



**ORIGINAL RESEARCH PAPER**

**Psychology**

**PSYCHOTHERAPEUTIC REPORT**

**KEY WORDS:**

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**BRIEF CLINICAL HISTORY:-** The patient was a full term normal delivered child at home. Birth cry was present. All the developmental milestones were age appropriate except speech. He started speaking by 2 yrs. the patient had difficulty in comprehending. He was using abusive verbal comments and sometimes he became very aggressive towards the people around him. 7 years back, the patient got electric shock while sitting inside an electric transformer and 1 year before, he suffered from severe fever and was under medication with hospitalization for 1 month. Past medical history suggestive that when he was 9 months old, he was diagnosed with syncline. Family history revealing non-consanguinity within the parents. No history suggestive of any physical and psychiatric illness in the family among three generations. Presently, the patient is staying with his parents and elder sister and his family environment is strained as father and elder sister is less supportive.

**DIAGNOSTIC FORMULATION:** index patient, 15 years old, male, studying in 5<sup>th</sup> std., student, unmarried, hindu, from urban residence with middle class(SES), speaks hindi and sindhi, accompanied by his mother with the following chief complaints of difficulty in comprehending, hitting others, stubbornness and aggression, restlessness, using abusive verbal comments and stuttering since 11/2 years with insidious mode of onset, continuous course of illness, and deteriorating progress of illness, negative history suggesting 7 years back, the patient got electric shock while sitting inside an electric transformer and 1 year before, he suffered from severe fever and was under medication with hospitalization for 1 month, past medical history suggestive that when he was 9 months old, he was diagnosed with syncline, family history revealing non-consanguinity within the parents, personal history revealing normal full term birth with birth cry present but delayed speaking ability by 2 years, premorbid personality revealing him to be aggressive and stubborn, MSE suggestive of unkempt and untidy general appearance, touch with the surrounding was present, eye contact with the examiner was partial, appropriate dress, negligent hair and nail, rapport established with difficulty, playful attitude towards the examiner, with restless motor behavior, voice and speech was audible, normal fluctuation, spontaneous, stuttering, relevant and productive, volition was present, affect was normal, thought stream was normal, thought possession was absent, formal thought disorder was absent, difficult to arouse and sustain attention, average intelligence, functional level of abstract thinking, and satisfactory judgment but level I insight.

**Provisional Diagnosis : Childhood Schizophrenia**

**Techniques and types of therapy with rationale Behavior modification techniques**

**Reinforcement:** to reinforce child's desirable behavior and to ignore the undesirable behaviors.

**Time out:** to punish misbehavior constructively.

**Token economy:** to use tokens for the child's behavior.

**Play:** to use to help the child to ventilate his pent up emotions, irritability, impulsiveness and extra energy and to enhance his attention.

**Attention and concentration enhancement techniques:** to enhance his attention.

**Psychoeducation to parents:** to give information to parents about the nature of child's problem, its onset, progress and prognosis.

**PSYCHOTHERAPUTIC FORMULATION:-**

Index patient, 15 years old, male, studying in 5<sup>th</sup> std., was brought by his mother, with the chief complaints of difficulty in comprehending, hitting others, stubbornness and aggression, restlessness, using abusive verbal comments and stuttering since 11/2 years.

**GOALS OF THE THERAPY**

For the management of excess and deficit behaviors, of the patient goals and targets had been decided, on the basis of overall assessment in relation to the present problems.

**Short Term goals**

- To provide and to explain an appropriate, clear information regarding the nature and problem of the patient.
- To reduce his problem behaviors.
- To improve his attention span.

**Long Term goals**

- To prevent relapse
- To maintain or to increase desirable behavioural skills
- To improve daily functioning of the patient.
- To improve his social interaction.
- To provide family intervention by more involvement of parents as well as school teachers to achieve the therapeutic goal and target.

