

Case Study

## The Role of Family Support in Autism: A Case Study

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### ABSTRACT

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that eventually affects social interaction, communication and behaviour. This case study basically focuses on how the family is supporting their 14 year old boy who is diagnosed with Autism Spectrum Disorder (ASD) and is currently studying at the National Institute of Open Schooling (NIOS) in Kolkata. The paper aims to focus how well the family is supporting their child who is going through ASD. This paper further aims to develop a comprehensive intervention plan for the specified child which will be beneficial for his overall development in the coming future. A case study method was used to gain an in-depth understanding of the given 'Neurodevelopmental Disorder'. It shows a significant improvement in the client's basic life skills, social interaction and overall communication abilities as well as the positive role played by the family in this given context. Psychological assessments indicated mild symptoms of Autism Spectrum Disorder (ASD), as evidenced by 'Indian Scale of Assessments of Autism' (ISSA) along with other Psychological assessments. The collaborative approach among the psychologist, parents and specialized therapies have effectively fulfilled his needs in a structured way. The study emphasizes on how well a family has supported their child during the ongoing treatment procedure which eventually helped the child in a very positive note. In addition to provide us an overview of various results of Psychometric assessments, the parents have played a pivotal role in their child's life. Their personalised intervention plan has greatly enhanced the child's everyday lifestyle.

**Keywords:** *Autism Spectrum Disorder, Case study, Intervention strategies, Skill enhancement*

Autism is a complex neurodevelopmental disorder. Like other diseases, it cannot be completely cured, but it can be prevented with early identification and a suitable interventional strategy. Instead of using the term 'Autism Disorder' (AD), it would be more appropriate to use the term 'Autism Spectrum Disorder' (ASD) by considering the vast range of symptoms and severity levels associated to this specific neurodevelopmental disorder. Since every person has different strengths and challenges, ASD recognizes a spectrum of neurodevelopmental diversity. The word "autism" originates from the Greek word "autos" which implies "self" indicating the inward condition of the targeted individual who generally happens to be a self-centered person by nature. The term 'Autism Spectrum

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Disorder' (ASD) refers to a group of neurodevelopmental disorders characterized by difficulties with communication, social interaction and repetitive behaviours. By highlighting the variety within the autism community, this terminology makes it easier to adopt various interventional strategies and to meet the unique needs of everyone with this disorder. It is not always true that a child or client affected by ASD has a very low IQ. In fact, it has been seen in many cases that the child shows a tendency towards a very high IQ despite being affected by ASD. When a child is affected by ASD, there is a tendency that his IQ level also gets affected to some extent. At the same time, it is incorrect to assume that a child or an adult with ASD is emotionally unavailable all the times. It is because individuals with ASD can and do experience a wide range of emotions simultaneously. Often they can be found involved in concrete and meaningful connections with others. But at the time of expressing emotions, they may face different challenges while communicating socially. This does not mean that they have lack of emotional depth or lower ability to empathize with others. They do show little interest in peer relationships and show a lack of reciprocity in social relationships and empathy (Carr, 2006; Mash & Wolfe, 2005). Many people with ASD do form strong, affectionate bonds with family and friends and can be very responsive to the emotions of others when offered right support and understanding. Misinterpreting their unique ways of expressing emotions can lead to the various assumption such as they are emotionally unavailable.

Most importantly, children with autism fail to show the actual prominent signs of social relatedness in front of their parents and other persons and eventually in some cases poor eye contact appears to be a common characteristic for those children. (Mash & Wolfe, 2005; Sadock & Sadock, 2003). Any child or adult with ASD often becomes especially attached to their primary caregiver due to the consistent and secured nature of that relationship. Individuals with ASD typically prefers to follow a proper structured routine as it provides a sense of predictability and security to them. Early in the 20th century, autism started to be accepted as a separate clinical entity. The first comprehensive term for autism was given by the Austrian Physician Leo Kanner in 1943. Mr. Kanner observed a unique combination of behaviours in a group of young children, such as social disassociation, difficulty in interacting with social environment and an inclination towards structured routines and uniformity among themselves. Mr. Kanner termed the said symptoms as "Early Infantile Autism".

