

Be the Change you wish to see in the world

Case Discussions



Note: All the following cases are true, as treated by Baal Saathee Team. Real names of the child and the schools are changed so as to maintain confidentiality

Case 1

- **Identification Data**
- Name: Minakshi
- Age: 4 years 1 month
- Date of Birth: 9 March 2015
- Gender: Female
- School: XYZ School, Noida, Uttar Pradesh

History Of Present Illness

The child was admitted in the school in Pre Nursery in the year 2018. She was a diagnosed case of Autism Spectrum Disorder co morbid with Attention Deficit Hyperactivity Disorder.

Presenting Concerns by the Parents

Agitated
Beats other

Very selective about the
food

Smells stinky objects

Sometimes inappropriate
laugh

“She moves in circular
motion in the house, and
does not feel dizzy.”

Concerns reported by the Class Teacher

- Not able to understand and follow the instructions
- Does not respond to external stimulus/ surroundings
 - She beats others.
 - No interaction with the peers.
 - Unclear speech

Intervention given by the School

- Shadow Assistant
- Special Education to work on pre academic skills of the child.

As Baal Saath

- CHILD
 - BAAL SAATHEE
- Parents
- Community
- School/Teachers

As Baal Saathee

INTRODUCTORY SESSION

- A detailed session was taken during face to face interaction and filling of detailed pre-assessment form with the parents to understand the child better and to provide an holistic intervention approach for the healthy development child.

Family History

- Minakshi is an adopted child. Minakshi was born of second marriage of father . Her father's first wife died and was survived by three children. Minakshi's mother is his second wife. During pregnancy the biological mother had been physically abused by her husband , who was alcohol dependent. Her mother was sexually abused multiple times by husband's friends. The biological mother was in distress and trauma throughout her pregnancy. Minakshi's has two elder biological siblings.
- Her Father did not accept Minakshi after her birth as she was a girl child and all what he was praying was a boy. He threw the new born baby on the floor in disgust citing the anger that he wants a baby boy.

Adoptive Parents

- The adoptive parents adopted her 3 hours after birth.
- The adoptive parents have also adopted a girl of age 2.5 years. They also support 7 other girls financially by keeping them as domestic help.
- During the introductory session, The legal mother expresses that since Minakshi is from the lower strata so “she purposely smells the stinky objects” , “She likes eating dirt.” “She puts hankerchief in her mouth”

Concerns highlighted by Baal Saathee

- No audiometric test was done. The mother was advised to get it done and submit the report in school.
- Her booster vaccinations were discontinued post 2 years of age.
- She had an unhealthy sleeping pattern (sleeping for only 3-4 hours at night) since one year, which was identified as a concern by Baal Saathee.
- *Her Clinical Assessment reports had no stamp of certified practitioner

Intervention By Baal Saathee

- All the concerns of the parents were considered and counselled about the same.
- The child sleeping with a handkerchief is normal at this stage as almost all the children during these years put things in the mouth. It's a sign of oral gratification. The symbolic representation of sucking also symbolises insecurities in the child.(it has no significance with socio economic background of the child's biological parents)
- Re-evaluation of Psychometric Assessment of the child by Baal Saathee.

Intervention By Baal Saathee

- Audiometric Test Report (since autism features can also be co-morbid with hearing difficulty symptoms, thus so as to rule out the differential diagnosis)
- The mother reported that she cannot get the audiometric test done as her doctor told “we cannot do hearing test for a autistic child”.
- Post this, our team booked the appointment on the same day with the E.N.T Specialist and for the audiometric test. But mother again refused to get it done.

- A shadow assistant *is appointed for Minakshi who is a 16 year old girl, 4th pass who accompanies her in school and takes care of her at home as well.
- The incident of shadow assistant hitting the child in school is reported and on strictly saying her not to hit and beat the child, she expresses that she has been instructed by the mother to hit her in order to correct the inappropriate behaviour.

Intervention By Baal Saathee

- Regular chart with detailed information of sleeping pattern of the child for the last one month was said to be maintained by the parents and consultation by the Baal Saathee's Physician.
- Instructions to the parents on how to manage the child at home.

Intervention By Baal Saathee

- Alternative Strategies for the teachers how to handle the child in the class room.
- Working on one to one counselling session “habilitative” (building new skills) or “rehabilitative” (restoring lost skills).
- Implementation of strategies to apply learned skills to new environments and situations (generalization) and to maintain functional use of these skills social skills, including joint attention, imitation, reciprocal interaction, initiation, and self-management; functional adaptive skills that prepare the child for increased responsibility and independence.
- Reduction of disruptive or maladaptive behavior.

