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Challenges and Learnings in Working with Children Diagnosed with Autism and ADHD: A Clinical Internship Case Study Report

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Abstract: This report presents a detailed account of the challenges and key learnings experienced during a clinical psychology internship at a multidisciplinary child therapy center. The center catered to children with various neurodevelopmental disorders, particularly Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). The internship involved hands-on observation and participation in occupational therapy (OT), speech and language therapy, and special education sessions. Two case studies, one of a child diagnosed with autism and another with ADHD, are discussed in depth. The report analyzes the behavioral, cognitive, and emotional challenges faced by these children and the interventions used to support their development. It also reflects on therapeutic strategies, assessment tools, and the significance of interdisciplinary collaboration. The report concludes with key clinical implications and personal learnings gained from the experience.

Keywords: *Autism Spectrum Disorder, ADHD, Occupational Therapy, Speech Therapy, Clinical Internship, Behavioural Challenges, Multidisciplinary Intervention, Neurodevelopmental Disorders, Psychological Assessment, Case Study*

1. Introduction

Neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) often manifest during early childhood and significantly impact various domains of development including communication, behavior, motor skills, and social interaction. Clinical setups that offer multidisciplinary services play a crucial role in the management and intervention of these conditions.

During my clinical psychology internship, I had the opportunity to engage with children diagnosed with ASD and ADHD in a therapy center that offered integrated services, including occupational therapy, speech therapy, special education, and psychological counseling. My responsibilities included observing therapy sessions, assisting therapists, conducting informal assessments, maintaining behavioral logs, and interacting with parents and caregivers. This report aims to encapsulate my experiences and insights derived from two detailed case studies, highlighting the challenges faced and learnings acquired.

2. Case Study

2.1 *Case 1 – Child with Autism (Male, Age 5)*

- **Background:** Referred to the center by a pediatrician due to concerns regarding delayed speech, lack of eye contact, sensory sensitivities, and repetitive behaviors.
- **Clinical Observations:** The child displayed hand-flapping, toe-walking, echolalia, and difficulty transitioning between activities. He avoided eye contact, had limited social engagement, and demonstrated a preference for solitary play with specific toys.
- **Family Dynamics:** Parents were supportive but expressed emotional exhaustion. They were receptive to therapeutic guidance and participated in regular parent training sessions.
- **Intervention Focus:** Sensory integration through OT, language enhancement through speech therapy, and structured routine development through behavioral strategies.

2.2 *Case 2 – Child with ADHD (Female, Age 6)*

- **Background:** Referred by the school counselor due to excessive hyperactivity, impulsivity, and inattentiveness affecting academic performance and peer relationships.
- **Clinical Observations:** The child exhibited constant movement, impulsive talking, and difficulty maintaining attention. She frequently interrupted sessions, had challenges with waiting her turn, and showed frustration with tasks requiring sustained focus.

- **Family Dynamics:** The family reported difficulty in managing the child's behavior at home and school. They expressed concern about her academic future and were eager to learn behavior management techniques.
- **Intervention Focus:** Attention-building tasks, behavior modification techniques, structured play, and parent behavior training.

2.3 ***Intervention***

Occupational Therapy (OT):

- **Autism Case:** Focused on improving sensory processing, motor coordination, and self-regulation. Activities included obstacle courses, textured materials for tactile stimulation, and balance tasks.
- **ADHD Case:** Aimed at enhancing focus, planning, and motor control. Activities included fine motor exercises, sequencing games, and body awareness tasks.

Speech Therapy:

- **Autism Case:** Focused on developing functional communication using visual aids, PECS (Picture Exchange Communication System), and interactive storytelling.
- **ADHD Case:** Targeted language comprehension, instruction-following, and pragmatic language skills.

Behavioral Strategies:

- Visual schedules and token economy systems
- Reinforcement-based interventions
- Structured transitions and task breakdown
- Regular parent meetings to align home strategies with therapy goals

2.4 ***Assessment***

Tools Used

- **Vineland Social Maturity Scale (VSMS):** Measured social competence and adaptive behavior.
- **Developmental Screening Test (DST):** Assessed developmental delays.
- **Informal Observational Checklists:** Used during sessions to track progress and behavior.

2.5 ***Findings***

- The autistic child showed deficits in social reciprocity, imaginative play, and verbal expression but had good visual-spatial skills.
- The ADHD child demonstrated below-average attention span, poor impulse control, and moderate expressive language skills.

3. Research Evidence

Numerous studies support the effectiveness of early, interdisciplinary interventions for ASD and ADHD. The Early Start Denver Model (Dawson et al., 2010) emphasizes the benefits of early behavioral and developmental support in autism. Barkley's work (2015) on ADHD highlights the significance of structured environments and behavioral interventions. Case-Smith & Arbesman (2008) advocate for occupational therapy as a core component in developmental interventions for children with ASD. Parent-mediated interventions have shown to improve long-term outcomes in both conditions (Weiss et al., 2015)

4. Discussion

Working closely with children diagnosed with autism and ADHD revealed several recurring challenges. These included sensory processing difficulties, behavioral resistance, communication barriers, and difficulty in maintaining attention. The need for patience, empathy, and creativity in therapy was evident. The experience underscored the importance of customizing interventions to each child's unique profile. Parental involvement emerged as a critical factor in ensuring consistency and reinforcing skills at home.

The therapeutic alliance between therapists, psychologists, and families facilitated holistic development. Furthermore, structured routines, predictable environments, and consistent reinforcement contributed significantly to behavioral improvements.

Clinical Implications

- Individualized and flexible intervention plans are essential.
- Collaborative multidisciplinary approaches yield better developmental outcomes.
- Parent training and psychoeducation are vital to therapy generalization.
- Understanding sensory and behavioral profiles enhances intervention precision.

5. Conclusion

This clinical internship provided valuable exposure to the practical aspects of working with neurodivergent children. The experiences broadened my understanding of therapeutic modalities, assessment tools, and the psychosocial dynamics involved in childhood disorders. Through these case studies, I learned the importance of integrating empathy with evidence-based practices. The challenges encountered served as crucial learning experiences, reinforcing the need for continuous professional development and compassionate care.

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