

Socio-Emotional Cognitive Impairment- A Case Study

Ms. Garima Pareek^{1*}, Dr. Gopukumar Kumarpillai²

ABSTRACT

This case study is of utmost importance as S has numerous slow learning disabilities. S has cooperative and calm behavior. There are two behavior which is present which is different at home and outside home. This study is to understand her brain function and her varied behaviour. S is under training. Overall there is 20 % change seen in her case.

Keywords: *cognitive impairment, Emotional maturity, Learning disability.*

‘S’ is the patient and she is 16 year old girl and was referred for a neuropsychologist. Number of test were conducted to analyse her abilities in academic, emotional, social area, neuropsychological etc. We are measuring following cognitive functioning like intellectual functioning Attention, concentration, mental speed, motor speed, fluency, executive functioning, verbal and visual learning and memory, diagnostic arithmetic test, grade level test, emotional intelligence. In this case study every assessment is been discussed separately and according to her performance. This case study is been taken from Bangalore neuro centre.

NEUROLOGICAL ASSESMENTS

1) **A) color trial assessments:** S has scored a total of 1.07 minutes, which indicates that she has average level of focused attention. During the assessments it was noted that she tries to bring in focus but fails to answers correctly.

B) Divided attention: S scored a total of 4 (4:41) and had made more than ten errors from which we can conclude that she has below average divided attention which indicates that she has difficulty in switching between tasks and is in need of assistance .

2) **Verbal learning and memory- visual recognition and test sheet:** S has a scored a total of 39 which indicates that she has that she recalls as a 6 year old and has impaired learning abilities.

3) **Visual memory:** S has a score of 7 in this assessment and the ideal score for her according to her age should be 22. These scores indicate that she has severely low capability to have visual memory. These factors include an affected temporal lobe and frontal lobe.

¹ Bachelors in Psychology, Mount Carmel College, Bangalore, India

² PhD, Neuropsychologist, Bangalore Neurocentre, 10th Cross, Margosa Road, Malleswaram, Bengaluru, Karnataka 560003, India

*Responding Author

Socio-Emotional Cognitive Impairment- A Case Study

4) Color cancellation test: A) *Sustained attention*; S has more than 60 errors in this test which shows that she has a mental age of below 5 and lower under 2nd percentile which is considered as bad condition. This signifies that she is unable to hold her attention for a long is low.

5) Phonemic fluency test; She is able to read alphabet when asked to do so. She is little slow at doing her work and needs constant motivation to complete her work.

6) Test of Expressive Speech; A) Repetitive sounds: She is slow, but through assistance she is able to speak clearly.

B) Repeating sounds: S is able to read and say the sound correctly but takes time to do task.

C) Repeating words: She can repeat and read easy words such as sun, cat, drain etc but the level and speed is low in comparison of her age.

7) Diagnosis Arithmetic Test: S can do very simple addition, subtraction and multiplication but needs help for division. The assessments given to her was of grade 1 and she needs constant attention and help during solving it.

8) Spelling Test Sheet; S has a total score of 37 out of 60 which shows she has a mental age of 10 years and below average at her assessment.

9) Auditory verbal test; S has performed poorly in this test and scores 4 out of 15. Her recall after 30 min is not accurate.

10) Rey's auditory verbal learning Test; The test includes a number of distinct cognitive processes, also indicating the separate brain system, we see that S has a below average score and cannot do multiple work at a time.

11) Logical Memory Passage: She has a score of 5 out of 2. Her score should be 6 and above, performed poorly in this task.

12) Complex Figure test: The test measures special ability. She has performed bad in math and hence is severely impaired.

13) Sentence completion test: S needs assistance to answer each questions and needs cues to answer questions. She understands the question but is unable to put her thoughts into words. For Few Questions she could answer verbal and then with assistance she can write. Her span to concentrate on a particular thing is very low.

14) Emotional intelligence scale: While conducting this test on S needed constant help to understand the question and it was difficult for her to number each sentence with her understanding.

15) Vineland Social Maturity test: Her social maturity is adequate as found on VSAB scale. She is being diagnosed poor in her self help daily living skills. Her communication skill of receptive, writing and expression is not more than of a 11 year old. Social skills and adaptive skills are poor as well.

Socio-Emotional Cognitive Impairment- A Case Study

16) Emotional Behaviour: S is dependent on her parents and is quite. She is highly motivated to take test.

