**Case Report of Aaryan Vaghela**


Titiksha Bhaskar

In association with Prabhat Education Foundation

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**About the Author**

The author of this Case Report is Titiksha Bhaskar. She is a graduate of B.A. Psychology obtained from Fergusson College associated with Pune University. This Case Report was made independently in collaboration with Prabhat Education Foundation, Ahmedabad.

**About Prabhat Education Foundation**

Founded in 2003, Prabhat Education Foundation is a Non-Profit Organisation based in Ahmedabad, India. The foundation serves children and adults with special needs, helping them to achieve their full potential in and around Ahmedabad, India. With a massive field team consisting of professional psychologists, physiotherapists, special education teachers and support staff working in Prabhat Centres peppered around the periphery of Ahmedabad, Prabhat has brought about pioneering change in the special education and support field in this decade.

The goal of the organisation is simple: The Foundation is dedicated to the national effort to help children with special needs to find their way to independent adulthood and self-sufficiency. The Prabhat mission is to build the capacities of people with special needs to live with dignity and live as productive and confident citizens of this country.

The factors that make Prabhat unique are one too many. Right from sensitizing families of special children on how they can deal with stigma, ignorance and denial to providing a robust access to care, education and learning, Prabhat has emerged as an institutional facility that provides systematic rehabilitation and support to those that need it. Now, Prabhat is the proud facilitator of more than 3000 persons with special needs in Ahmedabad.

The hallmark of Prabhat's work is its personal involvement with local communities. By creating welcoming, cheerful and safe spaces for counselling, assessment, therapy, and a learning-by-doing pedagogy, the multiple intelligence approach aides in the holistic development of these children. Another way Prabhat keeps to its roots is by implementing its coveted Community Based Rehabilitation (CBR) program. The goal of CBR is to create environments and capacities within the communities and homes to support and encourage

those children with special needs and their families who cannot access Prabhat Centres due to barriers of mobility. The Home-based Programme within CBR provides support through training and learning opportunities organized in and through the neighbourhood.

All in all, Prabhat Education Foundation reflects a journey that began in 2003; eventually bringing to fruition their dream of creating an all-encompassing, systematic rehabilitation haven that could be accessible by those challenged by poverty and mobility. Prabhat continues to contribute in the community and their main office is located at Satellite, Ahmedabad.

**Demographic details:**

o **Name:** Aaryan Sanjaybhai Vaghela

o **Age:** 11 years (19/08/2011)

o **Gender:** Male

o **Religious Affiliation:** Hinduism

o **Clinical diagnosis:** MR (mild), and LD

o **Date of joining Prabhat:** April 2019

o **Parents :** Geetaben Vaghela & Sanjaybhai Vaghela

o **Siblings :** Devika Vaghela

o **Interests:** Playing games and claywork (fashioning *Murtis* of Ganesh, Shiva and Riddhi Siddhi), likes watching TV and learning about animals

o **Mainstream or at centre:** *At centre*

**Confidentiality and consent declaration:**

All parties involved in the creation and approval of this Case Report understand that all medical, personal, familial, academic and legal information pertaining to Aaryan Sanjaybhai Vaghela will be used only for the purpose of this report. The information in this report will largely remain confidential and will be used *only* for academic purposes.

It is also understood that the facilitators, guardians and family members of Aaryan Sanjaybhai Vaghela have consented to the creation, publication and scope of this report in its full extent.

**Introduction:**

Case Reports have been at the core of psychological research for over a century now. The depth, detail and description that a Case Report lends to the subject under study is truly incomparable. The freefall, unobstructed exploration of various topics is uniquely achievable by means of a Case Report. Prioritising quality over quantity, these are the perfect tools of research for anyone that wishes to possess an in-depth understanding of an obscure phenomenon.

It is for these reasons and more that The Case Report method was chosen for the exploration and diligent enumeration of the origin, the development and future of Aaryan Vaghela's psychological disabilities. This Report will carefully examine the numerous origin points of the child's behavioural dispositions and attempt to interpret them in light of detailed anecdotal observations. Finally, a tentative plan of action will be outlined based on the interpretations made of the collected data.

The upcoming parts of this section will attempt to give a brief introduction to the numerous psychological concepts and theories that will be mentioned throughout the Case Report. These theories and variables form a fundamental part of the functioning and behavioural makeup of Aaryan Vaghela, as is the case with any other individual.

**The Genetic and neurobiological factors that shape the development of disorders:**

The involvement of genetic factors in the development of psychological and neurobiological disorders has been researched far and wide. Genes are long molecules of deoxyribonucleic acid (DNA) within the cell nucleus (Barlow & Durand, 2016). Just like our eye colour, hair type and even our height are affected by the information carried by these genes, research has long established that a few disorders are determined in the same way.

One such example is a disorder named Phenylketonuria (PKU) which can result in Intellectual Disability, is carried though genes. However, it is crucial to note that such origins are not easy to predict all the time. Oftentimes, an individual's development, behavioural shaping and even their Intelligence Quotient (IQ) are polygenic in nature. To be Polygenic is to be influenced by many genes – each contributing to only a small part of the issue while the rest may be determined by social and environmental factors.

What is interesting is that a majority of environmental factors, aside from that of cultural and social factors, contribute to the development of disorders in children. One such explanation comes in the form of **diathesis-stress model** (Barlow & Durand, 2016). Diathesis refers to a pre-existing vulnerability that is passed on genetically. This vulnerability to developing a disorder, when confronted with an extremely stressful incident, will convert into the disorder itself. The other explanation is much simpler. **Complications during pre-natal, perinatal and post-natal care** have a high chance of creating irreversible biological damage to the child; ones that eventually reflect in the form of Intellectual or Physical disabilities. Prenatal complications like maternal smoking or depression, perinatal complications like the umbilical cord wrapping around the baby's neck or post-natal development of fever and/or epileptic episodes can be the primary environmental-genetic causes of Intellectual disability in children.

While the causes of intellectual disability are many, it is far more important to understand how to help the child navigate their life in the most efficient manner possible. Understandably, comprehending the cause of intellectual disability in children aids in the development of relevant coping strategies. Even so, it helps to remember that some of these factors may lay outside the realm of genetics and the body – the undeniably crucial cultural, social and interpersonal factors that inevitably shape an individual's core behavioural structure.

**The Cultural, social and interpersonal factors that are involved in the development of disorders**

Recent schools of psychology have made a concerted effort to determine the influence of cultural, social and interpersonal factors in the development of disorders. The predominant question that needs to be answered is this: what is the extent to which the cultural context a person grows up around, affects them? Extensive studies have now demonstrated the substantial power and depth of such influences on psychological and neurobiological variables.

How do social relationships have such a profound impact on our physical and psychological characteristics? To understand psychopathology, it becomes imperative to understand how early childhood experiences and those in different periods of development may influence one's vulnerability to other types of stress or differing psychological disorders (Barlow & Durand, 2016). It is a well-known fact that every person goes through important developmental changes at all points in life. However, understanding that the influence of development stage and prior experience has a substantial impact on the development and presentation of psychological disorders is crucial to the sphere of special education and management of Intellectual Disability.

**Intellectual Disability**

According to the DSM 5 (Diagnostic and Statistical Manual), intellectual disabilities are defined as "neurodevelopmental disorders that begin in childhood and are characterised by intellectual difficulties as well as difficulties in conceptual, social and practical areas of living."

In essence, it aims to state that Intellectual Disability is a disorder that begins when one is a child. Unlike previous definitions, this newer, updated definition takes into account the adaptive capability and functioning of an individual *in addition* to the IQ score. Characterised by their struggle in carrying out social and adaptive functioning, the classification of Intellectual Disability focuses on the level of support an individual needs to successfully achieve daily tasks. According to this criterion, Intellectual Disability has been divided into 4 distinct sections: Mild, Moderate, Severe and Profound ID.

In this report, we will be allotting special focus to Mild Intellectual Disability.

Mild (to Moderate) Intellectual Disability, as defined by the National Center for Biotechnology Information (2015), constitutes of "individuals that are slower in all areas of conceptual development and social and daily living skills.". More often than not, individuals diagnosed into the lightest range of Intellectual Disability are perfectly capable of learning practical life skills that will help them to function without hindrance. They require minimum, if no levels of social support and have proven themselves capable of grasping decent levels of reasoning and abstract thinking.

Based on this definition and description of Intellectual Disability, the case report will sport inferences, suggestion plans and anecdotal observations to support these sections.