**Therapeutic procedure:**

**Baseline assessment:**

Following psychological tests and observational skills were used for baseline assessment with the involvement of his parents:

- **Galliam's Autism rating scale**
- **MISIC**
- **CAT**
- **HFDT**
- **AAMR (Behavioural Checklist)**
- **Galliam's Autism rating scale:** The subject obtained a total score of 45 and autism quotient 108 suggesting average severity of autism.
- **MISIC:** this test was administered to assess the level of intelligence of the patient. I.Q. was found to be 69. VQ was found to be 70 and PQ was found to be 67.
- **CAT:** on the basis of the stories formed by the patient, it indicates him of having aggression, with antisocial traits and pessimistic views for the future. He is also having homicidal ideas with intention of violating rules.
- **HFDT:** on the basis of drawing produced by the patient, it indicates, that he identified himself with parent of same sex as he drew a older figure. He used eraser that indicates anxiety and restlessness. Presence of buttons of the dress indicates maternal dependency and immaturity. Toes exposed indicates him to be aggressive and assaultive. Eyes enlarged and staring and unessential details indicates paranoid tendencies. Neck omission indicates his immaturity and lack of impulse control and regression.
- **AAMR Behavioural Checklist:** high scores on destructive, disruptive behavior.

**Proceeding of the sessions:**

**Session 1:** in first session, baseline assessment were done. Behavioral techniques were planned for intervention as problem was sudden change in behavior. For this purpose 1<sup>st</sup> behavioral analysis was done and later session were decided along with parents as per the target symptoms.

**Session 2:** in 2<sup>nd</sup> session, behavioral analysis of the patient was done.

**Behavioral excess**

School refusal  
Disobedient  
Harming others  
Aggressive behaviors  
Use of abusive language

**Behavioral deficit**

Lack of attention and concentration  
Poor academic performance

**Behavior assests**

Watching T.V.  
Cycling  
Playing cricket  
Drawing

**Session 3<sup>rd</sup>:** In 3<sup>rd</sup> session, psychoeducation was given to the child's mother. She was informed about the nature of child's problem, its onset, progress and prognosis. She also informed about the possible causes of the child's condition and the importance of therapy. She was also provided information about the need of monitoring the child at home.

**Session 4:** parents were taught to reinforce child's desirable behaviours in the form praise, approval or positive feedback, smile and to ignore the undesirable behaviours. In this session, techniques to improve attention and concentration were used. Initially child was provided with coloring of different shapes with partial support of the therapist. Then child was asked to do bangle drawing in which a circle is made with the help of bangle and child was instructed to color the circle in straight line without leaving any white spaces. In this session, mother was taught to use token economy for the child's behaviors. Stars in different colors were selected, like, black and red. For getting black color star worth was rs. 1/- and for red rs. 5/-, behaviours to be was written on a board and the stars were placed on the card box and it was kept in a place where the child was unable to reach. These were used to get the desired things.

**Session 5:** in this session, mother was taught to punish undesirable behavior constructively. She was asked to remove the child to a quite, isolated location to serve a penalty period followed by misbehavior. Other family members were also instructed not to entertain the child if he cries or yells there. As mother informed that the child was interested in doing coloring pictures and making drawing. She was instructed to provide the child some cartoon pictures on which child can do coloring. This would help the child to ventilate her pent up emotions, irritability, impulsiveness and extra energy which leads to hyperactivity to an extent and to enhance his attention.

**Session 6:** in this session, techniques to improve attention and concentration were used. Digit symbol, letter cancellation, matching and sorting were used. This session was continued till 8<sup>th</sup> session.

**OUTCOME OF THE THERAPY:-**

A total of 8 sessions were held with child and parents. Reassessment was done on the patient to check outcome of the therapy. On the basis of reassessment it was found that a considerable change was observed with the child in his problem behavior.

**FUTURE PLAN:-**parents were asked to continue activities like attention and concentration tasks, reinforcement, time out

procedures at home. They were also instructed to continue medication regularly as per the psychiatrist's instruction along with maintenance of psychotherapy.