Research Journal of Psychology (RJP)

Online ISSN: 3006-7219
Print ISSN: 3006-7200
Volume 3, Number 3, 2025, Pages 59 – 70
Journal Home Page
https://ctrjournal.com/index.php/19/index

An Assessment Case Report of Special Child with Behavioral and Learning Disorders

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ARTICLE INFO

Article History:

Received:	*May*	*13, 2025*
Revised:	*June*	*20, 2025*
Accepted:	*July*	*01, 2025*
Available Online:	*July*	*08, 2025*

Keywords:

Case Report, Special Child, Behavioral, Learning Disorders

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ABSTRACT

A child R.H is 12 years old boy, who was brought by his father to slow learner's institute Muzaffargarh for admission and assessment. He was drop out from general education school. The reason for refer to special education school due to his hyperactive and disturbing behavior. Complaints regarding class fellows (physical and verbal fights abusive language) Lack of interest in studies, carelessness in hygiene and concentration problems. Which was diagnosed later un-specified Attention –Deficit/Hyperactivity Disorder. The psychologist used clinical interview with mini mental stat examination. Behavioral observation, Ravens colored progressive metrics (CPM) for diagnosis. Slossons's intelligence test was administered to determine the I.Q of the child with curriculum base short assessment test with slow learner screening tool was administered to measure child intellectual level .Screening tool result was moderate to severe in cognitive, academic domains results also shows disturbance in social and emotional domains. Therapeutic techniques include structured targeted individual sessions, rapport building, planned ignoring (dramatic behavior), positive reinforcement, functional communication training were used to work on presenting complaints behavior. Differential instructions method and targeted curriculum modification was done for improvements in educational learning difficulties. Post assessment done on the end of the therapy and interventions. Results shows significant improvements in behavior as reported by the parents'. A significant and gradually improvement shows in his educational results.

Case Report

Name	R.H
Age	13 Years
Gender	Male
No.of siblings	06
Birth order	2nd
Scio- economic status	Lower
Family System	Nuclear family
Informal	Mother

Reason of Referral in Special Education

His father brought Child to special education school for assessment and admission. Because child behavioral complaints from the general education school. Child have learning problems in reading writing, He does not take interest in classroom activities, used to abuse verbally other children in class also had physical fights with fellows. Child had no interest in hygiene care. Child referred by general education school for assessment as he performed poor in educational activities.

History of Child

The history of problem of child lies in his childhood, before discussing the presenting complaints should know the child had normal milestones or not for this purpose history was taken from child ‘s mother.as reported by the mother she did not remember about his first cry at the time of child birth. However, he had a little delayed developmental milestones. as after few days of birth child has severe fever which prolonged in ten days.as reported by the mother the child starts to hold his head in five months and same sitting independently in ten months which also shows delayed in milestones as walking and single speech word in around two years of age. Child start to speak full sentence in age of five. At the age of ten, he starts to going to general education school after some time he refused to go to school. With the gap of six months, he again joined the school. He has stubborn behavior with teachers and class fellow’s abusive behavior. Often he fights with class fellows. He did not take interest in educational activities in reading writing tasks as he had difficulties in reading and proper writing. He also had problems with his elder brothers he verbally abused him and often hit him. His behavior shows attention seeking. As both his parents were concerning about their child attitude.

Milestones	**Age of achievement**	**Normal age**
Head holding	5 months	3 months
Sitting	10 months	6-8 months
Crawling	14 months	8-10months
Walking	2 years	14-15 months
Speech single word	2 years	9 months
Complete sentence	4 years	3 years
Bowl control	3 years	3 years
Dressing without help	6 years	4-5 years

Family History

The child belonged to a lower socioeconomic status family .Low economic status leads to many problems to handle the necessity needs like food deprivation and health facilities. He lived in a nuclear family system. He lived with his parents and siblings. There are eight family members in his house. The main authority figure in his family is his father. Overall environment of the house was good happy. The parents welcomed the child. He was the second child. Moreover, economic conditions leads towards parental stress and anxiety and in directly effects the parental styles .As elder brother is also authority figure in siblings but child had problems with his brother that shows sibling rivalry (a competition or a conflict between sibling typically arise for parental attention)

Father

Child father is a forty-one years' man working in a mill as a laborer. He was quite active and calm person and had no temperament issues. But sometimes due to financial problems feel depressed overall He cares about his all children especially R.H child.