## Objectives of the Report

The objectives of this Case Report are sevenfold:

1. To *iterate* the Disability of Aaryan Vaghela.

2. To *understand* how Aaryan's family identified his disability.

3. To *gain insight* into how Aaryan and his family coped with his disability before coming to Prabhat.

4. To *find out* how Aaryan's family heard of Prabhat and why they decided to enrol Aaryan there.

5. To *evaluate* the initial assessment given to Aaryan during his enrolment at Prabhat.

6. To *outline* the kind of plan designed for Aaryan Vaghela by Prabhat facilitators.

7. To *trace* the process of implementation of the plan created for Aaryan Vaghela by Prabhat facilitators.

**Methodology**

Just like scientists use prolonged observations to arrive at conclusions about behavioural patterns of organisms in nature, psychology has various research methods to collect, analyse and test variables in the human mind. According to new research, there are two primary schools of research: Qualitative and Quantitative research. (*Research Methods in Psychology*, n.d.)

Quantitative research makes use of data collected by means of meticulous sampling and employs mathematical and statistical models to validate or reject hypotheses. It is used to establish causal relationships, explore correlational links and foretell behaviour based on previous tendencies. On the other hand, Qualitative research delves into the subjective aspect of observation, making effective use of non-mathematical data to understand the functioning of various psychological phenomenon.

When compared to quantitative research, Qualitative research brings a heavier focus on the human condition and the myriad of social and psychological phenomena that shape perceptions and actions. ***Qualitative Research*** *has been employed for the construction and completion of this Case Report.*

Qualitative research has its very own set of research methods and tools of assessment. Some of the most commonly used Qualitative research methods in psychology are Observational techniques, Self – Report techniques and Case Studies. Observational techniques are both Qualitative and Quantitative in nature, depending on the necessity of use. These are of 2 types: Participant and Non-Participant observation. Similarly, Self-Report techniques are also both Qualitative and Quantitative in nature. Questionnaires, Interviews and Psychometric Testing are some of the common tools used to carry out Self-Report

techniques. Finally, we have the ***Case Report method,*** *the research method that has been primarily employed in the construction of this Case Report*.

The Case Report Method is an exclusively Qualitative research method. This entails an in-depth analysis of people, events and/or communities. More often than not, a Case Report employs a multi-dimensional methodology, incorporating a mix of non-participant, unobtrusive observation and tools like personal interviews and background checks. It is important to note that Case Study method does not use the scientific method. The case study often relies heavily on the detailed observations and information collection carried out by the clinician/researcher. This helps in creating a vivid and detailed description of the subject under observation. A case report is collated based on exhaustive information about the subject's personal and familial background, health, education and cultural context. A few disadvantages like personal bias, the lack of internal validity and unrelated coincidences exist for this method. However, the sheer amount of subjective data collected and interpreted by means of employing the case report method offsets the negative value of its disadvantages.

The tools used to carry out this Case Report were: Questionnaire, Personal Interviews, Unobtrusive Non-Participant observation and existing records of psychological and physiological assessment. The aforementioned tools will be enumerated in detail in the upcoming section.

***Informed Consent*** was obtained from the subject of observation for the creation of this Case Report. This was extended to and approved by their family members and facilitators.

**Tools of Data collection**

Tools of data collection in Psychology are numerous, tested and of diverse kinds. In the case of Qualitative research, specifically Case Reports, the most common tools for data collection are – *Direct Observation*, *Personal Interviews*, *Psychometric Tests* and *Archival Records*. In most cases, detailed questionnaires and surveys are employed to give a crucial layer to the interviewing process.

*The 4 tools used to carry out this Case Report were*: **Questionnaire**, **Personal Interviews**, **Unobtrusive Non-Participant observation** and existing **records of psychological and physiological assessment**.

1. **Questionnaire:** Questionnaires are a carefully curated set of questions that aim to gain deeper insight into a certain subject. They may be structured or unstructured; most of this decision rests largely on the context they are used in. When employed for structured interviews, questionnaires act as a reference point that lend direction to the information being sourced from the subject.

    In this Report, a questionnaire was used as a structural basis for the multiple personal interviews conducted on family members. The questionnaire included questions that ranged from understanding Academics, Behaviour at Home, Behaviour at the Centre, Interests, Relationship with the family and Daily Routine. In addition, the questionnaire focussed on retrieving information pertaining to the family history of the subject, their educational and financial status and cultural and social background. Finally, the questionnaire covered questions regarding the health of the mother during and after pregnancy,

medical history of the child and the external help they received before being enrolled into Prabhat.

2. **Personal Interview:** One of the most common tools used for gathering good qualitative data is a Personal Interview. Price (2015) notes that "Interviews in qualitative research can be unstructured (consisting of a small number of general questions or prompts that allow participants to talk about what is of interest to them) or structured, where there is a strict script that the interviewer does not deviate from." More often than not, semi-structured interviews – a middle ground that allows for a decent structure yet offers the faculty to explore topics as they come up during the interview – are used while conducting Qualitative research.

> The nature of interviews conducted for this case report were semi-structured. A predetermined set of questions in the form of a questionnaire was arranged. The aforementioned questionnaire covered a range of topics right from Academics, Behaviour at Home, Behaviour at the Centre, Interests, Relationship with the family and Daily Routine to the family history of the subject, their educational and financial status and cultural and social background. When it came to exploring the details behind these umbrella interview topics, unstructured, flexible interview questions were employed. Consent was always obtained before any sensitive topic (such as that of Pregnancy health, financial situation and Social + Religious background) was dealt with during the interview. Most of this information was collected by means of audio recorder. The interviews often took place in Hindi or Gujarati. In case of a Gujarati interview, a facilitator fluent in the same was present to

accurately translate the answers of the subject into Hindi. These audio clips were later transcribed into English by the author.

3. **Unobtrusive Participant observation:** The observation method is a popular tool of data collection in Psychology. This mode of data collection allows the researcher to gain invaluable insight into the day – to – day functioning of a variable. There are two kinds of observation – Participant observation and Non-Participant Observation. Participant Observation allows the researcher to become an active participant in the group that they are observing (Price, 2015). The rationale for such kind of observation stems from the argument that there exists information accessible or identifiable *only* by people that are involved in the group first-hand. The second type, non-Participant observation, involves a passive observation that does not involve active participation in the group being observed. This kind of observation method is useful where the researcher feels that active participation may disrupt or alter the natural functioning of the variable in their element. Since it is also the observation of variables in their natural habitat, sans any external interventions, it has a sub-category that is called Natural Observation.

For this Case Report, a combination of Participant and Natural Observation was employed to collect necessary data. The participant observation occurred in the form of conducting fun activities for the child, lending a hand with clay work activities and academic questioning. Additionally, non-school observation in the form of unfiltered, off-the-record conversations with the child allowed for invaluable understanding of the child's behavioural patterns. On the other hand, Natural Observation took place in the form of anecdotal

observation during academic sessions and playtime. Prior consent was obtained before the commencement of the observations.

4. **Archival Research:** Archival Research is essentially the analysis of previously collected data. This kind of research is Secondary in nature; hence earning the name of Secondary data collection. In research from Paul Vogt et al. (2012), ". Archival research data may be collected from numerical records, verbal documents, or visual artifacts such as those on websites.". Most often, review of database archives, organizational records, meticulous review of literature and the use of official documents such as ID proofs and/or certificates fall under the category of Archival Research.

It is important to note that Archival Research is *one* of the tools used for data collection in this Report. Data collection through Archival Research spanned across diverse information needs – such as government records, ration card document, ID proof, psychological assessment, Physiological assessment, Academic Records and Intake forms of the child at the time of enrolment into Prabhat. Additionally, information pertaining to the pregnancy and physical health of the mother and child during birth was also made available for this Case Report. Consent was obtained for the collection, analysis and use of information contained in these Archival Records for this Case Report. It was made clear that the information collected will only be used for the purpose of analysis and will remain confidential (*Using Archival Research & Secondary Records to Collect Social Research Data*, 2016).

**Here is the approximate Questionnaire employed during the multiple interviews conducted with family and facilitators.**

**Questionnaire:**

**About themselves:**

Q) Where did you live/grow up?

Q) Did you attend school? If so, until when?

Q) How many people reside in your family right now? How is it like living in Gujarat?

Q) What is the primary occupation of the breadwinner? If others work, what do they do?

Q) Does Aryan have any siblings? If so, how are they doing? What is Aryan's relationship with them like?

Q) Was there any history of violent behaviour in your household while Aryan was growing up? Even if it was for a brief period of time?

