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Case Report of Specific Learning Disorder

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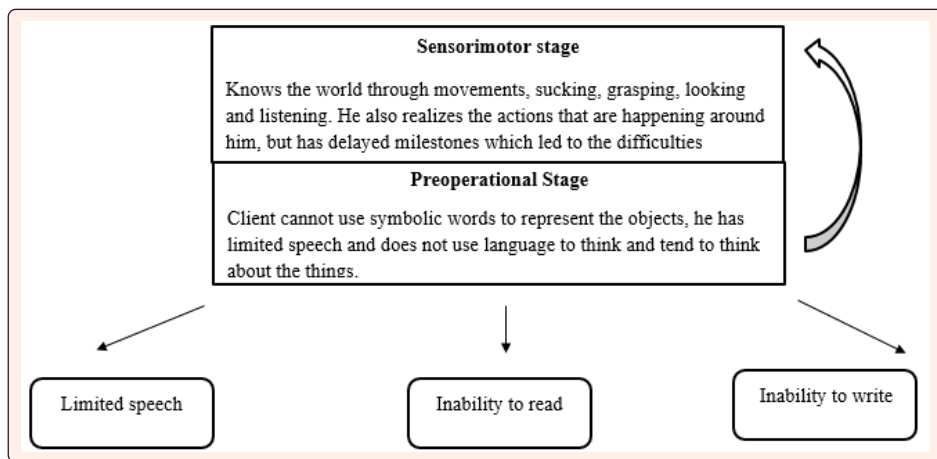
Abstract

A seven years old boy was referred to an outpatient department of psychiatry. He came with the complaints of limited words, difficulties in learning and using academic skills, refuses to comply requests from authority figures and easily annoyed. Client was assessed with Informal and Formal Assessment. Informal assessment includes detailed history taking and Mental state examination whereas Formal Assessment includes Portage Guide for early education and Learning Disabilities Checklist. Retrospectively, DSM criteria, case history and results of psychological testing conclude that Client was suffering from Severe Specific learning disorder with specifiers of with impairment of reading, written expression and mathematics. Treatment was done including Applied Behavior Analysis, Positive reinforcement and long-term goals for the dyslexia, dysgraphia and dyscalculia which resulted in a recovery over time, which will be examined through follow-up sessions in order to maintain the recovery.

Case Presentation

Client was a seven years old boy, he came with the difficulties of unable to read or write, non-compliance and having issues while socially interacting with peers. The client was the only child and has been diagnosed with cerebral palsy and dandy walker syndrome [1,2]. He has gone through a surgery of hip joint, these are the medical causes that are causing issues in the client. Some professional regard SLD as a biologically based disorder associated with specific neurological dysfunctions. Many researches have shown that heredity is considered to be a major factor with SLDs occurring at higher rates within members of same families [3]. In the present case client has a family history of neurological dysfunctions. Many researches have shown that prolonged and inappropriate stress in the environment can harm the brain at any age. Corticosteroids released into the bloodstream during stress can damage the hippocampus and thus interfere with the mental health conditions (or Life-threatening/terminal illnesses and their family members. The psychological causes that may be causing these difficulties includes the non-compliance of the client and the low self-esteem with low confidence level. The other factors that are the main cause behind the difficulties are the delayed milestones and his inability to write due to his physical disability. In the present case Family involvement in psycho-education can improve compliance and ensure that their child experiencing mental health concern is given adequate support while they receive treatment.

Case Conceptualization (Piaget, 1896-1980)



Evidence based practice was used which includes Psycho-education, Applied Behavior analysis, Parent Management Plan and Long-term goals for dyslexia, dysgraphia and dyscalculia. The therapies were conducted individually and is still continued, till date 80 sessions that were given over a period span of 80 weeks, with every session lasting for about 45 minutes. The plans of every session were organized in the following way: Detailed history taking, Assessments with psycho-education and treatment plan. Some sessions included planned activities and description of the conclusions of sessions and allocation of home activities. These activities were aimed to reinforce the patient to practice the learned behavior from the sessions and to make her capable of using the skills learnt during the session in everyday life. During the therapy, the patient kept weekly records about her perception of her phobia.