Mother

The child mother was a 37 years' woman. She was a homemaker. She was healthy and very cooperative. However, due to his child stubborn behavior sometimes she loses her temper.as mother reported about R.H that he is very impulsive often he used abusive language with mother and siblings.

Siblings

The child had five siblings his behavior with other siblings is quite normal but he had most problems with his elder brother as often they quarreled and R.H used abusive language with his elder brother. They have sibling rivalry issues. Most of conflicts with his mother were also due to elder brother and next younger brother as they were favorite child of mother, sibling rivalry manifest as mild and intense hostility, associated with negative behavior pattern (Adler & M. levy, 1901)

Preliminary Investigation

To investigate child (behavioral problems and to make an effective management plan a complete assessment needed. Psychological assessment of the child done at formal and informal levels.

Informal assessment

1. Clinical interview
2. Behavioral observation

Formal assessment

1. Raven Color progressive metrics (CPM).
2. Slossoson Intelligence test.
3. Slow Learner Screening tool.
4. Curriculum base test.

Informal

MMSE (Mini Mental State Exam)

(i) Orientation.

What is the year, season, date, day and month?"(5/5)

Where are we state, country, town, hospital and floor? 5/5

(ii) Registration

Name three objects: 1 second to say each .Then ask the child all three after you had said them. Give 1 point for each correct answer. Then repeat them until he learns all three, count trials and record. (3/3)

(iii) Attention and Calculation.

Serial 7s.1 point for each correct answer, stop after five answers.

Alternatively spell "World" backward (3/5)

(iv) Recall

Ask for repeated three objects above. Give 1 [point for each correct answer. (2/3)

(v)Language

Name a pencil and watch. (2/2)

Repeat the following "No ifs, ands no buts" (0/1)

Follow a three-stage command. "Take a paper in your hand, Fold it in half and put it on the floor" (1/1)

Read and obey the following: CLOSE YOUR EYES. (1/1)

Write a sentence (0/1)

Copy the design. (1/1)

Total score 30

Child score 21

Behavioral observation

The child apparently looked active and sharp. He wore neat and clean dress nails were not cut and hair was combed improperly. His behavior was supportive in participation. Child head size was appropriate and health seems normal but his face color was pale as lack of nutrition. Child was

very talkative. Rapport was built easily and there was no resistance with therapist. However, initially he was not maintaining eye contact with the therapist. Nevertheless, he was happy in coloring activity. His speech was clear and his orientation of time person place was correct.as he reported its morning and he come here for new school. Child was answering properly to the therapist questions. When his mother intercepted to clarify child problem he misbehaved with his mother and speak rudely got emotional.

The Colored Progressive metrics

Test was administered to find out child nonverbal reasoning abilities and identify the area where child needs additional support or modification. It is a culture free test, which assess accurately. In addition, test is helpful to placing child appropriately (where child should be admitted).

	A			Ab			B	
1	4	×	1	4	1	1	2	1
2	8	1	2	5	1	2	6	1
3	1	1	3	1	1	3	1	1
4	2	1	4	6	1	4	6	×
5	6	1	5	6	×	5	1	1
6	3	1	6	2	×	6	5	×
7	6	1	7	3	1	7	1	×
8	2	1	8	2	×	8	5	×
9	5	×	9	6	1	9	1	×
10	6	×	10	6	×	10	1	×
11	5	×	11	5	1	11	3	×
12	6	×	12	4	×	12	2	×
		8			7			4

Total score= 19

Grade=v

Age=15years

Slossons's Intelligence Test

Quantitative Analysis

Chronological Age (C.A)	170
Mental Age(M.A)	168
Intelligence Quotient (I.Q)	78
Basal age	6.10=72+10=134
Months Credit 2x	2×26=52
Total Mental age	134+52=168
Interpretation	Score 78 below average indicate child is Slow learner.

