



# ADDRESSING CORE CHALLENGES IN AUTISM SPECTRUM DISORDER: A CASE STUDY ON STRUCTURED THERAPY AND PROGRESS

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**Abstract:** Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterised by difficulties in social communication, restricted interests, and repetitive behaviours, often accompanied by sensory sensitivities. This paper examines the case of M, a 10-year-old child diagnosed with ASD, who has shown significant progress through consistent, individualized interventions delivered over a span of two years. M's treatment plan integrates Special Education, Speech Therapy, Social Skills Training, and Sensory Integration Therapy, tailored to address his unique needs in communication, emotional regulation, and adaptive functioning. This case study highlights the importance of a comprehensive, holistic approach in working with children with ASD.

## INTRODUCTION

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that affects social interaction, communication, and behaviour. Children with ASD may have difficulty understanding social cues, expressing themselves, managing sensory input, and adjusting to changes in routine. Despite these challenges, early, consistent, and tailored interventions can significantly support their development and overall functioning.

M, a 10-year-old child diagnosed with ASD, presents with marked difficulties in social communication, restricted interests, and repetitive behaviours, alongside heightened sensory sensitivities. M often avoids eye contact, struggles with initiating or maintaining conversations, and prefers solitary play. He exhibits distress when routines are disrupted and shows resistance to changes in his environment. His sensory profile reveals hypersensitivity to sound and touch, which can lead to overstimulation and emotional dysregulation in busy or unfamiliar settings.

This case study illustrates how M's progress has been facilitated through an individualized, multi-disciplinary intervention program involving speech and language therapy, sensory integration, special education, and social skills training. At House of Specials (HOS), his treatment focuses on improving communication, enhancing adaptive functioning, and building emotional and sensory regulation skills through a structured, supportive environment.

## CASE HISTORY

### 3.1 Demographics

M is a boy with ASD who is ten years old. He resides in an urban region with his parents and regularly attends HOS for therapy sessions aimed at addressing his academic, behavioural, and sensory difficulties related to ASD.

### 3.2 Core Challenges

M's core challenges include difficulties with social interaction, communication, and adapting to new or unpredictable environments. He struggles to initiate or maintain conversations, often avoids eye contact, and exhibits repetitive behaviours such as hand-flapping or lining up objects. Sensory sensitivities—particularly to loud noises and certain textures—are prominent and often result in withdrawal, emotional outbursts, or difficulty transitioning between tasks, especially in the school setting.

### 3.3 Background Information

M's parents first observed signs of ASD when he was around three years old. These included limited speech development, a preference for solitary play, and a heightened sensitivity to certain sounds and textures. As he grew older, his rigid routines and resistance to change became more noticeable, prompting a formal evaluation and subsequent diagnosis of autism spectrum disorder. Since beginning his individualized program at HOS two years ago, M has received consistent support through speech therapy, sensory integration, and social skills training to help manage his communication barriers and behavioural challenges.

### 3.4 Daily Life Challenges

M encounters challenges both at home and in academic settings. He finds it difficult to adjust when routines are disrupted and may become anxious or withdrawn in unfamiliar social environments. Tasks such as group work, transitioning between activities, or coping with loud noises and bright lights often overwhelm him. At home, he prefers predictable schedules and specific foods and objects and may show distress when these preferences are not met. These daily challenges require ongoing guidance and structured interventions to help M navigate his environment more comfortably.

## ASSESSMENTS

M underwent a comprehensive assessment, including ASD-specific measures, sensory profile evaluation, and educational assessments, to understand his strengths and challenges.

### 4.1 ADHD-Specific Evaluation

M's diagnosis of autism spectrum disorder was confirmed through a comprehensive assessment involving clinical observations, standardized diagnostic tools (such as the ADOS-2), and reports from both his parents and teachers. M demonstrated clear signs of social communication deficits, restricted interests, and repetitive behaviours. He struggled with interpreting non-verbal cues, had limited reciprocal interaction, and often engaged in repetitive play patterns and routines.

### 4.2 Sensory Profile Assessment

The Sensory Profile Assessment revealed that M has significant hypersensitivities, particularly to auditory and tactile stimuli. Loud environments such as school assemblies or the sound of the school bell tend to distress him, while certain fabric textures and unexpected physical contact lead to discomfort or meltdowns. These sensitivities often interfere with his ability to participate in group activities and adapt to classroom routines.

### 4.3 Educational Assessment

Educational assessments highlighted that M has uneven academic performance. While he shows strengths in rote memory and visual learning, he faces challenges in language-based tasks, comprehension, and group-based learning activities. His need for predictability, difficulty with transitions, and limited communication skills affect his classroom engagement. Structured teaching methods, visual supports, and a low-stimulus environment have proven essential for his academic participation.