Q) How did you normally react when Aryan began displaying his violent disposition? Did you hit him; did you placate him verbally? How would he then react to that?

Q) My theory is that if Aryan feels remorseful about his actions only when he thinks the recipient of his behaviour is to be respected. Why do you think that he respects the teachers at Prabhat? Is it a matter of safety? Is it an escape that he wishes to preserve by being good?

**Pregnancy/Health:**

Q) Do you remember facing any problems during pregnancy (pre- and post-natal)?

Q) Can you recall any notable incidents in Aryan's childhood? (May be good or bad, emotional or physical)

**About the Child:**

**General:**

Q) What would you say are Aryan's best and worst qualities? Why do you think so?

Q) How does he interact with his society friends? Is there any notable difference in the way he is with them and the kids at Prabhat?

Q) I have noted that he is very helpful towards his peers at Prabhat. Is he the same way at home? Does he help you out in housework?

Q) I heard from all of his teachers and peers that he is very skilled at making murtis and bows and arrows. What other games, hobbies or interests does Aryan pursue?

Q) Aryan seems to have an unwavering belief in Ganesha. When did his bhakti start? Are either of you (parents) believers? Could you give me an insight into that?

Q) Does Aryan make a fuss regarding food? What does he usually like to eat?

Q) Is Aryan taking any medications?

Q) Can you tell me any memorable or happy incident with Aryan (and the family)

Q) Does Aryan have any set of good/close friends? How would you describe them?

Q) Do you think Aryan is aware about all of this, his temper outburst, how they aren't right, and how they are as harmful to him as they are for the people around him? How do you think he feels about it?

**Academics/Prabhat:**

Q) When was Aryan first enrolled in a school (or similar establishment?). Could you elaborate on the problems he faced and how it was dealt with in that school?

Q) The problems he faced at his previous school(s); do you feel they were resolved at Prabhat?

Q) What prompted you to choose Prabhat? How did you hear about it?

Q) *Hindi.* Prabhat ke pehle aur kahan tha? Kya aapko udhar sahi maddad mili?

Q) What is the difference you see in Aryan compared to his behaviour in previous institutions and in Prabhat?

Q) According to you, has Aryan made progress here? (What is your definition of progress? Eg. Didn't help me out before but now he does)

Q) With regards to academics, in terms of numbers, words and writing, do you have any insight to what level Aryan is at? Give me an idea please.

Q) Initially you used to accompany him to Prabhat every day. Now you don't. What has changed and why do you think so?

**Home/Progress:**

Q) What language do you normally use for communication at home?

Q) Does Aryan help you out with household tasks at home?

Q) I heard of his violent outbursts at home, sometimes including colourful use of language. How would a typical outburst look like? Could you describe it to me?

Q) Do you have any theory as to why Aryan behaves the way he does?

Q) What do you usually do to calm Aryan down? How does his temper outburst usually end?

Q) Do you think there is any specific incident or person that consistently sets him off? If so, could you let me know what kind or which person and why?

Q) Do you remember the very first incident of an anger outburst from Aryan? His *very first* incident?

Q) In his childhood, how did you realise that his behaviour was out of the normal? How did the family members react to this realisation?

Q) Did you know any kids of Aryan's age when he was growing up? What comparisons (academically) did you make note of?

Q) At what age did Aryan start to crawl, walk, talk and feed? (To check developmental markers)

Q) At what age did you notice a speech difficulty with Aryan? Does anyone else in the family have a similar speaking style?

Q) Does Aryan tie his own shoelaces and button his own shirts? If yes, when did he start? (To check dexterity and advanced motor skill development)

Q) Could you describe one normal, non – Prabhat day in Aryan's routine and one Prabhat day in Aryan's routine?

Q) How was Aryan after his dada passed away?

Q) How would you describe Aryan's relationship with his father? Whom is he the closest to in the family?

**Data Collection and Compilation**

**How the Case Report was structured, conducted and compiled:**

The Case Report on Aaryan Vaghela was primarily structured into 7 separate sections of enquiry. The seven sections and their parallel questions are: What is the Disability, When did the Parents Identify it, How the Parents coped with the disability before coming to Prabhat, Why and how did they come to Prabhat, What was the initial assessment given to the child, what was the kind of plan designed for the child, and What was the process of implementation. A document containing a detailed iteration of these 7 broad areas of inquiry was created and will be mentioned in the subsequent part of this section.

Aside from this, an exhaustive list of objectives was submitted to the Prabhat office team alongside a tentative skeleton of the data collection process. The objectives report and the data collection structure were granted the green light. In the early days of March 2022, the first trip to the Vatva Prabhat Centre was arranged. On this day, an unstructured observation of the working of the Centre was conducted and a solid rapport with the on-field team and facilitators was established over shared food and good tea. Once the ice was broken, subsequent weeks followed a twice a week visiting model. These visits begun at 11am and ended at 5pm. The initial visits involved a hands-on approach to observation, with participation ranging from activities conducted for the children at the Centre, eating alongside everyone at lunchtime (allowing an unobstructed observation opportunity for eating habits and social skill assessment) and talking one-on-one with Aaryan during and after class. Discussions lasted for any period of time from 5 minutes to half an hour, and most of the themes were an attempt to establish a rapport with Aaryan, understand the child's interests personally and get a first-hand view into his life at and outside of Prabhat. These visits often included periods of instantaneous note-taking about any kind of information worth noting

down. They form an integral part of the personal assessment that is a core element of this Case Report on Aaryan.

With the latter half of the visits, a more focussed approach was taken in terms of talking to Aaryan's mother, his peers, and his facilitators, ChetnaBen and Kashmira. Information regarding Aaryan's behavioural disposition, his academic progress and areas of improvement were covered during the multiple interviews conducted with Kashmira. Furthermore, a special interview was specifically arranged with Aaryan's mother, lasting an entire hour where a structured questionnaire (as mentioned in the previous section of this Report) was utilised to understand the family, medical, social, economic and academic background of Aaryan and his family. Since Aaryan's mother spoke in Gujarati, Kashmira's timely translations and guided questions aided the smooth collection of data in this regard.

On the final visit to the centre, data pertaining to Aaryan's psychological assessment, details of his mother's pregnancy history and Prabhat intake form was collected. Most of this information, collected in audio recording format, was then transcribed meticulously, compiled under relevant sections and then analysed in context of the Case Report.

**An overview of the Raw Data Sheet:**

As aforementioned, a detailed document containing the exact objectives and requirements of Raw data for the Case Report was created. The following is an exact iteration of the 7 points of data collection that received primary focus during the construction of this Case Report.

1. **What is the disability(ies)?**
   a. An <u>objective iteration</u> of the list of disorders (clinical descriptions + assessment tools + recommended therapy/coping strategies)

    **b.** A <u>subjective iteration</u> of the same list of disorders (how the child is going through it individually + how the home, school, and social environment interact in this context + hindrances & challenges)

    **c.** A <u>brief history</u> from the people the child interacts with on a daily basis

2. **When did the parents identify it?**

    **a.** Understanding <u>how the parents view the disorder</u>(s) (visual, developmental and social cues that led them to the identification)

    **b.** Understanding <u>how the family perceives the developmental differences</u> between their child and a normally abled child of the same age (comparative note)

3. **What did the parents do/How did the parents cope before coming to Prabhat?**

    **a.** A <u>brief history</u> of how the parents have <u>raised the child</u> (up until Prabhat)

    **b.** Understanding <u>how the family communicated</u>, behaved and interacted with the child (up until Prabhat) [crucial to understanding how Prabhat eventually developed its interaction models for the child]

    **c.** Making note of the <u>external help/influences</u> (outside of the family environment) that the child was exposed to

4. **Why and how did they come to Prabhat?**

    **a.** Understanding <u>what prompted the parents to approach Prabhat</u> or vice versa (interviewing the parents + talking to the facilitators)

    **b.** How did the family hear about Prabhat & why did they decide to trust the responsibility of their child to the organisation?