Intervention By Baal Saathee

Nutrition Intervention

- Minakshi is very picky in eating she doesn't take much healthy diet.
- An individualized diet plan to be given to Minakshi, considering her food allergies and required dietary needs.
- A diet plan prepared as per the dietary intake and body requirements. Also, Keeping in account her food allergies.

Progress

- The child was unable to sustain eye to eye contact and within a time span of 3 months , the eye to eye contact has been improved. She has started responding to her name.
- By a collaborative approach with a Behaviour Therapist and Special Educator, the self stimulatory behaviour such as smelling the objects, rotatory movements have been completely controlled.

Progress

- Using Antecedent Behaviour Model the child has been trained and taught about pointing to the objects and communicating what she wants, such as saying toilet if she wants to use toilet,

Case 2

- **Identification Data**

- Name: Sanya

- Age: 17 Years

- Class : 12th

- Gender: Female

- School: XYZ School, Gurugram

(studying in the same school, since 1st standard)

As Baal Saathee

While conduction of Behaviour Assessment of Children of class 12.

During the group session (the entire class in team activities, motivational tasks, giving them orientation), our Counsellors observed Sanya to be very quiet, sitting alone, not talking to anyone around. She was drawing something in her notebook. She did not participate much.

On further taking an individual session with Sanya and comforting her by building a positive rapport, she presented the following concerns -

Concerns Identified by Baal Saathee

- **EMOTIONS**

- intense unhappiness, hopelessness, irritability and aggression
- tearfulness

- **BEHAVIOUR**

- decreased sleep, difficulty to concentrate on the given task.

- **THOUGHTS**

- Scared at home and a strong desire to not stay at home due to family discord since 10 years which has aggravated since 1 year.

Concerns from Parents and Teachers

Concerns from Parents

- The parents did not report any of the current issues to the school or what the child is going through emotionally at home, recent decline in academic performance, no friends at school.

Concerns from Teachers

- None reported.
- Teachers found her always quiet and shy during the classes.
- Average academic performance.

****Thus such cases cannot be identified in the school setting, as no one reports it.***

History of present Illness

- There has been constant family discord and conflict within parents, which has increased since a year.
- She reported of parents not spending much time with her and a constant argument and physical abuse at home is disturbing and affecting the child emotionally and academically.
- She reported of being punished and hit by father till last year.

History of Present Illness

- The child prefers not to be at home as she has a constant fear that things won't be good at home
- She fears that her mother does not understand her and is always criticizing her.
- There has been 3-4 attempts of deliberate self-harm, by scarring on the wrist which is known to the parents.

Family History

- The child was born in Bangladesh and lived there with maternal grandparents. The mother was involved in multiple relationships. Sanya was 5 years old, when they shifted to Delhi. Here her mother married a man with whom they are currently living.
- The mother has introduced 3- 4 men as her father, thus the child lacks emotional attachment with the male figure.

FAMILY HISTORY

- Nuclear Family
 - **MOTHER**
 - Consultant with abroad agency
 - Bread earner of the family and is taking care of all the expenses
 - **FATHER**
 - setting his own business but he has not been very much working since few years.
- **Type of Family**
- **Parents**

Parents Counselling

During the introductory session

- As Baal Saathee, we informed the parents about the current emotional state of the child, her thinking patterns.
- Her repeated attempts to harm herself. A close supervision monitoring her behaviour and emotional reactions.
- The parents, especially mother needs to discuss about the topics which were avoided uptill now. A safe and understanding atmosphere to be provided at home. The escapism behaviour of the child was brought into notice to the parents.

- Also, an immediate need to keep child in constant supervision at home so that she does not indulge in any harmful behaviour. A healthy loving environment to be maintained at home so as to keep child happy.
- A written consent is taken from the parents to continue the session in school and how to manage the child at home.

As Baal Saathee

- The child seems distressed and irritable, tearful mood. She has a **constant feeling of being left alone**, impulsiveness, **anger outburst, negative self image**. She has difficulty in regulating her emotions, **feels instability in relationships, Deliberate self harm behavior so as to feel the pain.**
- Feeling that **no one will sustain relationship with her.**

Intervention with the child

Diagnosis: *Borderline Personality Disorder*

Assessment : Before the commencement of therapy with the child, a detailed **PSYCHOLOGICAL ASSESSMENT** was taken up. The assessment revealed that the child was verbally aggressive, hyper critical about her self. There are ideas of reference that people are talking about her. She feels socially inadequate, feeling of incompleteness. She has a rigid behaviour. A perception of lack of tender feelings from the male was evident. The child has homosexual tendencies. She confessed about being attracted to girls. She always feel insecure and dependent on others. There are inner conflicts, anxiety and tension in the child. She uses defenses of denial, repression, passive aggression, reaction formation in order to cope with stress.