A fixed schedule usually helps those individuals with ASD to reduce anxiety and uncertainty which can be overwhelming for them occasionally. By following a familiar schedule, they can better anticipate what will happen next. They feel more comfortable and safe in their environment if they are allowed to follow a pre-structured routine familiar to them. This type of structured approach usually helps them to manage various sensitive activities and to reduce stress. As a result, it becomes easier for them to navigate daily activities and social interactions.

Mr. Hans Asperger, an Austrian Pediatrician, identified a group of children with social difficulties but having interest on different aspects of life along with strong language skills and high level of intelligence. Such symptoms were termed as "Autistic Psychopathy" by Mr. Asperger. Later such symptoms were labeled as "Asperger's Syndrome" which shared similarities with the concept of autism initially but was considered a separate entity due to the lack of intellectual challenges.

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In 2013, Asperger's Syndrome was merged into Autism Spectrum Disorder (ASD) which eventually led to reflect the wide range of symptoms and severities within autism, acknowledging that these conditions are the part of a continuum rather than two separate distinct disorders.

It is important to remember that treatment plan needs to be personalized, as what works for one person may not work for another due to the varying severity and types of symptoms. Recognizing signs and symptoms early is crucial for providing appropriate support and interventions is essential in order to help individuals with ASD. The exact causes of "Autism Spectrum Disorder" (ASD) are still unknown and it differ significantly in terms of severity and complexity.

There is no specific medication to cure Autism Spectrum Disorder (ASD) and it cannot be cured completely. However, ASD can be managed and improved through various interventional strategies. Early diagnosis and intervention are most beneficial, as they can significantly enhance behavior, skills and language development of an individual with ASD.

### LITERATURE REVIEW

Sun et al (2024) discovered that the different elements like parenting styles, attachment relationships, parental conflicts, and family therapy actually do have a holistic impact on the recovery of children with autism. Positive parenting and secure attachment relationships style contribute a lot in a positive way, while parental conflicts do affect the child negatively in a broader aspect. Parental involvement in therapy session significantly boosts up the interventions strategy. The aim of this paper is to examine the influence of family factors on the rehabilitation and development of children with Autism Spectrum Disorder (ASD), it highlights the crucial role families in the rehabilitation process for children with ASD.

Desquenne Godfrey et al (2024) found out that the families of autistic children do experience more challenges in overall family functioning compared to those with non-autistic children. These challenges demand higher need of caregiver for the ASD children and eventually, it has been seen that there are fewer resources available to support the family properly. The study included 62 articles published between 1980 and 2021, using quantitative data from validated measures. The aim of this paper is to review literature on family functioning in families with children diagnosed with autism. The finding focuses on the importance of family dynamics, in the context of providing the utmost care and support to autistic children and their families by focusing on their different challenges they faced in their daily life.

Hayes et al (2023) discovered that the shows that community support positively impacts both family resilience and caregiver's mental health. In addition to this, it was also found that the caregiver's mental health partially mediates the relationship between community support and family resilience, which eventually improved the family resilience behaviors such as communication and problem-solving among others. The aim of the paper is to explore the role of caregiver mental health as a mediator between community support and family resilience in families with a child diagnosed with Autism Spectrum Disorder (ASD) The interventions strategy aimed at strengthening the family resilience to a higher level in ASD families first.

Brien-Bérard et al. (2023) found out that the parents employed three key coping strategies i.e. individual coping for personal respite, dyadic coping for mutual support and joint

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problem-solving, and social support coping to access external resources and to enjoy time together more. Effective communication do play a utmost role in strengthening their relationships. The aim of the paper is to investigate how parents of children with Autism Spectrum Disorder (ASD) cope with the stress and challenges of family life, particularly with their marital relationship. It also discussed how the parents should manage their stress and marital relationship positively while handling the children with Autistic Spectrum Disorder (ASD).

