



Clinical Case Presentation

Japan Philippines Community and
Communication Stimulation and Therapeutic
Activity Center of Baguio (JPCOM CARES &
STAC-5)

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JPCOM CARES & STAC 5*



- A non-profit organization that caters rehabilitation and social services to individuals with disabilities.
- STAC 5 accommodates children with special needs from ages 1 to 25.
- There are three areas: Occupational Therapy, Physical Therapy, and Independent Living Therapy



About Louie

- 4 yrs. & 4 mos. old
- Was referred to STAC-5 on March 2021 by Dra. Maria Lourdes M. Trajano to undergo therapy due to motor difficulties and sensory issues
- Formerly diagnosed with Global Developmental Delay (GDD) and Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency with Scaphocephaly
- Currently diagnosed with Autism Spectrum Disorder (ASD), still with G6PD Deficiency and Scaphocephaly being present

Global Developmental Delay (GDD)

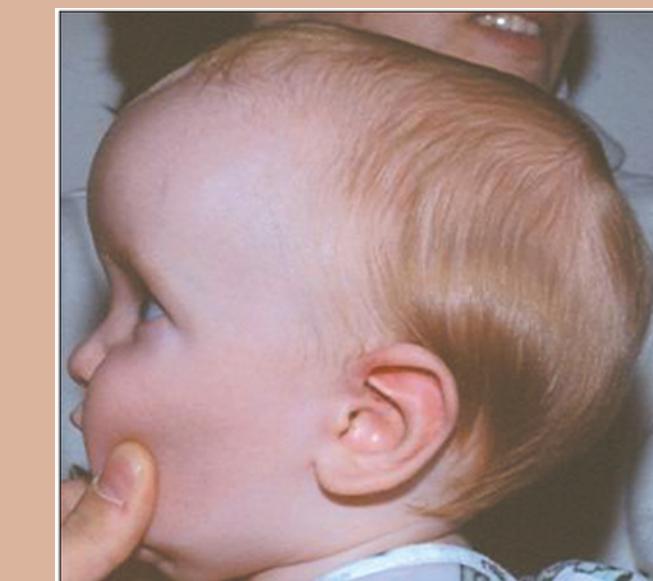
It is a subset of the developmental disabilities defined as significantly delayed in 2 or more of the following domains;

- Gross and fine motor skills
- Speech/language
- Cognition
- Social/personal
- Activities of daily living

A developmental delay is more than “A LITTLE BEHIND.” It is diagnosed when a child is significantly delayed in two or more of the developmental realms/domain.

Scaphocephaly

Scaphocephaly is characterized by a long and narrow head shape, a ridged appearance on the top of the head, and sometimes a pointed back of the head. The baby might also have a prominent forehead. It is the result of a premature fusion of the sagittal suture which runs front to back over the top of the head.



Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first 2 years of life.

Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency

PD deficiency is a lifelong condition that is passed down through families. It happens when the body doesn't have enough of a special enzyme called G6PD (Glucose-6-Phosphate Dehydrogenase). This enzyme helps red blood cells work the right way. Not having enough of this enzyme can lead to a type of anemia called hemolytic anemia.

Personal History



- Louie was a healthy newborn and neither had abnormalities nor complications when he underwent the newborn screening test.
- At the age of 1, Louie appeared to have difficulties in standing up properly and had an absence of typical behaviors.
- He was assessed and was found out that he had vision and hearing problems.
- At the age of 2, in more or less 5 months of physical therapy in STAC - 5, he was able to walk.
- From the age of 2 years and 5 months until now, he is currently receiving occupational therapy in STAC - 5, although with inconsistent attendance.
- He is not yet sent to any school because he cannot verbally communicate yet and unable to keep still and stay long sitted.

Family History



- The client is the youngest son and has an elder sister.
- He has a tight-knit and affectionate relationship with his father, mother, and sister.
- Her mother did not have any problems/concerns during her pregnancy with Louie.
- There was a case of GDD and ASD within their family lineage, but is present in their distant relatives.
- It was told by the doctor that there was a missing segment of chromosome or chromosomal deletion during her mother's pregnancy that led to Louie developing GDD and ASD.

Mental History



FIRST OBSERVED:

- During his first year, he was unable to stand up and was not acting normally.
- Has an unusual shape of the head and was found out that a vein in his head was pinched, which caused problems with his senses.