Specific Areas to Focus

Initial Assessment of her Behavior Revealed:

Excess Behaviour: Anger Outbursts, Self harming

Deficit Behaviour: Emotion Regulation, No routine

Short –Term Goals

- Dealing with Behavior Problems
- Management of Self Harm Behaviour
- Identifying Emotions
- Increase Activity Level

Specific Areas to Focus

Long Term Goals

- Emotional Regulation
- Self Acceptance and Adjustment to the situations.
- Incorporating Forgiveness and Gratitude
- Work on Interpersonal Relationships
- Enhance coping skills
- Issues related to male insecurity.

Therapeutic Model: Dialectical Behaviour Therapy
and Family Therapy

- Techniques used: Relaxation Training, Problem Focused Coping Mechanism, Crisis Intervention, Problem Solving, Reinforcement Strategies, Self acceptance, Activity Scheduling, Self Efficacy Building, Motivation Enhancement Techniques.

- Plan of Treatment:

Number of sessions:20

Duration of Session: 20 minutes to 30 minutes

Insession Shots



Case 3:

- **Identification Data**

- Name: Divesh

- Age: 16 Years

- Grade: 11th

- Gender: Male

- School: XYZ School, Vaishali

New admission in the present standard

HISTORY OF PRESENT ILLNESS

The child was studying in ABC School in 10 standard. The school gave warning to child due to his low academic performance since 3 years.

The parents thinking that his falling grades is due to the child's wrong peer group. They shifted his school to XYZ Public School in science stream.

HISTORY OF PRESENT ILLNESS

During an orientation of Baal Saathee in the School, Devesh first time shared the concern with Baal Saathee Counsellor. Our counsellor identified that child was going through emotional difficulties and told him few tips to manage his behaviour. The child went home and googled the name of counsellors , psychiatrists.

He then consulted Fortis Hospital for his anxiousness and obsessive thoughts about cleanliness. (The child did not discuss this with his parents)

HISTORY OF PRESENT ILLNESS

- The child continued taking the medications without informing the parents.
- One day when the father was furious with him for not studying and getting angry at him. He shared that he had had been taking the medications and because of his **“anxiety he cannot study”*

HISTORY OF PRESENT ILLNESS

No concerns were reported to the school by the parents or child regarding the current state.

During the exams it was noted that the child experienced extreme anxiety. He had tremors in the hands, could not write his exams, palpitations.

Presenting Concerns by Parents

Anxiety

Decreased social
activities

Not taking much interest
in studies

Repetitive thoughts

Lack of attention and
concentration

Presenting concerns by Teachers

Does
not
seem to
listen in
class

Day
dreams
during
classes

Purposel
y he is
not
paying
attention
.

Seems
slow
while
answerin
g

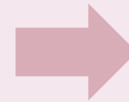
Intervention By School

There was an incident when he took over dose of his prescribed tablets during his maths exam

Referred to school counsellor



Anxious specifically during exams and thus was made to sit separately and write the exam.



Monthly session by the school Counsellor.

As Baal Saathee

Introductory Session

A session was conducted with the parents and Divesh.

- A rapport was built with the child understanding his likes and dislikes, accepting him the way he is.
- Motivational Interviewing.
- A detailed history was taken with the child and parents.

As Baal Saathee

- The child reported that due to his concerns his *teacher quoted as saying “ You are behaving like a Psychotic”. Listen to me, where is your attention.?*

As Baal Saathee it was important to understand the core cause of his current state.