Chou et al. (2020) discovered that the differences in mental health and self-esteem among 219 adolescents with high-functioning autism spectrum disorder (ASD) in Taiwan, categorized based on their involvement in school bullying as pure perpetrators, pure victims, perpetrator-victims, and neutrals. Over the past year, their bullying experiences were assessed using a specialized questionnaire, while their levels of depression, anxiety, suicidality, and self-esteem were measured using various psychological scales. The findings revealed that adolescents who were both victims and perpetrators of bullying (perpetrator-victims) and those who were only victims experienced more severe depression and anxiety compared to those who were not involved in bullying (neutrals). However, there were no significant differences in depression, anxiety, and self-esteem among the four groups based on parent-reported bullying experiences. The study underscores the importance of regularly assessing mental health issues in adolescents with ASD who have been victimized by bullying.

### **METHODOLOGY**

#### *Sample*

The participant is a 14 year-old boy who is diagnosed with Autism Spectrum Disorder, enrolled at the National Institute of Open Schooling (NIOS) in Kolkata, West Bengal. The client was chosen based on his diagnosis as well as challenges in social interaction, communication, and behavior, and the active involvement of his parents in his care was truly inspiring. His background included supportive parents who are separated since past 5 years but they remain actively involved in managing him and giving him the utmost care. The client resides with his mother and father on a rotating basis. He is close with both the parents and both of them are committed to addressing his needs, no matter what.

#### *Instruments*

Different standardized assessment tools were used to evaluate the client's cognitive, social, and emotional functioning to made a proper intervention plan for the clients well being:

- **Deverux Scales of Mental Disorder (DSMD)** –Used to measure the severity of autism symptoms.
- **Binet-Kamat Test (BKT):** Measured intellectual functioning, determining the client's mental age.
- **Vineland Social Maturity Scale (VSMS):** Evaluated social age and social quotient, providing insights into the client's social adaptive functioning.
- **Indian Scale for Assessment of Autism (ISAA):** Measured autism severity, confirming the presence of mild autism.
- **Conners-3 Parent Checklist:** Assessed emotional and behavioral symptoms, including anxiety, depression, inattention, and peer relations.

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### Procedure

The study began with an initial assessment phase, where comprehensive evaluations were conducted using the specified tools to identify the client's strengths and challenges. Based on the results, a personalized intervention plan was developed, focusing on skill enhancement, psycho-education, behavioral training, and occupational therapy. The interventions were implemented in collaboration with the client's parents, who were trained to reinforce the strategies at home. Regular follow-up sessions were held to monitor progress and adjust the treatment plan as needed. Over time, the client showed remarkable improvements in daily functioning, communication skills, and social interactions by highlighting the role of parental support at home.

## RESULTS

*Table No. 1: Overview of the test used and the results.*

Sl.no	Name of the test	Test Score	Implication
1.	Binet Kamath Test of Intelligence (BKT)	61	Mild impairment
2.	Vineland Social Maturity Scale (VSMS)	59	Mild impairment
3.	Indian Scale of Assessments Of Autism(ISSA)	87	Mild Autism

Table 1 suggests that the results from the assessments indicate that the client exhibited moderate symptoms of the above mentioned tests, which has been administered over the client. The Binet-Kamat Test of Intelligence (BKT) revealed that his mental age was equivalent to that of a 5-year-old child, with IQ of 61, indicating mild Intellectual functioning. Additionally, the Vineland Social Maturity Scale (VSMS) suggested that the client's social age ranged between 5 and 9 years, with a Social Quotient (SQ) of 59, which is categorized as mild impairment. Lastly, it also highlights that the client is having mild autism, obtained a score of 87 as evidenced by Indian Scale of Assessments of Autism (ISSA).

*Table No. 2: Implications of Deverux Scales of Mental Disorder (DSMD) –Child Form.*

Sl. No.	DSM-IV Symptom Scale	Score	Implication
1.	Anxiety	59	Boderline
2.	Depression	64	Elevated
3.	Autism	68	Elevated
4.	Acute Problems	46	Average
5.	Externalizing	59	Boderline
6.	Internalizing	62	Elevated
7.	Critical Pathology	46	Average

Table 2 states that the client is having borderline anxiety, elevated depression, elevated autism symptoms, average acute problems, borderline externalizing behaviors, and elevated internalizing behaviors and average clinical pathology as suggested by the standardized questionnaire.

