

M2A2: Case Study Development and Theoretical Explanation

*A Case of Annalynn & DSM-5 ASD*

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“Have you ever been trapped in a body that does not work well together with your able mind (NBC 11 Alive, WXIA, Jaye Watson, 2015)?” Eleven-year-old ASD-diagnosed Graciela Lotharius responded to the interviewer stating only this while using RPM that she has been practicing for a year. “Called rapid prompting method, or RPM, it was developed by Soma Mukhopadhyay, a mother in India whose own child was non-verbal [...] RPM, which involves constant, faced paced questions, prodding and engaging the child, using an alphabet board (NBC 11 Alive, WXIA, Jaye Watson, 2015).”

ASD children are far from intellectually impaired; their bodies just do not reflect what their minds are saying. Society misinterprets ASD to being some kind of deficit in mental capacity and breadth. This is not true. Children who suffer ASD are typically brilliant in a certain specialized area versus otherwise “normal” kids. Autism Spectrum Disorder is a neurological developmental disorder that plagues the autonomic nervous system and blares warning bells at the recognition of deficits in social communication and reciprocal emotional communication. This makes it difficult to ever truly connect or relate to anyone else. ASD afflicts tens of thousands of American children from all socioeconomic levels and is seemingly on the increase—estimates range between 30 and 60 people in 10,000 [...] A recent study by the Centers for Disease Control and Prevention reported that the rate of autism among children is about 1 in 50 (Butcher, Hooley, & Mineka, 2013, p. 528).”

Take the theoretical case of another 11-year-old girl and only child named Annalynn Smith who resides in Lafayette, Colorado. Annalynn has grown up all of her life in a broken home with her father working full-time as caregiver while her mother spent years in recovery from alcohol and drugs, remaining primarily absent throughout Annalynn’s young life. When around age 5 or so, Annalynn’s father recognized that she did not respond to the other

neighborhood children in a normal fashion, i.e., her facial expressions were not fitting for the situations in relation to the other children and interactions between them; she did not hug or express physical gestures that would be construed as normal responses as most would, and she mumbled utterances unintelligibly when alone and with others. The family history being somewhat of a mystery due to shame of the social norms of their day, Annalynn's father's mother suffered from Alzheimer's Disease and passed away when Annalynn was only two years of age. Annalynn's mother's father and father's father both drank plenty of alcohol, though never conceded to having alcoholism.

Currently, Annalynn attends a public school with a small handful of other ASD children and a majority of otherwise *normal* kids. Monday through Friday, she is dropped off after school at an elaborate daycare center that services a busy and bustling broad range of age groups: infants-5<sup>th</sup> grade children. The devoted caregivers at the center have worked tirelessly to try to incorporate a speech therapist, to involve Annalynn in group activities, and sometimes they have feared her due to her enraged and sudden outbursts, confusion and frustration when being given decisions to make.

The co-director of the center actually constructed an extra-large duct-taped cardboard box that he places in the far corner for Annalynn's care hours for the sporadic times when she grows so incredibly enraged and begins to stab, slap, bite, and express other abusive physical acts to and toward other children. She grows deeply upset when she feels that other children are laughing at her or provoking her and she begins to repeat certain rebuttal phrases in a high-pitched screech that no one else can truly understand.

When alone and experiencing her calm phases during the afternoons at the center, while stretched out on the floor next to her big "emergency box" that was lovingly made by the co-

director who earnestly intended to make her feel a sense of physical safety by providing the 4 walls that keep her from other kids who are at the center when Annalynn goes mad again in one of her high-frequency outbursts, she shocks the teacher aids by building elaborate constructions of 7-story magnetic buildings that tower above the crayoned one-dimensional drawings of the other children seated in chairs at the table just beside her. Annalynn also has a fixation with a green pillow that is in a specific chair in the corner next to her safety box at the center. When any other child or caregiver tries to take this away, she refuses and an episode of mayhem ensues.

It is clear that Annalynn shows severe ASD signs as per DSM-5 by her inability to communicate effectively or build friendships with others, her (apparent) utter lack of empathy for others, her sporadic echolalia that seems to come from out of the blue, her fixation on certain specific objects such as the one green pillow at the center and her repetitive refusal to let it go or be taken from her, and the projection of her rage via her abusive physicality toward the other kids at the center when she feels threatened or made fun of by any of them.