Qualitative Analysis

Child chronological age is 5-10-2010 after calculation the mental age of child was 168 months. According to intelligence quotient intelligence score was 78, which is below average I.Q. On these bases child was placed to Special Education according to its needs.

Slow Learners Screening Tool

The screening tool for slow learner is designed to identify the key characteristics of slow learners in studying in Govt. Institutes for slow learners. The test is compromised on four domains as cognitive skills domains, Academic Performance domain, Social skill domain and emotional behavioral problems. The screening tool is consisted of 37 items (Nosheen et al., 2024).

Standard for Interpretations of z -score for 14 years old children

Sr.No	Cognitive Skills Domain		Academic Performance Domain		Social Skills Domain		Emotional & Behavioral Problems	
1	1	2	1	2	1	2	1	2
2	2	2	2	3	2	1	2	2
3	3	2	3	3	3	1	3	2
4	4	2	4	2	4	1	4	3
5	5	3	5	3	5	2	5	1
6	6	3	6	3	6	1	6	2
7	7	2	7	2	7	1	7	2
8	8	2	-		8	1	8	2
9	9	3	-		9	1	9	2
10	10	3	-		-		10	2
11	11	0	-		-			
Total		24	-	18		11		20

Total Raw Score = 73

Z-score =+.31

Level = Moderate

(Score is on the borderline of moderate level as if one other digit has scored was child will considered in next level.)

Standard for Interpretations of Z- score for 14 years old children.

Sr.No	Categories of Slow learners	Range of Raw Score	Range of z-score
1	Mild	63 and below	-.30 and below
2	Moderate	64 and 74	-.26 to +.31
3	Severe	75 and above	+.32 and above

ADHD

This category applies to presentations in which symptoms characteristic of attention-deficit /hyperactivity disorder that causes clinically significant distress for impairment in social occupational or other important areas of functioning predominate but do not met the full criteria for attention-deficit/hyperactivity disorder or any of the disorders in the neurodevelopmental disorders diagnostic class. The unspecified the attention deficit hyperactivity disorder category is used in situations in which the clinicians chooses not to specify the reason at the criteria are not met for attention-deficit hyperactivity disorder for a specific neurodevelopmental disorder an include presentations in which there is insufficient information to make a more specific diagnosis.(DSM-5)

Case Formulation

The child was 15 years old boy with complaints of behavioral issues stubbornness, hitting behavior and verbally abusing others (siblings, peers) and careless in personal hygiene and child lacked behind then his norm group (intellectually) capabilities. His developmental milestones were also a little delayed. Child has not any severe problem in speech or in any fluency of words. the main issue with behavioral problem and his cognitive skills weakness, as score of Slossons's indicate his below I. Q which is 78 and his functioning retaining information problems, limited attention span .as slow learners screening tool results also shows child need special education program. The child came under severe level on slow learner screening tool.

Management Plan

The management plan for R.H was devised on child special needs. The main aim was to reduce his problematic behavior. The second aim was channelizing his energy into positive and purposeful activities to reduce his hyperactivity. Improve child academic and cognitive skills and provide a support into his educational domain. IEP (Individual education plan) would be designed for the child with curriculum syllabus adaptation and with a little modification would be needed. As differentiated instructional method with visual aids, (charts and flash cards) peer tutoring will also be used. Curriculum base pre and post testing conducted for comparison of results. Mostly behavioral therapy will be used with behavioral modification techniques with positive reinforcement.

Techniques

Rapport building, relaxation technique behavioral modification token economy positive (praise and clapping for child to give him a candy, he can play in resource room) and negative reinforcement to give him extra work for revision , Social learning technique modeling, planned ignorance, self-care training, coloring and art activity and differential instructions, psycho education to parents.

Session 1

Introductory session was conducted with the child. Rapport was built with the child by engaging him with normal conversation, where he come from. Where is your house? Firstly R.H behavior was a little shy but soon he talk freely without hesitation. Therapist has given a coloring book page to engaging him in activity, whom the child enjoyed a lot.

Session 2

Child rapport had built in a positive manner, as CPM (color progressive matrix) was administered to the child; it took 35 to 40 minutes to complete the task. During the session child showed hyperactivity and carelessness. Suddenly he stare on walls and just looking here and there he shows boredom. Therapist give a ten-minute time out playing with blocks and make anything for himself .as child made a train with blocks for himself and he was very happy relaxation technique was applied .test was administered again and completed.