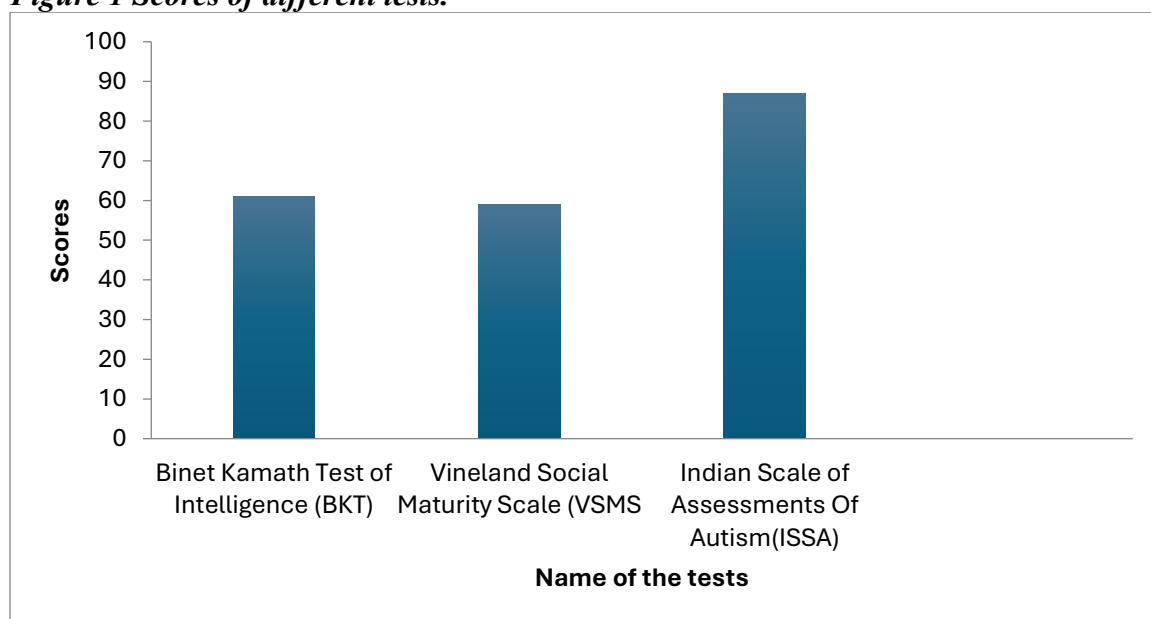
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**Table 3: Conners 3- Parent Checklist.**

Sl. No.	Scales	Score	Implication
1.	Inattention	81	Very Elevated
2.	Hyperactivity/Impulsivity	54	Average
3.	Learning Problems	64	High Average
4.	Executive Functioning	67	Elevated
5.	Defiance/Aggression	59	Average
6.	Peer relation	90	Very Elevated

Table 3 states that interestingly, the inattention and peer relations scores were very elevated, at 81 and 90, respectively. Learning problems are within the high average range with a score of 64, and executive functioning was elevated with a score of 67. It also shows that the Hyperactivity/Impulsivity and Defiance/Aggression scores came out as average.

