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Language Therapy with Autistic Children: A Case Report

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D R Srilatha &, C A Usha, - *All India Institute of Speech and Hearing, Manasagangothri, Mysore 570 006; India*

A primary characteristic of most autistic children is their inability to relate to other people and communicate effectively. Lack of eye contact, avoidance of social contacts, noncommunicative gestures and facial expressions and mutism or the development of a non-communicative language are some of the behavioural characteristics. Considering language disorder associated with autism to be an important factor, language assessment and intervention have assumed pivotal significance in the management of autistic children [1], [2]. The present paper describes the speech-language intervention with a male autistic child.

Case report

Child 'B' was brought to the All India Institute of Speech and Hearing, Mysore, at the age of 6 years with a complaint of speech defect. There was no known family history of mental illness, speech defect, hearing impairment or mental retardation. There were no prenatal complications and B was born four weeks premature with a birth weight of 2.35kg. Birth cry was reported to be present. Postnatal no head injury or fall was reported. He had measles at the age of 9 months and except for this no other illness or infections were reported.

B was the only child. Both the parents were educated and the father was employed in the Air Force. The family consisted of the child, his parents and his grandmother.

Developmental motor milestones were normal. Babbling was also reported to be present normally. He uttered the first word at the age of 2 years, had toilet control by 3 ½ years and dressed himself by 5 years. The child was left handed as also his mother, however, he was forced to use right hand for writing.

The unusual behaviours noticed by the parents were that he liked to play alone and would not mix with other children. He would not share his things with others, and was not bothered about his environment. He was neither afraid of strangers nor of strange places. Also, purposeless hand motions were present. Hyperactivity and withdrawal behaviours were noticed. Schooling had been discontinued as he could not adjust there.

Speech and language evaluation, audio-logical testing, psychological and neurological examinations were carried out at the Institute. The results of these evaluations led to the diagnosis of Infantile Autism and B was taken up for speech therapy.

Speech and language evaluation revealed that B had delayed speech and language development. At the time of examination he spoke in simple sentences in the questioning pattern. Articulation was normal

and his speech was intelligible. B comprehended simple commands but did not respond consistently. He would stare blankly at his parents' faces, would handle parts of their body like ears, hands etc.,. He repeated what his parents said and would imitate their actions. He used second person pronouns while referring to himself B was reported to be having good memory for serial items and had sharp senses of smell and taste. He was able to read simple words such as cat, rat etc., at the time of examination.

Audiological evaluation indicated that B's hearing sensitivity was clinically normal. It was reported that he would not respond to his name but would go rushing into the room for sounds of mixer, stereo etc., at home.

Psychological report said that hyperactivity was noticed at the time of examination. No spontaneous speech was found. On testing, his IQ was found to be 92 with a mental age of 5 ½ years. Re-evaluation done at his 8th year revealed the following results: mental age of 8 years, an IQ of 8l on the CMMS and scattered performance on the Binet-Kamath Test. Indian adaptation of Vineland Social Maturity Scale indicated a social age of 5 years. Neurological examination revealed hyperactivity, poor eye contact, echopraxia and echolalia. No mental retardation was indicated.

Speech-language therapy of 1-hour duration for five days a week was started in September 1980. Tamil, his mother tongue, was the language of therapy.

Therapeutic intervention

Speech-language therapy approach was more of eclictic nature and was not restricted to any particular method. Principles of speech-language stimulation, speech correction, reinforcements and group therapy were used at different stages of therapy.

Initial therapy aimed at building rapport and to make him enter the therapy room. Moving and attractive toys helped in doing the above. The other goals were to train him to respond consistently to verbal and non-verbal sounds, improving communication skills, establishing eye-to-eye contact and socialization.

Verbal and non-verbal sounds were used to improve his listening skills. Non-verbal sounds of bell, kanjira etc., were given from different places in the room and he had to tell the name of the instrument. With the use of positive reinforcement he learned to recognize these sounds. In the case of verbal commands, he had to carry out simple activities appropriately, for eg, 'Give the doll to mother, put the doll on the table.' Later the order of these commands were changed constantly and he had to be careful while listening.