As Baal Saathee

- Child Hood Data
 - Elder Sister always seemed perfect in approach, which he could not match.
 - Divesh is timid, shy, low self-esteem, poor self-concept
 - Had few social relationships
- Core Beliefs
 - I am useless, nobody likes me, I deserve criticism, punishment, I cannot make friends, everyone would reject me, I cannot score
- Coping
 - Avoid initiating conversations, talking about his feelings, avoidance of social situations, avoiding asserting self to others, avoiding confrontation, avoiding people

- **SITUATION: EXAMS**

- **THOUGHT**

- I won't be able to perform, I will fail

- **EMOTION**

- Anxious, sad

- **PHYSICAL SYMPTOMS**

- Tremors, increase heart rate, breathing rate

- **BEHAVIOUR**

- Less concentration, not able to write

- **SITUATION: MAKING NEW FRIENDS**

- **Thought**

- I would be rejected, I am not smart, I wear braces I look ugly

- **EMOTION/ FEELING**

- Anxious, Irritable

- **PHYSICAL SYMPTOMS**

- Palpitations, Shaking legs , Unable to speak clearly

- **BEHAVIOUR**

- Stays alone, crying, Avoids People and social situations

As Baal Saathee

Working with the child

Specific areas to be focused/ Target Behavior

Short-term goals

- To increase activity level
- Anxiety management

Long-term goals

- Negative self-image
- Cognitive distortions (minimizing negative, maximizing positives)
- Enhance coping strategies
- Communication Building and Social interactions

As Baal Saathee

Techniques used

- Relaxation techniques, activity scheduling, self-esteem building, cognitive restructuring.

Plan of treatment

- Number of sessions: 24

As Baal Saathee

Recommendations to Parents

- Not to set unrealistic expectations on him.
- To use a healthy way of communication.
- Avoid any criticizing or negative statements.
- His medicines to be given by parents and not kept in his reach.
- Allow him to take own decisions and learn.
- Don't give too many commands.

As Baal Saathee

Alternative Strategies with Teachers

- Teachers were oriented regarding his present emotional state and communicated to be understanding towards him.
- Not use any harsh words, with the child, which might affect his self – esteem.
- To be encouraging during the classes towards him so as to provide positively reinforcement.
- Keep a close supervision on him.

InSession Shots



Case 4

Identification Data

- Name: Dhara
- Age: 10 years
- Grade: 4th
- Gender: Female
- School: XYZ School, Faridabad
(Studying in school since Nursery)

History Of Present Illness

At the age of 2 the child was diagnosed with Bilateral Severe Hearing Loss which was corrected by hearing aid

Dhara was in 3rd standard when she was referred to the special educator in the school in lieu of her academic difficulties.

Concerns Reported By Parents

Difficulty in Speech

Inattentive while we are giving instructions

Does not socialize much

Concerns Reported By Teacher

- Minimal interaction with peers and adults
- Does not respond in the class
- Hyperactive and hits other children in class
- Makes errors while writing

As Baal Saathee

- Underlying reason for the child's current problem areas.
 - Hearing Loss
 - Speech and language
 - Comprehension
 - Social skills deficits
 - Expressive Communication
 - Verbally express herself

As Baal Saathee

Good intervention plans will include close monitoring, follow-ups and any changes needed along the way.

Uptill now a wrong concerns had been identified by the school special educator and thus it was being attended too.

On evaluating and taking a detailed history **it was found that the child since the child had an hearing aid, which was not reevaluated ,she was having difficulty hearing the sounds of the people, which was misinterpreted as not paying attention, not following the commands and hence difficulty in academics.**

As Baal Saathee

- The records maintained by the special educator were contradicting and details were missing.
- The special educator was then asked to maintain the records systematically.
- No recommendations were followed as mentioned in the reports.
- Thus an immediate reassessment and adjustment of the hearing aid was done for the child by the physician of Baal Saathee.

As Baal Saathee

For Teachers

- It was advised to seat her close to the teacher , where she could see and hear the teacher clearly.
- Instructions should be short and clear. Avoid multiple commands.
- She should be seated with minimal distractions around. (not close to the window or door)
- Use facial expressions, gestures and body language to help convey your message

As Baal Saathee

PSYCHOLOGICAL INTERVENTION PLAN

Behaviour Concerns

Inattention and Hyperactivity

Involving the child in session to channelize the energy and social skills training through role plays, modeling.

- Using caption while teaching the child, videos.
- Using visual stimulus to support in her learning to assist her understanding of content.

As Baal Saathee

Academic Concerns

- Helping the child with basics, phonetics using verbal cues , concrete materials.
- Making learning more fun

Insession Shots



As Baal Saathee

PHYSICAL INTERVENTION

- Regular checkup so as to monitor any further delays in physical development.
- Reassessment of hearing aid after every two years.
- Aware about the problems the child could face and thus manage them effectively.

DIETARY INTERVENTION

- Malnourishment or lack of proper diet (iron deficiency, thiamine deficiency, high caloric intake, high in dietary lipids) further affects sensorineural hearing loss. Thus a dietary intervention is utmost important, which was done with the child.