**Figure 1 Scores of different tests.**



**Figure 2 Scores of Deverux Scales of Mental Disorder (DSMD) –Child Form.**

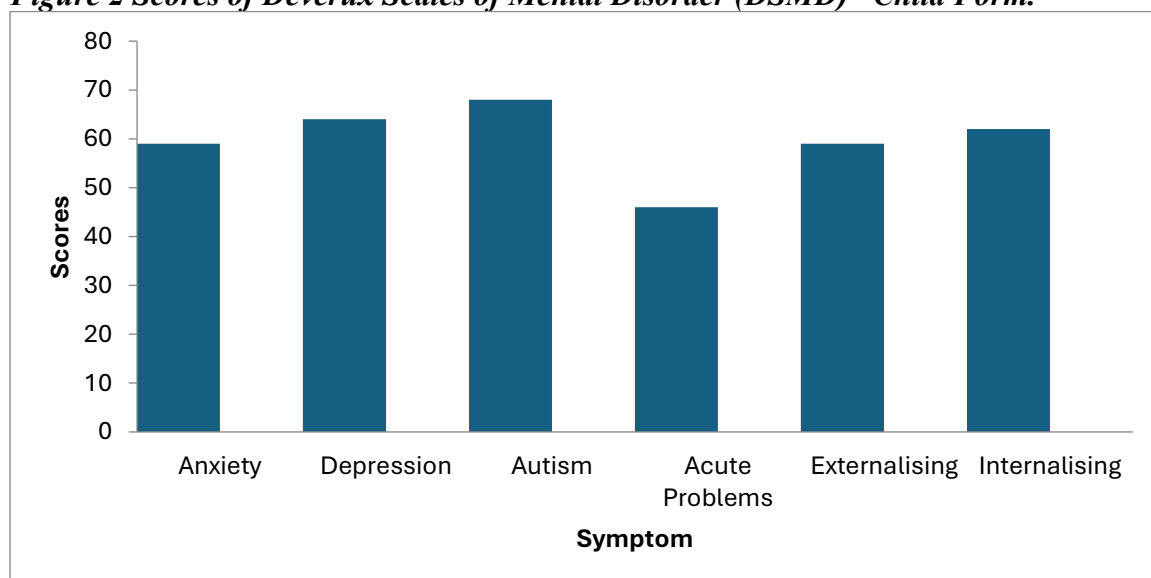
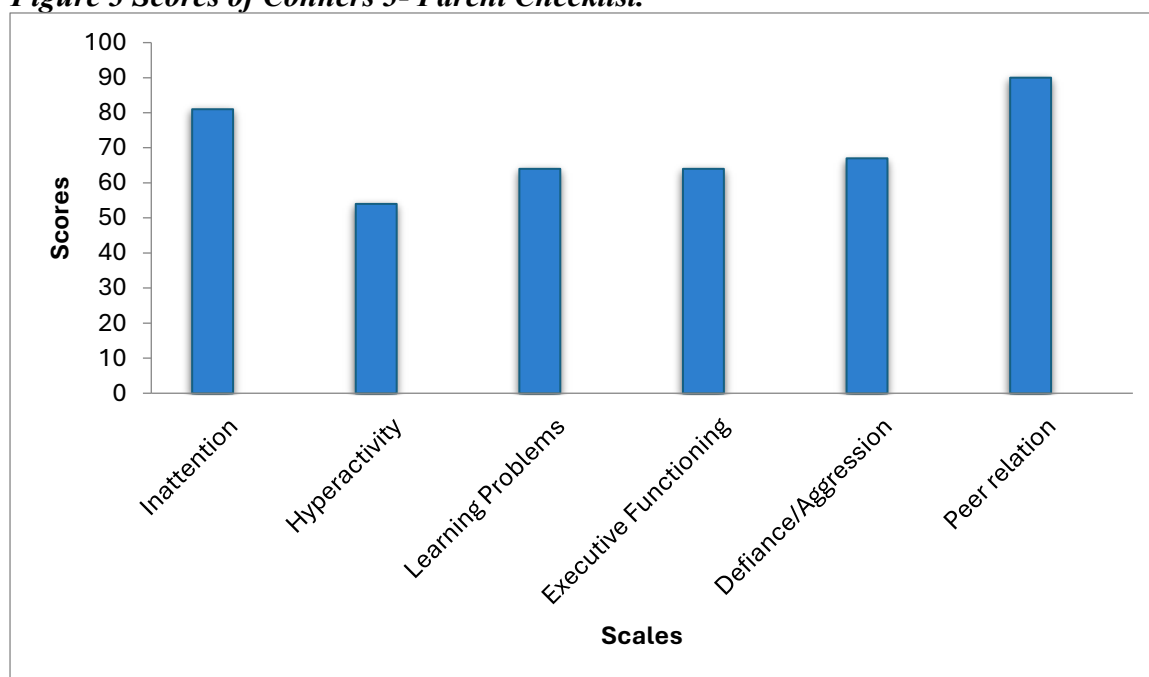


Figure 3 Scores of Conners 3- Parent Checklist.



## DISCUSSION

The purpose of this present case study is to gain an in-depth analysis of Autism Spectrum Disorder. The results of this research provide supporting evidence that a concrete intervention strategy can significantly improve the behavioral, social, and cognitive functioning of individuals with Autism Spectrum Disorder (ASD) to a great extent. There are few key findings of the present case study i.e.: First, an intervention plan, which included Applied Behavior Analysis (ABA), Parent Management Training (PMT), special education, and occupational therapy which eventually led to proper improvements within the child's social skills, communication abilities, and daily functioning.