B was made to greet people and~talk to them in order to improve his communication skills. Story telling and explaining the events in pictures were used. Also, he had to talk about the things he did at home. After sometime, he would narrate the daily activities in stereotyped sentences like, 'I brushed my teeth, washed my face.....'. Hence unrelated questions were put in between to break this. All these activities helped the child to use meaningful speech. Also, B was allowed to participate in group activities like singing, playing ball and participating in group auditory training session for the hard of hearing. This helped him to mix with other children to some extent. Initially he would pinch other children or run away and contingent punishment was used to reduce these behaviours.

Staring at the mirror reflection of the therapist's eyes and later directly was used to improve eye contact. He was also trained to follow moving objects and recognize them. He learned to identify small

toy animals moved in front of him.

After B started co-operating in the therapy session and started to speak out when asked to, echolalia and pronominal reversals were corrected. Initially in reducing echolalia questions like 'What does B want', were formed for which he learned to answer 'B wants ball' . Direct correction of the wrongly used sentences greatly helped.

B was admitted to the 1st standard in a normal school in May 1981. By then he had attended 8-9 months of speech therapy. His general behavior had improved to some extent, he would co-operate with familiar people and would speak fairly well in Tamil. He would also comprehend English words (which were taught at home earlier). Therapy was continued in English after admitting the child to the school. Parents were then instructed to speak in English at home. Therapeutic activities after B was admitted to school were directed to help him improve his adjustment in the classroom and academic skills.

Just before admitting him to the school, B was counselled about what the school would be like and what he was expected to do. Also, he was told that he would be kept in the school only if he did well.

During therapy sessions we worked in improving his ability to follow verbal instructions like 'Take out the English class work book and write' and so on, as these were frequently used in the classroom situation. When he was expected to take dictation he generally drew the picture for the word. He was frequently instructed to write the word. Alphabet cut outs were used to help him write; he would arrange the letters of a word, trace them by finger and later write the word. This method worked very well with him.

Initially B neither co-operated with the classroom teacher nor in the classroom activities. The teacher also helped us by sending periodic reports on his behaviour in the classroom and B was trained accordingly. Everyday he was asked to talk of the things that happened in the school, about his friends and what he did.

Gradually B got adjusted to the school and showed interest in the activities. He spoke quite well in English and Tamil interference decreased. He picked up a few words in Kannada at school. After he was carrying on well in school, other aspects of speech were considered. Intonation therapy and abstracting ideas from stories were tried.

Conclusions

B did well in the school. He obtained good grades in the first three standards. He would recite rhymes and songs heard on the radio very well. Though he spoke well when spoken to, his spontaneous speech was limited. He rarely enjoyed jokes or lies told to him for fun. He smiled when the therapist smiled at him but seldom laughed at things which were funny. Intonation of speech was stereo-typed and did not indicate emotions or feelings. Abstraction 'deficits were noticed in activities like reading a story and learning a moral out of it. He would repeat the story after reading it but would not make judgements about the characters in it.

It has been reported that autistic persons who have been most successful in developing verbal skills may still display 'Conversational clumsiness' [3]. Even the highest functioning autistic individuals have persisting problems with indirect questions and polite requests. Baltaxe [4] found that politeness principles were frequently violated; humor and sarcasm continually baffled autistic individuals. These

were also found in the case of B. According to Kanner [5] reading skill is acquired 'quickly' by autistic children. He found that his subjects could read by 6-8 years of age, but they tended to read monotonously without the capacity to appreciate the content of what they read. B also showed a similar behaviour. Though he was integrated in a normal classroom quite well, the autistic features still persisted.

1.Ricks D M & Wing L, Language communication and the use of symbols in normals and autistic children
In: Wing L. (Ed.) Early Childhood Autism Oxford: Pergamon Press Page: 93-134, 1976
2.Rutter M, Language disorders and infantile autism
In: Rutter M & Schopler E. (Eds.) Autism: A Reappraisal of Concepts and Treatment New York: Plenu
Page: 85-104, 1978
3.Schuler A L, Aspects of communication
In: Fay W H & Schuler A L. (Eds.) Emerging Language in Autistic Children Baltimore: University Park
Page: 89-111, 1980
4.Baltaxe C, Pragrnatic deficits in the language of autistic adolescents
Paediatric Psychology Page: 2: 176-180, 1977
5.Kanner L, Autistic disturbances of affective contact
Nervous Child Page: 2: 217-250, 1943