5. **What was the initial assessment given to the child?**

    **a.** Make note of the <u>tools and assessment methods</u> used to identify the disability

    **b.** Talk to all the people (psychologists, field team, facilitators and therapists) that were involved in the <u>creation of the assessment</u> for the child (answer questions: why, how, and what was the assessment)

6. **What kind of plan was then designed for the child?**

    **a.** Talk to all the people (psychologists, field team, facilitators and therapists) that were involved in the creation of the assessment for the child [understand it from a psychology + social implementation perspective]

    **b.** Understanding <u>every element of the plan</u> created for the child (enumerating the plan point-wise and explaining the actual implementation for ease of understanding)

    **c.** Correlate the collected data and <u>cross check for validity and recency</u> (tracking current models of therapy and assessment, identifying possible scope of improvements in relation to existing research → by means of literature review)

7. **What was the process of implementation?**

    **a.** Write about the activities, games, and tasks that the child is made to do (correlate with the initial assessment, the plan for the child and the related disability)

    **b.** <u>Trace the progress</u> the child has made by means of said activities (comparative timeline involving before activity, during activity and after activity progress)

    **c.** Make a note of how the <u>child's social skills</u> have progressed over time (comparative timeline + how Prabhat has adapted the homegrown communication model of each child and taken it one step further + possible scope of changes)

**Analysis of Data**

1. **What is the disability(ies)?**

Compiling information from a host of assessments conducted by the Institute of Behavioural Science and Prabhat, the following is an *objective* iteration of Aaryan Vaghela's disabilities:

      i. **List of disabilities (according to clinical assessments):**

    1. Intellectual Disability (Mild).

    2. ADD (Attention Deficit Disorder)

    3. Aggressive Behaviour

    4. Poor colour concept

      ii. **Assessment tools:**

    1. **Vineland Social Maturity Scale (VSMS):** Aaryan received a score of 75 months for Social Age on the VSMS scale. He received a score of **81** on his Social Quotient. The interpretation of these scores was **'_Dull normal intelligence and social adaptive functioning'_**.

      iii. **Suggestion:** Detailed Cognitive Assessment (BKT)

**The following is a *subjective* iteration of Aaryan Vaghela's abilities and disabilities gleaned from his family, facilitators at Prabhat and anecdotal personal observations:**

Aaryan's speech is moderately unclear, meaning it is possible to understand the content of his speech if you hear him carefully enough. However, his primary behavioural

issue lies within the fact that he gives extreme expletives and hits other people. It has been observed that his nature leans heavily towards aggression. He is often quick to anger, and during these times, he causes bodily harm (hits) his father, chacha, sister and his grandad (when he was alive). The residents and neighbours of his flat often complain that he gets into fights with them. Furthermore, Aaryan faces problems with conducting basic writing tasks and counting activities. He still has a slight problem with identifying colours from one another.

Aaryan has good grip over pencils and exhibits a decent understanding of instructions given to him. Moreover, he displayed good physical health and no physical disability during his intake to Prabhat.

On a personal note, I had the pleasure of spending some unmoderated time with Aaryan post school hours. Both of us were waiting for his parent to come pick him up. While we were waiting, I decided to note down all of my observations for the day on my laptop. Aaryan's attention was instantly on my laptop, his curiosity piqued to the maximum. When I noted this infectious interest, I suggested that we could look at pictures of elephants (his favourite animal) to pass the time. He could barely contain his excitement and wonder when I opened my browser and showed him elephant photos. He instantly started asking me all sorts of questions: "Can we look at *any* kind of animal?", "How do you go to the internet?" and "Can I try it too?". After he had fun with searching for his other favourite animals, I suggested that he could type out numbers in an order. This was to test his numerical ability and verify his academic prowess in the same. Although he struggled at the beginning, Aaryan was quick to adapt to typing out numbers up to 10.

It is incidents like these that lead me to believe that Aaryan is a bright student for a kid diagnosed with Mild Intellectual Disability and definitely has the capability to make massive

progress on the academic front. Maybe it is just a matter of exploring different teaching methods (like the computer).

## 2. When did the parents identify it?

A detailed interview covering questions pertaining to developmental markers, standards and medical health was conducted. From this, it was understood that growing up, Aaryan was a child that displayed some significant signs of delayed development. Aaryan's mother says that Aaryan started walking very late (around 3-4 years of age). Oftentimes, she was the one that would hold his hand and gently coax him to walk. She admits that she realised it was an abnormal developmental pace.

Talking too, it appears, was a late phenomenon. Aaryan's family speak Gujarati exclusively at home. On the speech development front, words like "mumma" and "pappa" that are commonly uttered between the age of 1-2 years, were spoken at the age of 4. Until then (4 years of age), it appears that he was communicating solely in gestures and codes. These gestures and codes were interpreted and attended to efficiently by all members of the family. Aaryan's mother saw other children of his age, comparing their learning process to his as she noted these delayed developments in Aaryan. She said that while other children started speaking by age 2 and walking by age 1, Aaryan took nearly double the time to reach both of these developmental tiers. In an unprovoked confession, his mother said that he started talking only after they kept a sort of prayer and offered multiple offerings to God.

Furthermore, it appears that Aaryan can wear a shirt by himself, and button it up without much difficulty. However, this is a development that has occurred *after* Aaryan's enrolment at Prabhat. Earlier he was unable to perform the buttoning activity. Prabhat's teachers identified this issue and taught it to him diligently as a targeted activity with follow

up exercises at home. Over months of practice at the centre and at home, Aaryan managed to learn how to button up his shirt all by himself. Wearing floaters and non-shoelace footwear do not seem to be much of a problem for Aaryan. As was the case with buttoning, he was unable to perform these tasks prior to his enrolment at Prabhat.

Along the same vein, Aaryan sits and eats on his own and doesn't seem to pose much of an issue on any front. Although he has a preference for "bhindi sabji" and chicken, Aaryan does not seem to have much of a preference for any kind of food and often eats anything that is offered to him without much fuss. As for getting ready on his own, the only thing his mother is involved in is oiling and combing his hair. Aside from that, he grooms and gets ready completely on his own. As an unrelated mention, his mother noted that Aaryan will completely, and excessively "ragadofy" the soap while bathing. Earlier he seldom listened to his mother. She would have to relay and repeat things to him multiple times before he agreed to work. Now that has reduced significantly (the number of times his mother needs to ask or reprimand him to get him to do a task).

The primary complaint concerning Aaryan seems to be his extremely aggressive disposition. His anger and flighty behaviour began much before he could walk or talk. Ever since he had conscious understanding of his surrounding and relationships, this behaviour seems to have persisted.

3. **What did the parents do/How did the parents cope before coming to Prabhat?**

**Medical History:**

When asked about any notable event in his childhood, Aaryan's mother revealed that he had the Rotavirus, a severe infection that induces diarrhoea and vomiting, for 15 odd days when he was nearly 3 months old. There was a significant decrease in the water levels of his

body in addition to having high fever. It seems that he used to suffer from insomnia when he was much younger. For that, he was prescribed tablets. Now he doesn't have that problem anymore. During the Pregnancy, it was noted that Aaryan did not take his first cry and suffered from a bout of epilepsy right after. It was also noted that Aaryan has suffered from Hepatitis at some time in his life.

**Personal and Family History:**

Aaryan's mother hails from an area close to Sarampur, and came to Vatva post marriage. She admits that her schooling was non-existent, saying that she spent her childhood playing and not going to school. Aaryan's father is the sole breadwinner of the family. 5 people currently reside in the house Aaryan lives in: His father, mother, his sister, him and his uncle (dad's brother). This section deals with Aaryan's childhood, his daily routine and his relationship with all of his family members.

Aaryan's sister is 5 years old and not yet in a school. They are planning on enrolling her in one soon. Asking after his relationship with his sister at home, his mother explains that Aaryan he screams, scolds and fights with her. Fighting over the TV and other mundane things constitute a majority of these fights. One consistent factor about these is the fact that Aaryan gets *very* angry at his sister. When told that he helps kids very much like his sister at Prabhat, his mother remains unsurprised. From his mother's testimony, it is understood that the same does not extend to his own sister at home.

The mother laments saying that he doesn't listen to anything she tells him. Earlier he seldom listened to his mother. She would have to relay and repeat things to him multiple times before he agreed to work. Apparently the same extends to his father (a usually dominating figure in the family). Aaryan is among those that don't listen to anyone. He feels an extremely strong sense of autonomy and doesn't like it when anyone meddles with his

process or way of doing things. Upon further enquiry, it seems that Aaryan's relationship with his father seems good for the moment. Apparently, he takes out the time to talk to Aaryan after he is back from work, without fail.

In a shocking incident involving either his grandfather or uncle, it was noted that this child had taken a steel rod and beaten the said person up mercilessly. To keep things confidential, it has been noted that some incidents of the child's angry outbursts have resulted in an FIR filed against his father too. In a less severe, but equally important set of events, there have been times when he has dumped entire containers of oil, "aata", detergent and such on his family when they were asleep. This was when he was much younger. Ever since he joined Prabhat, he has stopped this. It doesn't occur now. Apparently, there have been times when Aaryan has locked his mother inside her own room and ran down to play.