## FORMULATION

A customised intervention plan was designed for M following the comprehensive assessment. The intervention focused on three core areas tailored to his individual profile:

### 5.1 Social Communication and Interaction:

Enhance M's ability to initiate and maintain interactions, improve understanding of social cues, and support the development of functional communication through speech therapy and structured social skills training.

## 5.2 Sensory Integration:

Address hypersensitivities to auditory and tactile input to reduce emotional dysregulation and improve participation in daily routines. Activities focused on gradually increasing tolerance to sensory stimuli in safe and controlled settings.

## 5.3 Academic Support and Routine Adaptation:

Provide structured academic support tailored to M's learning style, including visual schedules, task breakdowns, and predictable classroom routines. Emphasis was placed on building comprehension and engagement through visual aids and individualized instruction.

## THERAPEUTIC APPROACH

### 6.1 Sensory Integration Therapy

- **Goal:** Reduce sensory hypersensitivity and improve emotional regulation and task engagement.
- **Methods:** M was gradually exposed to controlled sensory input to increase tolerance to auditory and tactile stimuli. Calming sensory activities such as deep-pressure input (e.g., weighted vests), soft tactile play, and rhythmic movement were used. He also used noise-cancelling headphones during overstimulating activities. These interventions helped him feel safer and more in control in both home and school environments.

### 6.2 Social and Communication Skills Training

- **Goal:** Enhance functional communication and improve peer interaction.
- **Methods:** Structured peer interaction tasks, role-playing, and use of visual communication supports (e.g., picture exchange systems, social stories) were employed.
- **Approach:** Sessions focused on teaching M how to initiate conversations, interpret facial expressions, and understand social boundaries. Visual stories and games helped him anticipate social situations, reducing anxiety and improving his responsiveness to others.

### 6.3 Special Education Support

- **Goal:** Support learning through structured routines and visual learning aids.
- **Methods:** Lessons were adapted to M's learning style using visual schedules, task analysis, and concrete, interest-based activities. He was taught through a TEACCH-inspired setup with individual workstations.
- **Approach:** Concepts were taught through visual aids, real-life examples, and predictable routines. Regular transitions were supported with visual timers, and breaks were built in to prevent overstimulation and support attention during academic tasks.

## INTERVENTION AND PROGRESS

M has significantly improved during the past two years in several areas:

### Social Communication:

M has begun initiating simple interactions with familiar adults and peers, demonstrating improved use of gestures and verbal expressions. He now responds more consistently to his name, maintains brief eye contact, and uses learned phrases in appropriate contexts.

### Sensory Regulation:

M has developed greater tolerance for sensory input, particularly in noisy or unpredictable environments. With the help of sensory integration therapy, he is now better able to participate in classroom activities without becoming overwhelmed. He continues to use calming strategies like deep pressure input and noise-cancelling headphones when needed.

**Academic Participation:**

M's engagement in structured learning activities has improved considerably. With the help of visual supports and predictable routines, he is now able to complete academic tasks with minimal assistance. He particularly benefits from visual aids and hands-on activities, which have enhanced his comprehension and task completion.

**OUTCOMES**

M's individualized intervention plan has led to measurable improvements across key developmental areas:

**Social Communication:**

M now demonstrates increased use of functional communication, both verbal and non-verbal. He can initiate basic interactions, follow simple social scripts, and respond appropriately in familiar social situations.

**Sensory Tolerance:**

M has shown greater resilience in managing sensory input. His improved ability to tolerate sounds, textures, and environmental changes has enhanced his participation in both classroom and social settings.

**Academic Development:**

With consistent support, M has made progress in academic tasks. He is now able to follow visual instructions, complete structured assignments, and engage more independently in learning activities tailored to his strengths.

**DISCUSSION**

M's case underscores the importance of a structured, individualized, and multidisciplinary approach in supporting children with autism spectrum disorder. His progress across social communication, sensory regulation, and academic participation reflects the effectiveness of combining speech and language therapy, sensory integration, and special education strategies. The involvement of M's family in reinforcing communication tools, routines, and sensory strategies at home has played a vital role in ensuring consistency and generalization of skills across settings.

This case highlights that when interventions are tailored to a child's unique sensory, social, and learning needs, they can significantly enhance engagement, adaptability, and developmental outcomes in children with ASD.

**CONCLUSION**

M's case illustrates the value of a holistic, individualized intervention plan in managing the core challenges of autism spectrum disorder. The gains in his communication, sensory tolerance, and classroom participation reflect the impact of early, consistent, and collaborative interventions. With continued support from both professionals and his family, M is on a path toward greater independence and improved quality of life.

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