Annalynn's mother, now in a spiritual recovery program, has recently reintroduced herself into Annalynn's life at the time of her brand new school year in Lafayette. Annalynn's father still picks her up and takes her home 5 days per week from the center, but her mother gets visiting hours on weekends and for one lunch per week with her daughter. This has caused more strife and less sleep for Annalynn and she has been reactive more frequently since the reappearance of her mother at the tender transitional age of 11.

Her father shares with the caregivers at the center about Annalynn's lack of sleep and of his concern and confusion about her mother's reappearance in her life. He tells the center that he will do anything to help Annalynn regarding her serious behavioral problems that make it

impossible for her to have any friendships or other meaningful relationships. He has confessed that he has tried several therapists within his budget as a single parent over the past 11 years since his daughter's birth, that he also had Annalynn put on anti-seizure and ADHD medications for short trial periods roughly two years ago as per a doctor's advice, and has attempted to involve her in a special weekend art class for the past two summers due to evidence of Annalynn's specific talent of building specific magnificent structures from tiny magnets, bird feathers, or other tiny objects that she fixates upon.

An on-going health issue of note is that since the age of 5, anemia or iron deficiency was found to be present via her blood tests. While to the average observer, Annalynn could seem to show signs of comorbidity, i.e. ADHD, Reactive Attachment Disorder, and Oppositional Defiant Disorder, due to her fitting the two criteria of DSM-5's characterization of Autism Spectrum Disorder/ASD, we suspect that she at very least has ASD.

Annalynn's appearance is unkempt, her hair is long, oily and un-brushed, and she seems not to brush her teeth or care about her own hygiene. There exists a haze of dysphoria that glazes over her soul in her eyes during the short stints that she allows anyone to peer into them; she does not keep eye contact, but flits around to other visual cues. There is no true connection or attempt at such with other human beings. Her voice seems to take on a different character that she may idolize in her mind when she is upset and especially when enraged.

Autism Spectrum Disorder highlights two core changes from DSM-4 to DSM-5: "ASD now encompasses the previous DSM-IV autistic disorder (autism), Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified [...] ASD is characterized by 1) deficits in social communication and social interaction and 2) restricted repetitive behaviors, interests, and activities (RRBs); Because both components are

required for diagnosis of ASD, social communication disorder is diagnosed if no RRBs are present (American Psychiatric Association, 2013, pp. 1-2).” The above case characterization makes Annalynn Smith a sure contender for diagnosis of ASD by these two simple DSM-5 terms.

Regarding theoretical explanations of abnormal behavior such as psychodynamic, biological and behavioral, being a fan of holistic, ethical, realistic and robust consideration of mental illness diagnoses, I would choose to begin the path of careful diagnostic via a holistic approach or model: biopsychosocial. “This model attempts to synthesize the three separate theoretical considerations into an integrated model that accounts for the interaction of all elements from biological, psychological, and sociocultural factors (Argosy University Online, 2015).”

Regarding a treatment approach, RPM/Rapid Prompting Method (NBC 11 Alive, WXIA, Jaye Watson, 2015) is seeing fantastic results with hundreds of families who deal with ASD. Used to treat academics and communication to ASD children, “...Despite behaviors, the academic focus of every RPM lesson is designed to activate the reasoning part of the brain so that the student becomes distracted by and engaged in learning [...] RPM is distinct from other methods as it is based upon how the brain works [...] The aim is to bring the student to maximum learning through the open learning channel and to elicit the best (not simply to test) out of the child to enable maximum output in that given time [...] As a student's cognitive and motor proficiency increases, the sophistication of a student's response also improves [...] RPM uses prompting to initiate a student's independent response, without physical support [...] In addition to teaching letter-chart pointing, RPM also utilizes stencils and other drawing exercises to lead to independent handwriting (Mukhopadhyay & HALO, 2015).”

It would also be therapeutic for Annalynn to be able to practice social skills in a small group circle setting hosted by a qualified mental health professional and to utilize stencils in order to practice converting images to words in her mind with the assistance of a teacher. Implementation of a trial period of wearing MRI/X-Ray-required lead vests that add literal weight and centering to give a sense of *place* to the parasympathetic nervous system so that projection of confusion and control are less prevalent, less necessary, and the feeling of being centered and more grounded are practiced in this way subconsciously.

Annalynn feels that she is misunderstood by every human being and tires of being treated separately by her friends at school and at the playcare center every day. To omit the biological, psychological, and/or sociocultural factors would be in my mind much likened to justifying pulling apart the human head, fingernails, spleen and an eye to try to treat the whole body by way of separating its parts. The elements of the entire body must be approached without omission of any of its parts when it comes to Annalynn's treatment approach.

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