Speaking of his evening activities, it seems that his predominant pastime is playing with his friends. Most of the kids in the society come to play downstairs every day. It seems that there is a complaint of some sort almost every other day with regards to Aaryan. The complaints vary in their nature; be it saying gaalis or hitting people. Even when he goes down to play, the fact is that his anger is triggered without fail whenever a peer "chidaofies" or teases him. He will retaliate with bad words, terrible insults and violence for the most part. In addition, his mother says that switching off the T.V without his permission will trigger another bout of anger and irritation. To understand what exactly triggers him around his peers, it seems that whenever anyone teases him about his murtis or takes away something that he was playing with, he gets angry.

Aaryan's mother says that post a hitting or verbal abuse episode, she usually resorts to giving him a slap or hitting him and taking him straight home. She says that she needs to explicitly express her anger towards him for Aaryan to finally sit and not engage in any

harmful activity. Explaining things to him calmly doesn't work, says the mother. The frequency of these outbursts is once every few days, not *every day* per se.

Speaking of his virtues and interests, it was revealed from personal observation, that he keeps a flower at the feet of any murti he makes at Prabhat, without fail. His mother adds that Aaryan was always an ardent believer of Ganpati and performs puja at every chance he gets. On the other hand, she says that she doesn't do puja herself; it is a habit he picked up from his father. His father is a passionate devout of Shiva and Ganesha, a trait that Aaryan has diligently picked up from him. It seems that he makes rotis and helps out in the kitchen when his mom is on her period. Making rotis includes preparing the batter and making the rotis themselves, but the gas part of the work is left for his father. Upon enquiring of his involvement in other activities at home, his mother says that he fills bottles, changes sofa covers and does the odd job around the house, but only when he is told to. Aaryan likes eating bhindi and chicken.

As for exploring his interests, his mother says he plays with "maati" or clay, and watched TV all day. His entire family is proud of Aaryan's extreme talent for fashioning murthis out of clay. He tends to make the most creative and beautiful idols out of that small piece of clay; be it Riddhi Sidhhi, Ganesh murthi or Mahadev murthi. Additionally, Aaryan is equally skilled at creating a bow and arrow out of a simple stick and string.

### 4. Why and how did they come to Prabhat?

Before Prabhat, Aaryan was enrolled in a private school where he exhibited all of his aggressive behaviour. He was promptly removed from the school by the administration. Aaryan's family heard of Prabhat through the government school that he was enrolled in before this. They were made aware that Prabhat was the only institution that was capable of handling children with dispositions like that of Aaryan's. It seems that whenever the

government school came across children with needs like that of Aaryan's, they instantly recommend them to Prabhat (and its many centres).

Aaryan's mother admits that the family had no idea what kind of environment, what kind of help Prabhat would provide. They expected it to be a typical school with rigid academic schedules and everyday sports. His mother was asked whether she was able to note any difference in the behavioural points (due to his time in Prabhat) based off which Aaryan was removed from his previous school. His mother agreed and declared that the difference in Aaryan's behaviour was noted within 4-5 months of his presence at Prabhat. She added that she used to come to Prabhat personally every day to ensure Aaryan wasn't misbehaving badly here too. Eventually, as previously mentioned, an arrangement was worked out and Aaryan finally became comfortable with his surroundings and teachers.  His mother adds that there was no notable difference in behaviour when Aaryan was in the previous two schools. It was Prabhat that created a significant change in Aaryan.

To iterate a few noticeable points of behavioural change, it was observed that Aryan stopped throwing things at his parents and sibling when they were asleep (as aforementioned). Further, he became much more road conscious and less prone to running off when traveling by foot with his mother (it was a primary concern of the mother). The frequency of his outbursts seems to have fallen drastically, prompting his mother to believe that it was Prabhat that made all the difference. Finally, it seems that Aaryan has started listening to his mother. Earlier, his mother had to plead and request him to complete a task, multiple times before he even accepted to do it. Now, he has to be told only a few times.

**5. What was the initial assessment given to the child?**

The primary Assessment made for Aaryan was Intellectual Disability (mild). Conducted by the Institute of Behavioural Science, Aaryan was suspected of having ADD (Attention Deficit

Disorder). A mild speech difficulty along with impaired colour identification was also established. While Colour-blindness is only considered a mild disability (Jefferies , A et.al., 2011), research has shown that colourblind people do face issues during their learning stage. Creative tasks, identification activities and related learning are mostly navigated by means of their own "coping mechanisms"; this is merely an adaptation, not an elimination of learning disability.

Aside from this, extreme aggressive behaviour and restlessness were observed during the initial assessment at Prabhat.

## 6.  What kind of plan was then designed for the child?

The Vatva Centre (Prabhat) has curated an Individual Education Plan (IEP) consisting of a variety of targeted activites to be conducted with Aaryan. The following is an enumeration of the same.

Aaryan was to be trained under ADL (Activities of Daily Learning). These activities bring a specific focus to everyday motor skill and social skill development that are crucial for normal functioning. Children with Intellectual Disability (of any degree) and those with other kinds of Mental Retardation are taught these life skills on priority. This is done with the primary goal of introducing independence and autonomy in the child's routine. Some of the ADL (Activities of Daily Learning) activities chosen for Aaryan were:

1. Tying his shoe laces. He was unable to tie his laces before this (he still can't tie his laces), so they chose this as a focus point for the child.

2. Buttoning and unbuttoning his shirt.

3. Identifying his name (written) among many.

Aside from this, some of Aaryan's **personalised goal activities** were:

1. To identify the difference between normal food and good tasting food.

2. Fine motor skills: Button and unbutton his shirt without much difficulty.

3. (Addressing mother's goal activity) To walk safely on the road without running off.

4. (Addressing mother's goal activity) To talk without the use of cuss words.

5. To be able to identify one's own name.

During the Covid- 19 Lockdown, most Prabhat Centres across Ahmedabad were shut down in compliance with Lockdown guidelines. However, a concerted effort was made to keep up the daily activities and therapy progress that the children achieved until then. This was taken on the road by means of government sponsored education kits; of which Aaryan received one. He was guided to do activities pertaining to his kit at the comfort of his home, via online mode.

Children at Prabhat are often reared with the goal of integration into mainstream school. One of the main reasons why Prabhat strives towards admitting children with disabilities into a regular school, is to provide them with equal opportunities of learning and growing with their peers and also for a smooth assimilation of the child into the larger society as they grow.

Keeping that in mind, Kashmira revealed that Aaryan's name has been put in a local government school. On his first day there, his teachers were so overwhelmed by his antics that they ("haath jodke") told them that they will not keep him there anymore. They call Aaryan only once in a blue moon, for formality's sake. Similarly, Aaryan doesn't like going to the Government school either.

7. **What was the process of implementation?**

At the centre, Aaryan is often given the task of identifying animals by means of small animal toys. Additionally, he is asked to identify his name on a random bunch of flashcards. Aside from these, he is primarily involved in creating muthis out of clay, an activity he enjoys to a great extent. It is postulated that the use of clay furthers his fine motor skills that are useful in other domains such as buttoning his shirt or tying his shoelaces.

In a much more sustainable attempt at progress, exercises conducted at the centre are adapted to the home setting. This way, Aaryan is encouraged to continue the progress he has made on the ADL activities or his personal activities without any hinderances. The facilitators at Prabhat's Vatva centre keep diligent tabs on the progress made by the child on any front – be it developmental, academic or behavioural spheres.

**ADL activity progress:**

1. Tying laces: He has definitely improved from where he started, but he can still not tie his laces properly.

2. Buttoning and unbuttoning his shirt: Aaryan has gained good mastery over this fine motor skill and successfully carries out the task when needed.

3. Identifying his name (written): Aaryan can correctly identify his name among others.

**Personalised Activity progress:**

1. To identify the difference between normal food and good tasting food: This activity goal has been achieved with success.

2. Fine motor skills: Button and unbutton his shirt without much difficulty: This activity goal has been achieved with success.

3. (Addressing mother's goal activity) To walk safely on the road without running off: This activity goal has been achieved with success.

4. (Addressing mother's goal activity) To talk without the use of cuss words: This activity goal is still under way and is only moderately successful.

5. To be able to identify one's own name: This activity goal has been achieved with success.

**Inferences Drawn**

This section seeks to draw personal inferences from the intersection of personal knowledge, observation and existing research and archival records on Aaryan Vaghela.