Session 3

Trust level was developed in a good manner between child and the therapist .child was talking about his siblings and elder brother his behavior was complaining regarding his mother .He told the therapist his mother don't love him and cares about him. Therapist non-directly questioning him and child talk about his stubbornness and impulsivity. Therapist gives a positive reinforcement to child (by giving him a candy and play any game activity from the resource room to promise with therapist to show a good behavior) as R.H want to play Ludo game. On child supportive behavior he was allowed to play game .discussing a good behavior leads towards positive reinforcement praise and child made a promise with therapist he will try not fight with his siblings and he will be properly care his hygiene. Mini mental state exam was conducted to check his cognitive abilities along language score is normal .however his CPM score significant for admitting him in special education program his curriculum based test also shows weakness in his educational level.

Session 4

In this session Slossons's intelligence test was administered to the R.H. Questioned were asked to child that he can respond freely .child actively respond in this test and gives the answers keenly.it took 35 mints to complete the test. Token economy technique was used on R.H positive behavior as he co-operatively complete the task without any disturbance he was asked he can play any game of his choice (he played carom board).he was on trial to checked the behavior it was decided to child need special education, he admitted into G.I.S.L,M.Garh.

Session 5

Information was took by the class in charge of R.H about his behavior towards peers. However, teacher reported hyperactivity in classroom impulsivity. Distracted easily during class tasks. He disturbed the class fellows quarreled with them, used abusive language.as teacher was reporting about his behavior. R.H he felt a shamed.

Session 6

In this session, therapist and teacher discuss the classroom rules and norms, whom R.H has to follow. The session was conducted therapist explain the positive and negative behavior along with their consequences. As modeling technique was used by the therapist to used symbolic modeling through videos good child behavior was shown .As therapist, explain negative reinforcement (No breaks for bad behavior students No play activity coloring any other games).R.H assured that he would not use abusive language with peers and class fellows.

Session 7

Teacher make an IEP (Individual Education Plan) for R.H. However, therapist also examined the IEP which goals are sets shortly.as R.H parents reported earlier he was dropout from general education school. His previous schoolteachers report that he has no interest in studies he does not do his classwork's and home works. Disturb the class fellows. He needs special attention.as Slossons's results also explained his below average I.Q score. Child need special education plan with curriculum adaption and a little modification.

Session 8

A group session was conducted with R.H and his class fellows peers. To observe the behavior of child in-group tasks .children were engaged in-group activity and in art and craft, activity (cutting papers and charts make a card) children were divided in two groups. R.H was actively participated in-group activity he was playing active role in completing task. Group activity shows that R.H is a co-operative child and have helping behavior as he wants to lead his peer group ,when no one listen to him he suddenly got angry and impulsive and rigid .

Session 9

R.H behavior was gradually improving in classroom settings .as from His parents some complaints of his behavior were persistent. as he himself told the therapist his mother does not love him she only loves his elder and younger brother and she did not care about him (Sibling Rivalry phenomena as child felt jealousy emotions towards siblings) due to neglected feelings .He often came to school without breakfast as there was flour left for his bread. He often feels hungry. Therapist asked the child to bring his mother next time.

Session 10

This session conducted with child mother to educate her to treat his children equally. Moreover, pay attention to R.H as well .as he felt neglected. Most of his disturbing behavior is attention seeking for her mother. Her mother told that sometimes he broke household things torn off the books of brothers therefore she got angry on him. She loves him as well as other children but due to stubbornness he often scolded by mother. Therapist advised her to change her behaviors towards R.H

Session 11

To control his hyperactivity in the class as he does not confine on his seat. His seat was placed between other children but other fellow's complaints that he disturbed them in doing their class works. Therefore, his teacher decided to place his seat besides teacher's desk.as he would be in front of teacher. He was doing his class work neatly .his teacher praised him and make clapping in class for his good work. (Positive reinforcement).