Second, it marked the importance of parental support, by reinforcing the child through various therapeutic strategies or techniques which eventually lead to an active participation by parents and this actually helped to increase the treatment outcomes within the client with ASD significantly.

Third, the comprehensive assessment of the child's behavior highlighted the importance of Parent Management Training (PMT) which actually states that how to reinforce positive behaviors and to manage the challenging ones. The checklist enables parents to identify which behaviors need closer management such as elevated internalizing behaviors (e.g., depression, anxiety) or externalizing behaviors (e.g., hyperactivity).

Fourthly, the case also focuses that the importance of parental counseling has helped the parents to understand their child's condition better and to manage their own stress. This counseling session has helped them with the tools to a great extent in the context of the child's progress. The fact that the parents are engaging in a counseling session, actually shows a high level of commitment to their child's well-being, in spite of being separated for last 5 years.

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These key findings of the present case study highlighted the effectiveness of a holistic approach in managing ASD, by emphasizing the importance of collaboration between professionals, parents, and tailored interventions plan to address the unique challenges faced by individuals as well as their parents in the long run.

The case study on the 9-year-old boy with ASD can be linked to the findings of Sun et al. (2024), by focusing on the impact of different family factors on the development of children with Autism Spectrum Disorder. In this case study, the boy's family, who come from a middle socio-economic background, play a central role in his daily life and overall well-being. So, according to Sun et al., family dynamics such as parenting styles, attachment, and parental involvement directly influence the child's progress. Similarly, in the present case study, we can conclude by stating that the family's support, emotional environment, and any potential conflicts do contribute to the child's overall mental health, which can be seen in his elevated levels of anxiety, depression, and inattention. A much more attention is required by the family in his therapeutic journey, which might enhance his mental health in a positive way.

From, Desquenne Godfrey et al. (2024) findings, it becomes clear that the family's do plays a crucial role in the child's overall development and well-being. According to Desquenne Godfrey et al., it was found that the families with children diagnosed with autism often face higher level of difficulties due to higher caregiving demands and limited resources. In the case study, the boy's family is likely encountering similar challenges, particularly as they are facing various challenges with their child's his moderate ASD symptoms.

In the case study of the 14-year-old boy with ASD, Hayes et al. (2023) underscores that the caregiver's mental health plays a utmost important role in strengthening family resilience, especially when community support is involved. The boy's parents, who do faces these challenges, may benefit from improved mental health, which would enhance their communication and problem-solving abilities to a great extent.

Brien-Bérard et al. (2023) focuses on the key coping strategies—individual respite, dyadic support, and social coping, which might can help his parents to manage the daily stress and to maintain their own interpersonal relationship. Effective communication and sharing responsibilities are vital for fostering a more stable healthy and a positive family environment.

The present case study gets linked with Chou et al. (2020), which highlighted the mental health challenges faced by adolescents with high-functioning autism, particularly those involved in bullying. Similar to Chou et al.'s findings, this case study also underscores that how bullying and social difficulties are playing a major role here in terms of anxiety and depression in individuals with ASD. The intervention approach in the case study, which included Applied Behavior Analysis (ABA) and social skills training, specifically targets these unique challenges, which has been discussed above to reduce the risk of psychological impacts of bullying in different sector.

Ramaswami et al. (2018) discovered the genetic basis of ASD, by underlying the role of genetic mutations in the development of this specific disorder. The present case study does not delve deeply into genetic factors, but it underscores the importance of early and accurate assessment and intervention in managing ASD symptoms very clearly.

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The client's father reported various concerns regarding his son's behavior and development. The client exhibited a strong obsession with different kinds of animals, regardless of their dangerous nature, and was observed to have symptoms of psychosis and conduct disorder. His intellectual functioning was assessed with an IQ level of 61, indicating mild intellectual disability. The Binet-Kamat Test (BKT) assessment revealed his mental age to be 5 years. The Vineland Social Maturity Scale (VSMS) indicated his social age ranged from 5 to 9 years with a Social Quotient (SQ) of 59, indicating mild social impairments. The Indian Scale for Assessment of Autism (ISAA) rated the client with a score of 87, indicating mild autism.