**Behavioural aspect:**

**What is the cause of aggressive behaviour in Aaryan?**

Continuing on the thread of discussion in the earlier section, it seems that one part of Aaryan's inability to understand the extent of his aggression and impulse control originates from his Attention Deficit Disorder. On the other hand, I feel strongly that Aaryan has learnt this behaviour explicitly from someone (or some people) around him.

Violent behaviour has many kinds of origins, starting from Mood Disorders such as bipolar disorder to undiagnosed Learning Disorders which create a source of unending frustration for the child in question. When a child displays aggressive behaviour, they can pose a serious risk to not only their siblings and people around them, but also themselves. To understand the cause of such aggressive behaviour, it helps to know that all behaviour is *communication.* Children that don't communicate well due to their Intellectual Disability, kids that have impulse control problems due to ADD (Attention Deficit Disorder), and children that have difficulty in using problem-solving skills are at risk of developing aggressive behaviour (Jarocha, 2022).

Adding to this mix of risk factors, one major cause of aggression in children is through *imitation.* According to Britannica, T. Editors of Encyclopaedia (2005, June 10), Imitation in learning psychology is the "reproduction or performance of an act that is stimulated by the perception of a similar act by another animal or person.". Essentially, it means the reproduction of an action that we see someone else exhibit. When it comes to human beings, imitation is a crucial social behavioural technique that allows us to

unconsciously and passively learn rules of social conduct and the deliberate adoption of the ideas and habits of the person being imitated, i.e., the model.

Considering all of these possible causes in mind, we can attempt to postulate the reason why Aaryan is as aggressive as he is today.

One of the first questions we need to answer is: *Where* has Aaryan learnt such violent behaviour from?

Albert Bandura, a renowned behavioural psychologist conducted an experiment to note the degree of learning that children take away from just observing adults in their surroundings. In this famous experiment involving a Bobo (punchable doll), one group of kids were shown adults that were aggressive towards the doll whereas the other group were shown adults that didn't do anything to the doll. Consequently, when left alone in the room with the Bobo doll, the kids in the first group promptly started to beat up the doll – displaying a direct imitation of the aggressive adults they saw before interacting with the doll themselves. This experiment was crucial in proving the degree of social behaviour like aggression that is picked up by children merely by means of observation (McLeod, S. A., 2014).

In Aaryan's case, I speculate that he has learnt this extreme form of violence and aggression from peers in his society and a few notable adult men in his life. While it is difficult to pin-point exactly who was the model for such angry behaviour, it is evident that there was significant exposure to cursing, violent behaviour and hitting others. As a child, Aaryan has picked up on the fact that aggression is the right response for any kind of inconvenience. What is worse, it seems that he has also picked up on the point that he will get away with it without serious consequences in the long term. Such learning is dangerous at a young age and can be a big contributor for aggressive behaviour to spill into later stages of

growth. Furthermore, reactions to such aggressive behaviour is crucial to note. Chances are, reacting to violence with violence will increase the possibility of repetition of such behaviour.

To clarify this, I asked his mother how she usually put an end to his tantrums. She noted that post a hitting or verbal abuse episode, she usually resorts to giving him a slap or hitting him and taking him straight home. His mother says that she needs to explicitly express her anger towards him for Aaryan to finally sit and not engage in any harmful activity. "Explaining things to him calmly doesn't work", says the mother.

**What triggers bouts of aggression in Aaryan?**

To put forth my point, I will note some important examples and continue to explain them in light of my postulation. As mentioned throughout the report, it seems that the major complaint regarding Aaryan is his extreme aggressive nature, disposition to say expletives and hit people he knows mercilessly.  As a part of his daily schedule, it seems that most of the kids in the society come to play downstairs every day. There is a complaint of some sort almost every other day with regards to Aaryan. It let me to wonder: what is the source of Aaryan's anger? What is the commonality in the situations or behaviours that trigger him?

To answer that, the situation must be analysed twofold. In the first half, it was obvious that even when he goes down to play, the fact is that his anger was triggered without fail whenever a peer "chidaofies" or teases him. He will retaliate with bad words, terrible insults and violence for the most part. What exactly triggers him around his peers, it seems, is that whenever anyone teases him about his "murtis" or takes away something that he was playing with, he gets angry. This points to a problem with feelings of humiliation, respect and status. Now, most children will either ignore such comments, react emotionally by crying or go to an adult with their problems. Very few kids react consistently with violence. Whenever Aaryan is pointed at, teased and laughed at, he feels *misinterpreted*. It is at odds with the intentions

he has in mind and the image of himself he has constructed in his mind. To put it right, he reacts immediately, in the form of violence and cuss words.

On the second front, I speculate that Aaryan gets extremely angry when someone interrupts him during a task. He is rigid in his ways of functioning and absolutely hates it when that flow is stopped. To give an example, his mother says that switching off the T.V without his permission will trigger a bout of anger and irritation.

I had once mentioned that I was suitably impressed by his sculpting skills. His mother agreed in pride. However, I added that I saw a child ask for a little bit of clay from Aaryan (since the distribution was a little disproportionate). Aaryan carried on without even acknowledging the child. Despite multiple polite attempts at changing Aaryan's mind, he did not budge. Finally, the child snatched a piece of clay from Aaryan without his knowledge and continued with his work. The moment Aaryan realised it, he grew extremely angry. Indeed, the incident in itself was resolvable verbally, but Aaryan's anger was disproportionate to the situation at hand. He walked over to the other child, hit him hard over the head, and exclaimed "Don't you dare disobey me again! It is my clay and I have made it clear to you.". Seeing this in first person, I decided to intervene. I gently asked Aaryan why he was so opposed to sharing his clay with anyone else. I reasoned that everyone should have the chance to make beautiful "murthis" as he does. I also asked him to imagine if no one shared it with him – wouldn't he feel disappointed about the same? He replied with a cool indifference, "It will never come to that. He has his share. I have mine. He should know that.". When I narrated this incident to Kashmira, she added that as long as he is left to his own devices, Aaryan is very agreeable. The second someone stops his flow of work or "troubles" him; he gets *very angry.*

Another notable incident at home, or rather his playtime, saw him hitting the kids in his society mercilessly. This was accompanied by the usual string of bad words and expletives. When delving into the reason for this outburst, I was told that Aaryan was simply collecting sticks for fashioning a bow and arrow to play with. Seeing the stick in Aaryan's hands, all of his peers panicked and accused him of malicious intent, of intending to hit them with the stick. Aaryan refuted the claim, obviously upset at being misinterpreted while he was really just collecting the stick for a mere bow-making task. Despite this, the teasing carried on, and that is when Aaryan lost his cool.

**The difference in behaviour at the Prabhat Centre and at home.**

For such a child, it becomes imperative to create an environment where the child does not feel threatened all the time. Feelings of humiliation, anger due to a disruption in schedule and irritation stem from a feeling of being threatened. Whether it is his schedule or intentions that are being questioned, Aaryan's standard response is to retaliate violently. In a beautiful insight provided by Kashmira, she says that they have created an environment that is conducive to his good behaviour. Anytime anything bad happens, the teachers serve as a personal role model to correct that behaviour.

In my opinion, that is where the discrepancy of his behaviour at home and at school lies. Aaryan's mother laments that the wonderful behavioural change that Aaryan has gone through at Prabhat is not visible in his interactions and routine at home. Aaryan, having grown up in an environment that has constantly doled out corporeal punishment for his behaviour, has associated the punishment as a form of humiliation too. In his world, humiliation and uncomfortable feelings are immediately resolved with violence. A major part of his violence toward his parents and other family members could stem from this theory - the fact that the foreseeable humiliation that they can inflict on him at any point (by

reprimanding him or hitting him for his bad behaviour) is perceived as a threat. As mentioned before, Aaryan disposes of threats with aggressive behaviour. It creates the fundamental vicious loop that him and his family members are stuck in.

**What is the possible clinical diagnosis that Aaryan has?**

Youth, or children with severe temper tantrums have been consistently categorised under one of two behavioural disorders as outlined by the Diagnostic and Statistical Model 5 (DSM 5). One is Disruptive Mood Dysregulation Disorder and the other is Oppositional Defiant Disorder.

The Diagnostic criteria for **Disruptive Mood Dysregulation Disorder (DMDD) are:**

A. Severe recurrent temper outburst manifested verbally (e.g., verbal rage) and/or behaviourally (e.g., physical aggression towards people or property) that are grossly out of proportion in intensity or duration to the situation or provocation.