Session 12

Therapist asked the physical education teacher to engage him in games (physical activity as it will help to channelize his energy in positive manner).as he was engaged in running to reduce his impulsivity in class. Slow learner screening tool was administered to identify the most problematic domain. IEP task was developed and implement through differential instructions as

syllabus was modified for his intellectual level.(due to reading problems, hand writing problems in Urdu and English subject but he performed better in mathematics as compare to other subjects. His ability to memorize the words were assessed by the class teacher by giving him daily tasks. Firstly, give him one word daily gradually task was increased by two words daily in one subject. Peer tutoring was used to learn a lesson with his fellows.

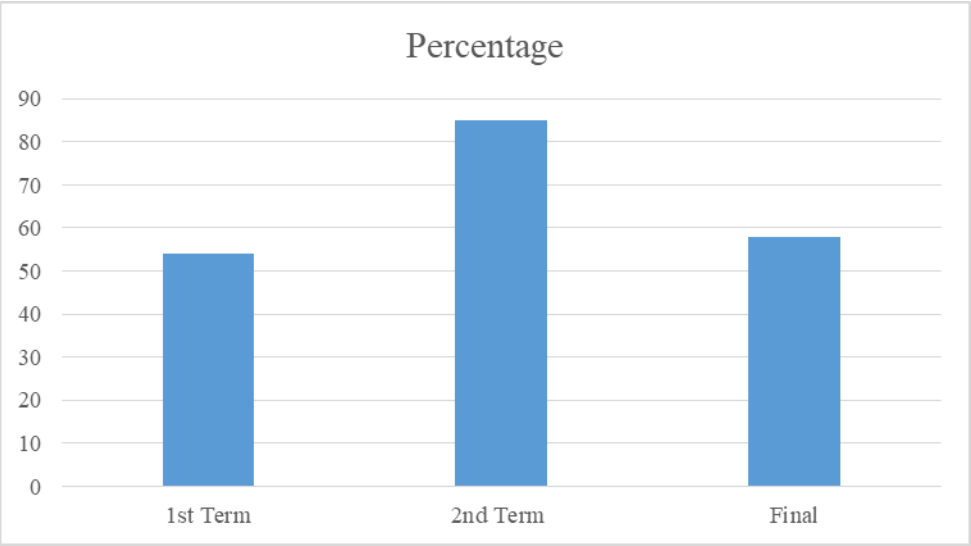
Session 13

R.H was showing significant improvements in educational tasks.as well in his behaviors but sometimes he fights with peers .but intensity of his behavior was not the same as in initial days of his admission in institute. However, his educational level was initially poor in reading and writing tasks he have short span to recall the lesson .he forgets the lesson easily. improvements in IEP is a slow process his tasks results shows improvements as the gap from vacations shows flooring effects on test and results.