17) Test of Intelligence; She has performed adequately on most of the functions of verbal intelligence, Her verbal comprehension is of 10 year old. Information processing is 12 year. Her mental age on colour standard progressive matrices is 5.5 years. verbal IQ= 5.5 years. Her A) repetitive speech: adequate B) Normative & object naming: adequate, C) Category naming: poor D) Narrative Speech: Satisfactory. Her academic achievements are very low average range. Adaptive functioning is within the low average range.

18) Attention Deficit Hyperactive Disorder (ADHD): Parents observation of S's behaviour at home indicate a child whose inattentive and impulsive behaviour fall within an adequate range when compared to other females /males of her age.

PRESENTING PROBLEM

S presented as a soft, shy, childish girl with a strong willpower to be a part of the present study. S suffers from a moderate learning disability that often prevents children from achieving academically and interferes with their social development. In the face of the emotional cost to her, in order that other young gifted students with learning disabilities could be spared what she is going through to achieve an education. From an early age S was not aware that she had struggle doing some activities that were easy for other children. S has difficulty in understanding concepts, comprehension problem that makes it difficult to learn to read and to acquire basic skills in languages (English, Hindi and Kannada) and mathematics, said her mother.

Therapeutic Goals

S needs proper attention and equal attention from all family members. She needs to be taken care of and her teachers and parents should find her interest. They can indulge in outdoor activity where there is motor movement she will be able to express better. Her mothers should leave her independently. She needs proper teaching from level one for better performance in academics.

RELEVANT FACTS AND PARENTS CASE STUDY

S is a very sincere girl and listens to what is being said during assessments, her pace of doing things is very slow and takes long to understand the given work and needs constant help in her assessments. She hesitates to answer and lacks interest in doing things. As per the assessments done on her mother, she had gone through a series (lasted for day or two) of depression during her pregnancy with her. Her mother is constantly bothered by her actions and she gets hyper angry at times and needs constant assistance during her menstrual cycle, going to the school, or any activity related to academics. She gets very excited to watch television and exactly remembers the story. She has willingness of doing things but shows and puts very less attention in understanding. Her mother is the only guardian who takes care of shrove in all her activities. She wants to find a solution and wants to know the root cause of her behaviour. S doesn't interact much with people and has no friends currently.

She has established vocabulary skills and maintains good hygiene. She expresses very less and will be constantly smiling during her task. The family has a history of depression, Attention deficit hyper disorder. Anxiety, Phobia, obsessive thinking, heart attack, diabetes, movement disorders, tics. Her family has previously consulted Psychologist at the age of 9 years. She started walking at the age of 1.5 years. Earlier they stayed in a joint family. S

Socio-Emotional Cognitive Impairment- A Case Study

couldn't complete her 10th grade and failed to pass in her subjects. She is socially awkward at times and is little shy. Every activity done by her is through instruction.

NEUROLOGICAL ASSESSMENTS SHOWING CHANGES IN COGNITIVE AREA

S has not been diagnosed with any severe mental disorder. She has been to various psychologist and psychiatrist both male and female but her mother is not satisfied with her changed behaviour at home and outside and shows very low cognitions ability under assessments. Currently she is in both grade in a special ability school but her mother is not satisfied with her behaviour and lacks confidence to leave her on her own. She was never on any medications related to this problem but was previously given vitamin D supplements. Her conditions are of a concern when outside the house, she has performed poorly in her cognitive and behaviour related assessments. Therefore with all the special education, cognitive training, special school, and help from a psychologist and guidance there is an improvement of only 20-22%.

Recommendations

'S's divided attention is below average hence she needs to given one task at a time since her focused attention is more than her divided attention. 'S' should also be given task for a lesser time as she has a low sustained attention. Her verbal attention and visual memory is highly impaired and hence needs constant practice on single topics. She needs specially designed study pattern according to her learning abilities to comprehend with her brain functional.

REFERENCES

- Kar B. R., Rao S. L., Chandramouli B. A., Thennarasu K. (2004). NIMHANS Neuropsychological Battery for Children-Manual. Bangalore: NIMHANS Publication Division
- Rao, S. L., Subbakrishna, D. K., & Gopukumar, K. (2004). NIMHANS Neuropsychology Battery-2004 Manual. Bangalore, Karnataka: NIMHANS Publication.
- Raven J., Raven J. C., Court J. H. (2000). Standard Progressive Matrices. Oxford: Oxford Psychologists Press.

Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interests.

How to cite this article: G. Pareek & G. Kumarpillai (2019). Socio-Emotional Cognitive Impairment- A Case Study. *International Journal of Indian Psychology*, 7(3), 163-166. DIP:18.01.020/20190703, DOI:10.25215/0703.020