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Evaluation, Intervention, And Therapeutic Results Of A 5-Year-Old With ADHD And Mild Intellectual Disability

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Abstract

This case study examines the evaluation and intervention procedure for a 5-year-old child in a clinical environment in India who has been diagnosed with modest intellectual disability and Attention Deficit Hyperactivity Disorder (ADHD). Adaptive and cognitive functioning were assessed using the Vineland Social Maturity Scale (VSMS) and the Developmental Screening Test (DST). Individual counselling, family psychoeducation, behaviour modification, occupational therapy, and speech therapy were all part of the treatment. Over several sessions, a notable improvement in the child's social and adaptive functioning was noted.

Keywords

Vineland Social Maturity Scale, ADHD, Occupational Therapy, Behaviour Modification, and Developmental Screening Test.

Introduction

Background of the Patient: The patient is a 5-year-old boy from India who comes from a humble yet supportive socioeconomic home. Although he is now enrolled in school, his parents and instructors have noted that he struggles greatly with impulse control, hyperactivity, and focus. His learning and social connections at school are impacted by his inability to sit still, finish assignments, and follow directions. His frequent outbursts, rapid abandonment of tasks, and difficulty with disciplined routines at home raise concerns about his development and safety.

Family Concerns: Because of the child's growing difficulties in controlling his behaviours and the detrimental effects on day-to-day living, the child's parents sought expert assistance. They expressed annoyance at his lack of focus, hyperactivity, and frequent outbursts. They also saw that he had trouble interacting with others, particularly when it came to making friends or taking part in group activities. The family is looking for ways to support him in succeeding at home and in school.

Evaluation and Diagnosis: The Vineland Social Maturity Scale (VSMS), which was part of the examination, indicated deficits in social and communicative abilities. Mild intellectual disability was revealed by the Developmental Screening Test (DST). The results highlighted the need for specialised interventions to help his behavioural and developmental difficulties, especially when combined with indications of Attention Deficit Hyperactivity Disorder (ADHD).

Research Evidence

Behavioural Strategies for the Treatment of ADHD The use of behaviour modification strategies to treat children's ADHD symptoms is supported by research. Fabiano et al. (2009) claim that behaviour treatment, which incorporates organised routines and positive reinforcement, dramatically lowers behaviours associated with ADHD. Their meta-analysis highlighted the importance of organised techniques in treatment plans by showing that behavioural interventions improve parent-child interactions and classroom behaviour.

Multidisciplinary Methods for Intellectual Disability and ADHD In order to address the wide range of challenges that children with ADHD and intellectual disabilities experience, it is essential to integrate different therapeutic approaches, such as occupational therapy and speech therapy. According to a study by Ghuman et al. (2008), children's attention, motor coordination, and social communication significantly improved when behavioural therapy, occupational therapy, and speech therapy were used in tandem. The study emphasises how professionals must coordinate their care in order to promote a child's complete development.

Participation of Families and Psychoeducation A key component of treating ADHD and related developmental difficulties is providing parents and other carers with psychoeducation. Hoza et al. (2005) highlighted in their study that parental education and involvement have a major impact on treatment plan success. The intensity of ADHD symptoms is significantly lessened when parents receive training on how to apply behaviour modification techniques and uphold regular routines. The study also emphasised that better management at home and at school results from parents being more informed about ADHD.

Treatment

This section describes the multi-phase therapy strategy intended to address both intellectual difficulties and symptoms of ADHD, with an emphasis on improving the child's adaptive abilities and offering family support.

First Session: Psychoeducation and Individual Counselling:

Establishing a rapport with the child and learning about his comfort zones were the main goals of the first session.

The parents received psychoeducation on ADHD, emphasising behavioural management techniques to enhance compliance and attention. Parents received education about the traits of ADHD, with a focus on developing organised routines and patience.

Session 2: Referral to Occupational Therapy and Behaviour Modification:

In order to address the child's attention and impulsivity problems, behaviour modification techniques were introduced during the second session of individual counselling. Token rewards for desired behaviour were among the tactics used to reinforce self-control and attentive behaviours.

The youngster was referred to an occupational therapist for evaluations and activities aimed at enhancing fine motor skills, sensory integration, and attention because of his problems with motor coordination.

Sessions 3–5: Continued Behavioural Modification and Occupational Therapy:

The youngster had occupational therapy, which aimed to improve adaptive abilities, motor coordination, and sensory processing. Play-based activities, such as drawing and stacking blocks, were integrated into sessions to enhance fine motor coordination and attention span.

At the same time, counselling reinforced behaviour modification tactics, with strategies tailored to the child's development.

Referral for Speech Therapy in Session 6:

The youngster was referred to speech therapy as part of a comprehensive intervention strategy. Supporting communication skills was the goal because the child's limited expressive vocabulary affected his social relationships and involvement in school.

Findings and Remarks:

The child's behaviour and adaptive functioning improved during the course of the sessions. Improvements in attention span, following directions, and impulsivity were seen with the use of planned routines at home and at school as well as ongoing support.

His learning and social interaction were aided by the notable improvements in fine motor skills and sensory modulation brought about by occupational therapy.

Conclusion

This case study demonstrates the value of a multidisciplinary approach in the treatment of young children with ADHD who also have moderate intellectual disabilities. The child's adaptive functioning and social involvement significantly improved as a result of the combination of behaviour modification, psychoeducation, occupational therapy, and speech therapy. Optimising developmental outcomes required early intervention in conjunction with school assistance and family involvement. To guarantee long-term improvement, future interventions might look at follow-up meetings and ongoing assistance in educational environments.

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