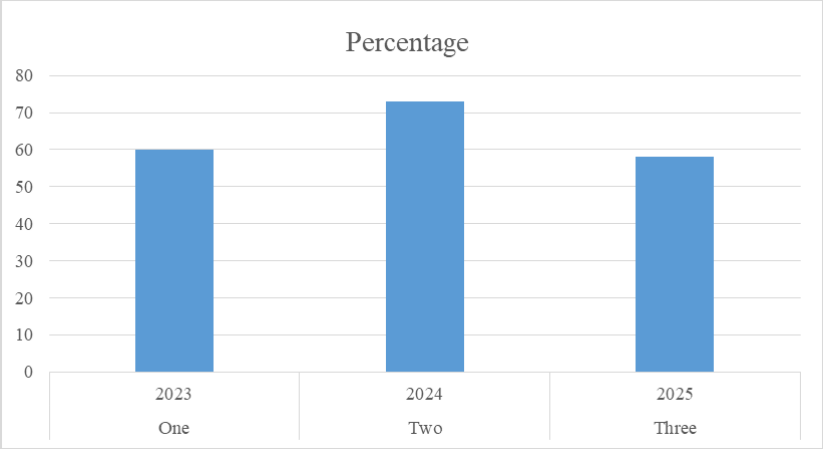
Precipitating Factors

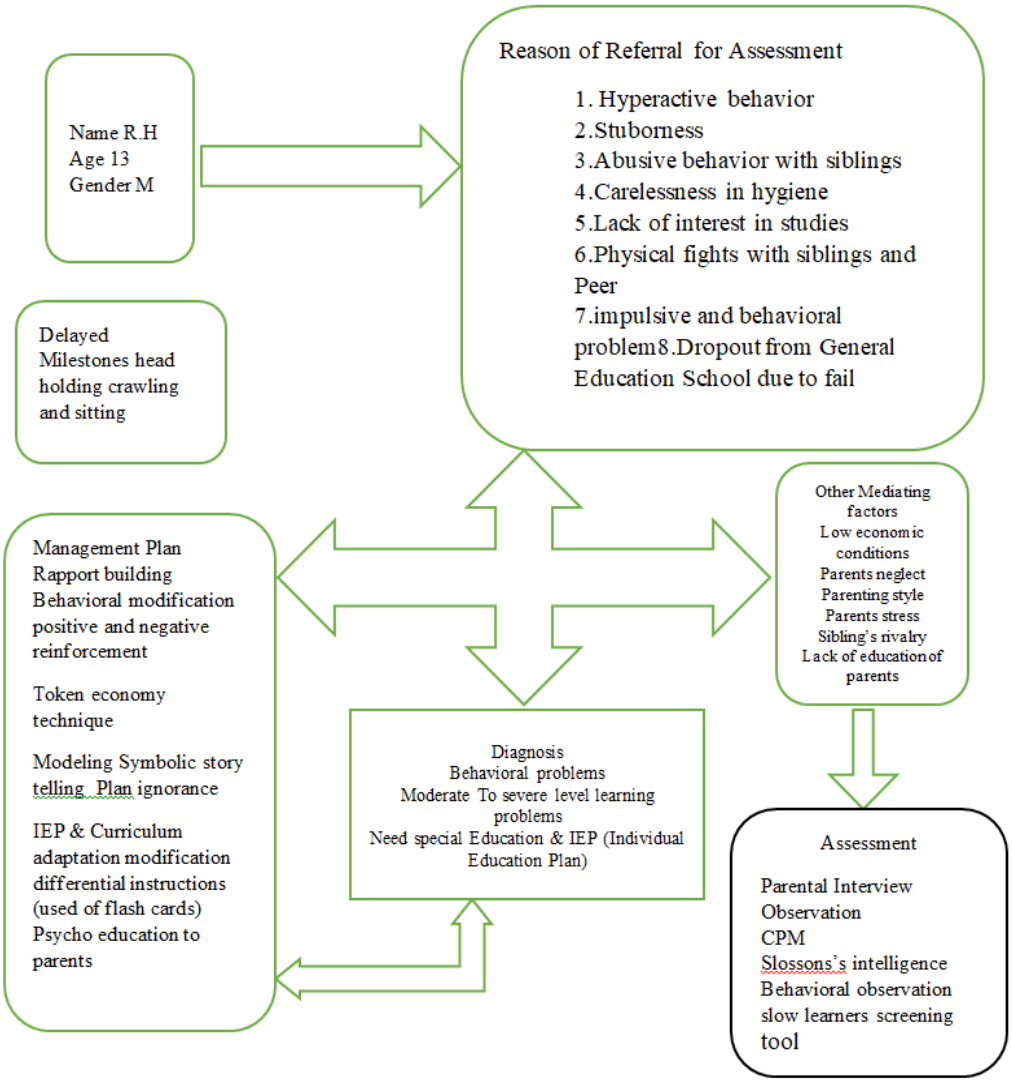
1. Low economic conditions
2. Parental stress due to financial issues.
3. Child‘s delayed milestones.
4. Basic Need Deprivation leads towards behavioral problems.
5. Birth order as second child middle child overshadow between siblings and become dull personality due to neglected behavior of parents.
6. Sibling Rivalry
7. Non-favorable environment educationally.
8. Lack of education of parents.
9. Identity vs Role confusion according to Erikson Psychosocial Theory when child does not develop one’s self true and have confused about his roles he had experience crisis at this stage and his self-identity leads to insecure, confuse and rebellion.

Curriculum base educational Performance with in year , term vice (2024-25)



Curriculum base Annual Performance class vice





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