Outcome

During the assessment, the client's presenting complaints matched all the diagnostic criteria for Specific Learning Disorder according to the Diagnostic and Statistical Manual of Mental Disorder. Portage Guide for Early Education was administered according to which client's motor skills i.e., his gross motor and fine motor skills were not age appropriate, as the client falls in the developmental age of 5 years and 2 months. As per self-help skills the self-help skills were also not age



appropriate because he is diagnosed with cerebral palsy, therefore, he needs assistance to get food, crossing the road; i.e., the client falls in the developmental age of 4 years and 2 months due to the delayed milestones. As per language and communication skills, they were also not age appropriate. His expressive language is not good as the client is unable to pronounce sounds due to which his communication is affected. The client scored lowest on the language ability as he lies in the 1 year and 7 months developmental age. As per socialized skills they were also not age appropriate, he only says sorry when someone reminds him. He was not able to say please and thanks to other people and did not wait for meal on the table. The client lied in the developmental age of 3 years and 9 months. As per cognitive skills client was able to draw circle. He could recognize things small and big in size. He could write his name. The client falls in the developmental age of 5 years and 4 months. According to the Learning Disability Checklist, as the client has cerebral palsy, he has physical limitations, which are an obstacle for him in learning especially in writing. As per fine and gross motor skills he has limited success with games, in not able to write in lines resulting in poor handwriting. According to Language domain, he has trouble naming people or objects and has difficulty in rhyming. As per reading, he has difficulty in remembering a new word and has trouble naming letters. In Written language domain, he demonstrates delays in copying and frequently revises the letters and numbers. As per attention, she has difficulty in organizing the tasks. In math domain he has difficulty in counting, estimating and has trouble telling times. As per social/emotional domain, he has no difficulty and can maintain positive social status in peers' group. Lastly, he has difficulty in identifying left and right and generalizing the concepts.

Table 1: Below table shows corrected item numbers and the age levels of the client

Domains	1st Failure	Age Range	last corrected Item No	Age Range
Motor skills	34	0-1 years	131	5-6 years
Self-help skills	57	3-4 years	77	4-5 years
Language skills	22	1-2 years	28	1-2 years
Socialization skills	49	2-3 years	70	4-5 years
Cognitive skills	19	1-2 years	107	5-6 years

NOTE: Basal item(33); Ceiling item (131)

Table 2: Shows developmental ages of all area of PGEE

Domains	Developmental ages in years	Months
Motor skills	5 Years	2 Months
Self-help skills	4 Years	2 Months
Language skills	1 Years	7 Months
Socialization skills	3 Years	9 Months
Cognitive skills	5 Years	4 Months

Table 3: Scores on the Learning Disability Checklist

Domains	Characteristics
Gross and Fine Motor Skills	6 out of 8 characteristics
Language	4 out of 16 characteristics
Reading	3 out of 14 characteristics
Written Language	4 out of 9 characteristics
Math	6 out of 9 characteristics
Attention	1 out of 7 characteristic
Social/Emotional	0 out of 5 characteristics
Others	2 out of 5 characteristics

Table 1 and Table 2 indicates the score of Portage Guide to Early Education and table 3 indicates the scores of Learning Disability Checklist.

Discussion

The Treatment used reduced the symptoms of the Specific Learning Disorder according to the DSM-V criteria. According to the nature of the case study, many variables that could have influenced the client's decrease in symptoms, making it necessary to develop studies that can control these variables. Psychoeducation plays a vital role in Client's treatment; the patient can learn about their condition and will help them with her compliance. Adding the Applied Behavior Analysis, the client's symptoms were getting reduced but as it is a slow procedure so it takes time. Currently the client is having ABA sessions daily, which will help in managing the symptoms of the client.

Conclusion

The following above document contains the confidential information. The parents were given informed consent, which was signed by the parents. The name of the client is kept confidential with the private information that is not essential in the report. Ethical concerns regarding diagnosis mainly surround the issue of Labeling and its consequences. After diagnosis, the client will inevitably be labeled with the diagnosed illness so this labeling will cause Stigmatization. Where the patient will have a negative persona attached to them because they are labeled as mentally ill. An individual's behavior is affected by the culture in which he is brought up in he is likely to be different in perception of behavior in different cultures and in different norms. In this every individual has in own cultural view of the world and every psychological disorder is originated from the west so as a result this diagnosis is in favor for the western culture. G.U. is a child and there is an observation that he might be developing dependence on the therapist for all his activities. This factor needs to be reviewed and the boundaries of the client and therapist should be maintained. This suggestion will be followed from the next sessions. Another factor that might require strong concern includes that the parents communicated that they need their child to be perfect within less time so that they can discontinue the therapy and they are regularly communicating this concern with the therapist and the coordinator. This matter is communicated to the on-site supervisor and family therapy and psychoeducation is scheduled in the upcoming sessions, to give them more clear view about the therapeutic procedures and education about the disorder.

References

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3. Cortiella C (2009) The state of learning disabilities 2009. New York, NY: National Center For Learning Disabilities, US.