In addition, according to the Deverux Scales of Mental Disorder (DSMD) –Child Form, it indicated borderline anxiety, elevated depression, elevated autism, borderline externalizing behaviors, and elevated internalizing behaviors. Given these findings, a comprehensive treatment plan was developed, including skill enhancement training, psycho-education, pharmacotherapy, attention training, special education, and occupational therapy. Applied Behavior Analysis (ABA) and Parent Management Training (PMT) were also suggested to support the child's future development. The client showed significant improvement in basic life skills, increased independence, and better understanding. The active involvement of the client's parents played a crucial role in reinforcing these strategies at home.

The client does have supportive parents who are separated since past 5 years but they remain actively involved in managing him and giving him the utmost care. The client resides with his mother and father on a rotating basis. He is close with both the parents and both of them are committed to addressing his needs, no matter what.

Overall, the intervention plans proved effective in addressing the client's needs, leading to noticeable improvements in social interaction, communication, and behavior. This case study highlights the importance of a holistic approach in managing Autism Spectrum Disorder and related conditions, demonstrating significant progress in the client's development through collaborative efforts between the psychologist, client, and parents.

### *Limitations*

The results above might not be applicable to all the children with autism spectrum disorder (ASD) because this is a single case study that primarily focusses on one individual. This child may have different circumstances than others due to their various family dynamics structures, socioeconomic status, and life experiences.

The study certainly focusses a strong emphasis on the value of family support, hence it might not thoroughly look at other external variables like peer relationships, the school environment, or community support networks that could have an impact on the child's overall development. Although the improvements of the child are noted over time, the study might need more data to cover the whole scenario, which explains how the interventions plan has influenced the child's long-term treatment plan, including his daily life skills.

## **CONCLUSION**

Despite the limitations discussed of this case study, which might not generalize to all children with Autism Spectrum Disorder (ASD) due to individual differences, different family dynamics. It actually highlights how the family played a crucial role in spite of having different personal challenges, in their child's overall treatment process.

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The case history, behavioral observations, and different psychological assessments revealed that the client has an IQ of 61, indicating mild impairment in intellectual functioning, and a Social Quotient (SQ) of 59, indicating mild impairment in socio-adaptive functioning. Further analysis indicated the presence of childhood autism along with disturbances in activity and attention. Based on these findings, a comprehensive treatment plan was developed for the betterment of the child's overall functioning in his daily life in the coming future.

However, in this case, various kinds of interventions were used: Applied Behavior Analysis (ABA) along with Parent Management Training (PMT): ABA focused on improving specific behaviors, such as social skills, communication, and academics, while PMT helped parents manage their child's behavior more effectively. Skills Enhancement Training: This intervention aimed to improve the client's social skills, making him more flexible and helping him learn how to interact more positively and effectively with peers. Skills Enhancement Training was essential for his overall development and integration into social environments. Attention Training: This intervention targeted the client's difficulties with focus and attention, helping him develop better concentration and reduce distractions. Attention training was vital in enhancing his ability to engage in tasks and improve his academic performance. Special Education: Tailored educational support was provided to address the client's unique learning needs. Special education aimed to improve his academic skills, accommodate his learning style, and ensure he received the necessary support within the educational setting. Parental Counseling: This intervention provided the client's parents with guidance and support in understanding their child's condition, managing their own stress, and effectively participating in the treatment process. Psychoeducation and Pharmacotherapy: Psycho-education helped the client and his parents understand the nature of his condition and the importance of adhering to the treatment plan, while pharmacotherapy addressed specific symptoms through medication, aiding in overall management of the condition. Occupational Therapy and Play Therapy: These therapies focused on improving the client's fine motor skills, sensory integration, and overall functional abilities. Play therapy provided a safe and structured environment for the client to express himself and develop social and emotional skills.

These interventions proved effective in addressing the client's needs, resulting in significant progress in his development. The comprehensive and multidisciplinary approach underscored the importance of tailored interventions in managing Autism Spectrum Disorder and related conditions, ultimately leading to improved outcomes for the client.

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### ***Conflict of Interest***

The author declared no conflict of interest.

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