B. The temper outbursts are inconsistent with developmental level.

C. The temper outbursts occur, on average, three or more times per week.

D. The mood between temper outbursts is persistently irritable or angry most o the day, nearly every day, and is observable by others.

E. Criteria A-D have been present for 12 or more months. Throughout that time, the individual has not had a period lasting 3 or more consecutive months without all of the symptoms in criteria A-D.

F. Criteria A and D are present in at least two of three settings, (i.e., at home, at school with peers) and are severe in at least one of these.

G.  The diagnosis should not be made for the first time before the age 6 years or after age 18 years.

H.  By history or observation, the age at onset of Criteria A-E is before 10 years.

I.  There has never been a distinct period lasting more than 1 day during which the full symptom criteria, except duration, for a manic or hypomanic episode have been met.

Certain exclusion criteria are included:

J.  (1) the behaviours do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder (e.g., autism spectrum disorder, persistent depressive disorder/dysthymia, posttraumatic stress disorder, separation anxiety disorder); and

K.  (2) DMDD cannot co-exist with bipolar disorder, intermittent explosive disorder or ODD *(individuals whose symptoms meet criteria for both DMDD and ODD should only be given the diagnosis of DMDD)*.

When a child has a persistent pattern of anger, irritability, arguing, defiance or vindictiveness, they may have ODD. Signs of ODD generally begin during preschool years. These behaviours cause significant impairment with family, social activities, and work. Although there is no known cause of ODD, contributing *causes may be a combination of genetics and the environment; problems with parenting that may involve a lack of supervision, inconsistent or harsh discipline or abuse and neglect*. (Clinic, M. 2018)

The Diagnostic criteria for **Oppositional Defiant Disorder (ODD) are:**

A. A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms of the following categories, and exhibited during interaction with at least one individual who is not a sibling:

Angry/Irritable Mood

1. Often loses temper

2. Is often touchy or easily annoyed

3. Is often angry and resentful

Argumentative/Defiant Behaviour

4. Often argues with authority figures or, for children and adolescents, with adults

5. Often actively defies or refuses to comply with requests from authority figures or with rules

6. Often deliberately annoys others

7. Often blames others for his or her mistakes or misbehaviour

Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months.

Note: The persistence and frequency of these behaviours should be used to distinguish a behaviour that is within normal limits from a behaviour that is symptomatic. For children younger than 5 years, the behaviour should occur on most days for a period of at least 6 months unless otherwise noted (Criterion AB). For individuals 5 years or older, the behaviour

should occur at least once per week for at least 6 months. Unless otherwise noted (Criterion AB). While these frequency criteria provide guidance on a minimal level of frequency to define symptoms, other factors should also be considered, such as whether the frequency and intensity of the behaviours are outside a range that is normative for the individual's developmental level, gender, and culture.

B. The disturbance in behaviour is associated with distress in the individual or others in his or her immediate social context (e.g., family, peer group, work colleagues) or it impacts negatively on social, educational, occupational, or other important areas of functioning,

C. The behaviour does not occur exclusively during the course of a psychotic, substance use, depressive, or bipolar disorder. Also, the criteria are not met for disruptive mood dysregulation disorder.

*Specify* current severity:

**Mild:** Symptoms are confined to only one setting (e.g., at home, at school, at work, with peers).

**Moderate:** Some symptoms are present in at least two settings

**Severe:** Some symptoms are present in three or more settings.

**Social/Adaptive aspect:**

As a testament to Aaryan's social conduct awareness, his facilitator shared a story of how Aaryan is aware of how people dress for different situations. Citing an example, Kashmira says that he identified a new teacher at Prabhat and enquired Kashmira if she was a teacher or not. When she affirmed his suspicions, he proceeded to say that she was not

"dressed" like one (indicating that she looked very young, and that she seemed like a student herself).

In another incident with his mother, he refused to go out to school with her because she was wearing a "home gown". He insisted that she change into outdoor appropriate clothes before she accompanied him anywhere. All in all, it is clear that Aaryan has a decent understanding of social conduct and rules of communication.

Kashmira postulates that aside from the extremely nurturing and understanding environment that Prabhat provides, the fact that it answers his questions and doesn't pose "why are you doing this" or "what made you this way" questions like his society friends and people, makes it a place where Aaryan flourishes.

Apart from these incidents, it is obvious that Aaryan's communication has improved drastically since his arrival at Prabhat. He has picked up on Hindi and communicates much more clearly. His slight speech impediment has seen a great improvement over the past 3 years. Prabhat has been an ideal environment for Aaryan's social and communication skill development.

**Academic aspect:**

In the case of Mild Intellectual Disability, the child is often compared to their peers in terms of grasping power, the ability to reason and the level of communication achieved. When these children fall behind their peers on any of these factors, they are considered to be at a disadvantage.

Aaryan's academic progress has been interesting to watch. While the Vatva Prabhat centre does not use any rigid model of education per se, it is obvious that the child is learning

and taking away a lot on the academic front. During a personal activity conducted at the Centre, I noted that Aaryan was counting on his fingers. As a child of nearly 11 years, it was a habit that one would expect to have left behind in their younger years. After enquiring around, I learnt that Aaryan was incapable of performing math mentally; atleast not at the level his peers are normally expected to. To circumvent this problem and teach him the basics of functional mathematics, the facilitators at Prabhat took it as a personal goal and began teaching him to count on his fingers. This later evolved into teaching him basics of addition and subtraction. Looking at the progress that Aaryan has exhibited, it is not a long shot to assume that he can sufficiently grasp more abstract concepts of mathematics. With practice, one should be able to introduce a decent degree of mathematical comprehension in Aaryan's academic repertoire.

On the other front, it is understood that Aaryan, while deft at holding a pencil, pen or a paintbrush, cannot write legibly. In one of my direct interactions with Aaryan, I observed that he excitedly ran up to the stationery cupboard and pulled out paints, brushes and a piece of paper. When I asked him what he was planning to paint, he simply shook his head and indicated that he would paint whatever comes to mind. While he was painting, I took note of his inability to draw in straight lines and his slightly underdeveloped spatial sense. However, his love for creative activities shone through and he did manage to make something tangible as the finished product.

Kashmira, his facilitator, explains to me that some of the major priorities involving Aaryan are his behavioural issues. When it comes to writing, probably knowing how to write his name is the maximum that he will learn (for the moment). She explains further saying that getting Aaryan to *recognise* his written name is of more importance than it is to teach him how to write. Having witnessed Aaryan pick up a paintbrush and paint enthusiastically, it was evident to me as an observer that Aaryan possess a slightly diminished spatial sense and

dexterity. In light of this observation, it is understandable why the facilitators would want to shed more light on the 'name recognition' activity.

Furthermore, Aaryan has a strong grasp over recognition and identification of different animals and their functions. In an activity that involved toy animals taken out one by one, Aaryan was required to name the animal and something it did as he diligently arranged them on the table in front of him. Although difficult to make a snap judgement, it is my personal opinion that Aaryan learns very well from the audio-visual medium. An example to strengthen my case is an anecdote from a personal chat with Aaryan himself. When I enquired about his bountiful knowledge of elephants and other animals, he replied saying that he watched a show about it on Television. Confirmed by his mother, it is known that Aaryan spends a majority of his time at home watching television, often looking at nature-related channels. For a child with Mild Intellectual Disability, it is an extraordinary and laudable feat to remember, recognise and retain information of such quantity without much difficulty. Going further, using the audio-visual medium to teach him complex concepts and mathematical sums can be considered as a serious option.

Aaryan's difficulty in staying focussed on a task, short attention span and difficulty in paying attention to details point toward an Attention Deficit Disorder (ADD). As diagnosed by the Institute of Behavioural Science, Aaryan seems to possess the restlessness and distractibility of a child with inattentive type of ADHD (Attention Deficit Hyperactive Disorder) also known as ADD. Kashmira mentioned that Aaryan was a very restless child, often unable to concentrate on anything beyond a certain period of time. He was found talking to another child or switching activities before he even completed his own. Now he is much more focussed and is able to finish his task *well* without getting too distracted in the middle of it.

The important thing to note here is that not all cases of ADHD present with hyperactivity and disruptive behaviour. Based on the impulsive and aggressive behaviour Aaryan exhibits on occasion, I postulate that his ADD has a certain degree of influence on why he cannot control his anger. In such a case, it becomes crucial to conduct behavioural interventions and/or medical treatment to control disruptive behaviour (Logsdon, 2022).