Case 5

Identification Data

- Name: Aayush
 - Age: 14 years
 - Grade: 9th Standard
 - Gender: Male
 - School: XYZ School, Noida
- (Studying in school since 3rd Standard)

As Baal Saathee

The following case was discussed by the parents when an orientation program was being conducted in the school regarding Baal Saathee.

The parents approached our counsellor and discussed their concerns.

Concerns by the Parents

- Performing poorly in school
- Defiant behaviour at home
- Prefers to be with friends most of the time.
- Does not monitor his weight(tends to eat a lot of junk food)
- Excessive screen time

The problems aggravated since one year

Concerns by the Teachers

- No interest in class.
- Always disturbing the class.
- Homework not submitted on time.
- Irregular to the school.

FAMILY HISTORY

- The child lived in a joint family. Aayush had to younger brothers.
 - The child's father was in travel company.
 - The mother does not work outside home.
 - The child used to spend most of the time with his mother, as the father would constantly be on tour.

History of Present Illness

- One year back it was noted that the child was becoming rather disobedient and difficult to manage at home. He would throw temper tantrums if his demands were not met.
- About three months ago he stole Rs 2000 from the house and disappeared. He returned home after 4 days. He said he had gone travelling. Since his return at home he had become very disruptive and demanding. He would tend to stay aloof and have frequent bursts of anger. He did not do any productive work at home and was irritable most of the times

As Baal Saathee

- *A session was conducted with the child,* Motivational Interview Techniques was used to build a healthy rapport with him,
- The child was guarded initially not discussing much about his behaviors.
- Though he did not speak much it was evident that there was a significant conflict with parents.
- Communication between him and the family was indirect and faulty.

As Baal Saathee

- It was observed (by interacting with both parents and children)
- Critical comments were very high from both father and mother's side.
- The mother is very over- involved with the children. She would speak more than what was required, blaming the children for what they have not done yet.

As Baal Saathee

- The father was found to be very abusive and never listened to any family member. He was least bothered for the feelings of others and thus the whole family functioning was disrupted. No one was comfortable with father's decision but had to oblige them.

As Baal Saathee

Session: It was found that the child was having difficulty studying in a English medium School, he faced difficulty coping with subjects being taught in english language. According to him, all the rules are made by elders, to be followed without taking the consent of the children who are going to follow it.

The mother seemed upset that her children never listen to her, and not eating the food she prepares. She was also apprehensive that the child is taking cigarettes.

Recommendations to Parents

- After listening to all the family members they were also given positive comments and encouragement to help them cope with all such problems in the future.
- They were taught how to communicate their feelings and thoughts directly to each other to avoid misunderstanding. The mother was told to reduce her critical comments towards the children and to extend her encouragement whenever the need was felt.

Recommendations to Parents

- The mother tended to become anxious at times, so she was counseled how to control her anxiety and expect reasonable things.
- In individual session with the father, he was told about the role of the head of the family and was asked to list what draw backs and good points he had in that role.
- He was made to realize the importance of reacting in a positive rather than a violent way

Alternative Strategies for School/ Teachers

- Motivate the child to be regular in school.
- Encourage him on whatever small tasks he is able to perform.
- Involve the child in more in the class.
- Make lessons fun and interactive.
- Give him responsibilities to motivate him to be regular in school
- Appreciate on small achievements.

INTERVENTION BY BAAL SAATHEE

SESSION WITH THE CHILD

TARGET BEHAVIOUR

- Reduction of temper tantrums
- Motivating him to study and manage money.
- Improve Interpersonal Relationships
- Therapy Model : Family Therapy, Behaviour Modification

As Baal Saathee

- The child was encouraged to communicate in english, allowing him to make mistakes
- Instilling motivation and positive attitude by working on self concept using positive affirmative statements .
- Techniques to manage anger through mindfulness and relaxation training.
- Activity scheduling to set everyday routine .

As Baal Saathee

- Physical intervention

Regular monitoring of the child for his physical health so as to reinforce a positive attitude towards body weight.

Nutrition Assessment

The child seemed obese, looked older than his age. A healthy eating habit and dietary plan to bring down the excessive fat and check for calorie intake.

Insession Shots



There are many more issues on the school platform which needs to be identified and addressed to to differentiate a school from a top school aiming towards healthy nation.

- We as Baal Saathee envision to integrate academic , physical and emotional development of every child.



THANK YOU