culture and/or class subculture (see Horsman, 2022, for more detail).

5. CONCLUSION

Alex's case underscores the importance of a collaborative and holistic approach in navigating the case management system (CMS) within the context of educational therapy (EdTx) for a child with autism like

him (see Liu, Xie, & Deng, 2023, for detail). By addressing the unique challenges faced by both the child (client) and parents (primary caregivers), with professional input from the therapist and counselor, in a collaborative consultation or therapeutic alliance (see Chia & Chia, 2015, for more detail) a more supportive and inclusive learning environment can be established, promoting the overall well-being and development of Alex – a child with ASD.

6. ACKNOWLEDGEMENT

The author, who is currently pursuing his Registered Educational Therapist credential with the US-based International Association of Counselors & Therapists, wishes to thank his supervisor, Dr Kok-Hwee, CHIA for his invaluable advice, guidance and support in the writing of this paper.

7. COMPETING INTERESTS

Author has declared that no competing interests exist.

8. FINANCIAL DISCLOSURE

No funding obtained.

9. ARTIFICIAL INTELLIGENCE DISCLOSURE

No generative AI or AI-assisted technologies were used in the preparation of this manuscript.

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