In understanding what fundamental environmental differences Prabhat has introduced in Aaryan's life, we can determine what it has done right. By doing so, we can figure out how these changes can be brought to the home environment, which Aaryan still perceives as a threat.

**Suggestions and Continuation Plans**

**Behavioural-correction suggestion plans:**

It is crucial to understand that DMDD and ODD, the two kinds of mood disorders that Aaryan fits the criteria for, *must have a clinical diagnosis* at the earliest. Both of these disorders have comprehensive treatment plans that consist of a combination of Cognitive Behavioural Therapy and Medication. An early diagnosis along these lines will not only help curb the behavioural issues, but it will also significantly impact Aaryan's life in a positive direction. For this, *I strongly recommend a clinical psychologist to make a definitive diagnosis.*

However, aside from that, there are certain steps that facilitators and parents can follow to reduce the intensity of temper outbursts at home. In this section, we will systematically look at the few focus points that can truly contribute in bringing about a change in Aaryan's behaviour at home as compared to his behaviour at Prabhat.

1. **Coping with teasing:**

One of the major triggers of Aaryan's aggressive behaviour is the teasing and disagreeable behaviour that his peers or others display towards him. By hearing such taunts, Aaryan feels misinterpreted, angry that he is not understood and then proceeds to violently resolve these negative feelings. To help Aaryan bring a much healthier outlook on this, it is necessary to teach him how to cope with teasing.

Aaryan needs to be set aside and asked how he feels when he is teased by his friends. Once that is registered, his feelings must be validated and sympathised with. However, his teachers must make it clear that reacting violently is not the solution and instead a lot of non-violent options exist.

At Prabhat, teachers could model behaviour that can imitate teasing. Once they highlight how he reacts to it normally, they can proceed to explain that it is wrong and it can be easily replaced by other reactions. Reactions can range anywhere from ignoring these comments to getting an adult involved, but the means of solving the problem has to be non-aggressive.

These behaviours can be enforced and taught in a role-play type method at school; with a reward being given every time he successfully reacts non-violently to a previously harrowing situation. Eventually, these behaviours can be asked to reward at home, hoping that this will catch onto the real environment.

2. **Showing him that the family members are not a threat to his environment:**

In the case of Aaryan, it is evident that he does not respect his family as he does his peers and facilitators at Prabhat. Possible reasons could include not feeling understood at home or having negative experiences in childhood and holding onto those until now. As Kashmira rightly said, Prabhat creates an environment where Aaryan is understood and accepted as he is. As a result, there is a strong respect for the facilitators and their advice in Aaryan's mind.

The same way, there needs to be a concerted effort to show Aaryan that the home is an environment that is also conducive to his good behaviour. Steps like using the right kind of phrases at home, avoiding corporeal punishment, talking to him and getting the facilitators involved might help in changing Aaryan's perspective of his home environment. It is very important that he view his home environment as safe and conducive to his good behaviour.

3. **Validating his need for respect:**

As stated previously, it important to identify his feelings with regards to teasing, why he responds in anger the way he does and instead, not question "why" he is doing it. In a statement given by Kashmira, she says that Prabhat has consciously made efforts not to ask questions like "why are you like this?" or "why are you hitting people?". Instead, she says that they opted to show him the right way behaviourally. By gently coaxing him to see the how his behaviour was negatively affecting people and showing the replacement behaviour instead, Aaryan managed to make massive changes in his disposition at the Prabhat Centre.

The merits of validating his feelings are such: they will reduce his feelings of frustration; they will imbue a sense of security (that the person is well-intentioned and not simply picking out his negative qualities) and they will bring about a long-term change in the child that will be visible even at home.

## 4. Teaching positive replacement behaviours for aggression:

Kashmira had pointed out that Prabhat facilitators often showed Aaryan how to replace his aggressive behaviour with better responses. While it took some time to take effect, it proved its success without a doubt. By showing how it can be replaced, Prabhat facilitators proved to Aaryan that he was not *wrong,* but simply misguided. They have shown, by their actions and positive reinforcement, that good behaviour gets rewarded and that bad behaviour is harmful to Aaryan and his development. This practice must be replicated at home to some degree.

## 5. Teaching the parents, the good aspects of the Prabhat environment:

Since parent sensitization and training is an integral process at Prabhat, Aaryan's teachers have been chatting with his parents, outlining what it is they do here in a day. By comparing day-to-day, activity-to-activity notes, they are at a better position to figure out

what *exactly* Prabhat does differently; and on how many fronts. Continuing to do such a detailed comparison of reactions to the same kind of behaviour at home and at school will make it easier to find out why Aaryan feels so secure at Prabhat. This will help in the replication of such an environment at home. Prabhat facilitators may let the family know the exact kind of *positive phrases, good behaviour replication,* and *talking strategies* they use with Aaryan. Not only will this help the family to begin implementing doable actions at home, but it will also help Aaryan in the long term as a teenager and adult.

### 6. Drastic home environmental change:

As one of the only drastic solutions, a complete change of home environment can be considered for a little while. It has been outlined repeatedly that it is Aaryan's peers and sphere of social influence that allow him to be aggressive and callous at home. By eliminating that aspect of his life for a little while, there is a possibility of imbuing a sense of good social conduct and an opportunity to create a healthier social environment for himself.

While this is a long shot, with the logistics figured out, it could be a real opportunity to create a drastic change in the child.

### Academic suggestion plans:

### 1. A focus on developing mathematical concepts:

From what I have personally observed at Prabhat, it is evident that Aaryan is a bright child. By that, I mean Aaryan is a prime candidate for advanced mathematics (comparative to the level he is currently at). Mathematics is an integral part of life skills

that every individual must have to function independently in the future. As Aaryan is at the prime age for learning, it is a good idea to tap into his potential and get him to perform higher level of arithmetic.

One example of a possible focus point could be shifting to mental mathematics. Visualising numbers in the mind is an advanced step that can be mastered by practice. Creating a gradual shift from finger counting to mental maths using creative games can show a significant impact in the academic progress of Aaryan.

2. **A greater focus on reading (Gujarati, if not English) by means of audio-visual tools:**

From personal observation and information gleaned from interviews, it is evident that Aaryan learns a lot from the audio-visual medium. Anything he hears on the TV or computer; he remembers much better than what he learns otherwise. Using this information, it could prove extremely smart to introduce Aaryan to the basics of reading. As understood, Aaryan is currently capable of recognising his own name. However, being taught the basics of reading could give him more independence in the long term.

Showing him letters, asking him to create Gujarati letters in the clay he plays with or making him watch videos conducive to reading can get him started well on that front. Despite being a child afflicted with Mild Intellectual Disability, Aaryan displays an uncanny ability to grasp things. It is my strong opinion that this be explored and given wings.

Aside from these, the ADL goals and Personal progress goals are to be continued as seen fit by the facilitators at Prabhat. Focus on his adaptive behaviour skill development and social skills development must not wean at any time.

**Conclusion**

Aaryan Sanjaybhai Vaghela is a child of 11 years, afflicted with Mild Intellectual Disability and aggressive behaviour. Enrolled at the Prabhat Vatva Centre since 2019, Aaryan has made considerable progress on his adaptive behavioural skills, social skills, and reduction in aggressive behaviour. Thanks to the conducive and safe environment that Prabhat and its facilitators have created for this child, he now flourishes among his peers at the Centre.

To understand why there was a glaring discrepancy in the behaviour exhibited at the Centre and at home, I was asked to create a Case Report on Aaryan Vaghela. Having meticulously collected data by means of various qualitative research tools, I was able to discern some pressure points that could be the source of the problem at hand. Through a thorough correlative study of the problem, data and personal observation, I speculated that Aaryan could be either diagnosed with **Disruptive Mood Dysregulation Disorder (DMDD)** or **Operational Defiant Disorder (ODD).** *Further clinical diagnosis and prognosis is highly recommended for Aaryan.* I have distinguished that Aaryan feels disrespected, invalidated and not understood at home. Consequently, he keeps up his aggressive behaviour at home and continues to flourish at Prabhat. Furthermore, I have postulated that Aaryan has picked up all of his aggressive behaviour from home and his peers. Expecting him to change in that environment is a mammoth task. However, to get it underway, a section titled Suggestion and Continuation Plans highlighting 6 possible plans of action has been created for bringing about a positive change in Aaryan's home environment.

Aside from this, I have made a mention of the possible academic focus points that the facilitators at Prabhat could take up if they wish to. On a positive note, a list of Aaryan's positive qualities and interests have been mentioned in the Analysis of Data section of the Report.

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