DIAGNOSIS GIVEN:

- First diagnoses were GDD (Global Developmental Delay) and G6PD (Glucose-6-Phosphate Dehydrogenase) Deficiency with Scaphocephaly when he was 1 year old .
- Second diagnosis on May 2023 and current diagnosis is ASD (Autism Spectrum Disorder) with G6PD and Scaphocephaly still present.

Mental History



RECURRING:

- Being restless most of the time and having sleep problems.
- He does not respond when called by his name because he often has his own world.
- He has a fixation on particular objects for play (e.g., blocks and cars).

ANY TRIGGER/S:

- Hyper and restless, especially whenever he is outside and only stops when tiredness strikes him.



Mental History



CURRENT BEHAVIOR:

- Can now do activities of daily living (e.g. eating and drinking independently, walk around without assistance).
- He does not engage in eye contact.
- He does not throw tantrums but cries when asked to be seated for a period of time.
- Has poor frustration tolerance, attention and concentration span.
- Has impulsive and manipulative behavior, he insists on getting what he wants to play with.
- He is resistant to do most of his activities during his sessions.

WHEN NOT DISPLAYING THE SYMPTOMS OF THE DISORDER:

- He is quiet and calm, especially when he is inside of their house watching the television and playing with blocks and cars.

Treatment History



TREATMENT APPROACHES

1) Physical Therapy

- Physical therapy includes therapeutic exercises, physical modalities, such as massage and electrotherapy, and assistive devices like splints.
- At the age of 2, Louie began his physical therapy and was now able to walk after more or less 5 months of therapy.

2) Occupational Therapy (November 2021 - Present)

- Occupational therapy works to promote, maintain, and develop the skills needed by children and adults to be functional in different settings. It helps children with autism acquire functional behavior, cognitive skills, fine and gross motor skills, socialization and communication, play, and daily life skills. This is effective in removing learning hurdles and assisting kids in being calmer and more focused.

Medication/s Taken

- At first, Louie was prescribed by his doctor with vitamins only.
- However, it was told by his doctor that he would be given sedatives or depressants for his follow-up check-up to calm him down whenever he gets hyperactive outside.

Treatment Plan and Goals

Goal #1: To improve Louie's work behavior to attend and focus on skills being taught everyday

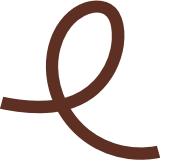
- This is achieved through various interventions, such as sensory integration techniques and skill-building activities. Occupational therapy helps Louie develop the necessary attention and self-regulation skills to participate effectively in his daily tasks and learning experiences.

Goal #2: To improve Louie's everyday skills and participate in a wide range of activities.

- Have regular sessions in occupational therapy and teach Louie's parents/guardians how to properly handle him and how to continue the learning at home with his family's support and full participation on a daily basis.

Goal #3: To build on Louie's sense of independence.

- Focus on developing Louie's skills and abilities in areas such as fine motor skills, sensory processing, and social interaction through various simple therapeutic activities and interventions to support his independence and functional abilities.



Goal #4: To develop Louie's communication skills.

- Discouraging ‘baby talks’ to Louie and encouraging play and social interaction even at home with his parents and elder sister as his playmates. Alongside with this is teaching him how to identify and read the alphabet/phonetics, how to count and identify numbers, shapes, colors, or animals through visuals and verbal cues.
- Encouraging play to children of his age to learn how to behave, adapt good behavior, communication, play and learn.



Recommendations

- Louie should continue and be consistent in his sessions in Occupational Therapy at JPCOM CARES and STAC 5 and strive to be in Independent Living therapy in the future.
- Louie's parents are recommended to invest in therapy as much as needed rather than the medications that would be prescribed to him when he is restless, as it is a much more sustainable and natural way of reducing Louie's ASD symptoms like hyperactivity. This is in line with the study of Anagnostou, E. (n.d) on behavioral interventions and medications in children with autism, where she emphasized that non-drug behavioral therapy should be the first-line treatment, supplementing it with medications only if such approaches are insufficient.

Recommendations

- Encouraging parents/family members to be consistent or have a daily basis of home management programs to keep Louie on track with these activities as a routine.
- Engaging in verbal conversations and encouraging Louie to speak whenever he wants or needs something. Based on an extensive research by Sussman, F. (2012), when parents encourage, motivate, and support communication, it significantly impacts their child's social and communication development.

References

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Thank You!

