

Case Study

A Case Study of a Male Child with Cerebral Palsy and Associated Developmental Delays

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ABSTRACT

Cerebral Palsy (CP) is a lifelong condition that affects how a child moves and maintains balance and posture. It occurs due to an injury or abnormal development in the brain, usually before or shortly after birth. The effects of CP can vary widely—some children may only experience mild stiffness or difficulty with coordination, while others may face significant challenges with walking, speaking, or even performing everyday tasks. This Study presents with the a case of four year old male diagnosed with Cerebral Palsy and the developmental delays he encounters.

Keywords: *Cerebral Palsy, Coordination, Motor deficits*

Cerebral Palsy (CP) is a lifelong condition that affects how a child moves and maintains balance and posture. It occurs due to an injury or abnormal development in the brain, usually before or shortly after birth. The effects of CP can vary widely—some children may only experience mild stiffness or difficulty with coordination, while others may face significant challenges with walking, speaking, or even performing everyday tasks. What makes CP even more complex is that it often doesn't come alone. Many children also face additional difficulties like speech delays, learning difficulties, behavioral concerns, or even seizures (Rosenbaum et al., 2007; Novak et al., 2012).

In young children, these signs may first become noticeable when developmental milestones—such as sitting up, walking, or speaking—are delayed. Emotional and behavioral concerns, such as frustration, self-injurious behaviors, or trouble connecting with others, may also appear and often add to the challenges faced by families. The presence of these co-occurring conditions means that support needs to go beyond just physical therapy. A team approach—bringing together doctors, therapists, educators, and caregivers—is essential to help each child develop to their full potential and improve overall well-being (Odding et al., 2006).

Relevance of the study

While CP impacts the motor function, it is often accompanied by delays in speech, cognitive development, emotional regulation, and social interaction. In young children it may be

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exhibited in the form of self-injurious behaviors, mood swings, social withdrawal, and limited communication may resemble or coexist with conditions such as Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), or anxiety disorders. Its Early identification is essential for better management of the comorbidity that accompanies it.

REVIEW OF LITERATURE

Novak et.al., (2020) Studied the status of cell therapy in two common neurodevelopmental disorders, cerebral palsy and Autism spectrum disorder.

Hattier, M.A., Matson, J.L. & Kozlowski, (2012) investigated impairments in communication in infants and toddlers (18 to 35 months of age) who had CP and comorbid autism, A total of 42 children met included as the participants for this study. Those diagnosed with CP and a comorbid ASD were found to possess significantly greater communication impairments as assessed by (BISCUIT-Part 1) than participants who only had a diagnosis of CP.

RESULT & DISCUSSION

Demographic Information

The patient named Mr A., is a 4 year old Male , hailing from a Hindu middle class family. The informants were the patients mother and father and his mother reported to his primary caregiver. The collected information was reliable and accurate.

Presenting Complaints and their Duration

The patient reported with self-injurious behaviors, including biting and hitting, along with frequent mood swings. His mother has also reported that there was a delay in speech and his developmental milestones. Moreover, he has limited communication with his peers and prefers to remain alone rather than socialising.

History of the Present Illness

At nine months of age, the patient was seen to have a squint in his eyes and was unable to sit independently or without assistance. Till the time he was one year old, he was taken to AIIMS, where an MRI was done. His parents observed several issues, including a no response his name being called, self-injurious behaviors, difficulty following instructions. Moreover, he actively engaged in humming, used jargon words, and displayed hitting behavior to self to others.

He was previously diagnosed with Cerebral Palsy (CP) and has undergone various interventions, including Occupational Therapy (OT), Physiotherapy, and Speech Therapy. He is able understand both Hindi and English, and his mother is the primary caregiver.

Medical History

There is no history of consanguinity or intellectual disabilities in the family. However, it was reported that his father had a seizure when he was in 4th standard, for which he received treatment at VIMHANS Hospital.

The patient is reported as second-born child, and both of his parents were 32 years old at the time of conception. His mother had gestational diabetes, which was managed with insulin, his fetal movements during pregnancy were reported as normal.

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He was delivered full-term via induced labor and caesarean section at Mahavir Punjabi Bagh. At birth, he had a normal skin color and weighed 3.2 kg, with appropriate activity levels. However, he experienced hypoglycaemia and required a NICU stay for 10 days. As the patient's mother was on medications therefore her milk production was affected.

Family History

The patient resides with his parents, he is the second born child he has a good relationship with his parents and his mother is his primary caregiver.

Personal History / Developmental History

In terms of motor development, he smiled for the first time at the age of one year, he was able to achieve independent head holding at nine months, and was able to roll over by one year. He could sit with support by one year, but independent sitting was not present until after two years. He could move into a kneeling position by three years but has not yet been able to walk independently. His ability to grasp objects developed around 2.5 years of age.

His speech and language development was delayed. He started babbling by the age of one, but he hadn't developed meaningful speech, using occasional jargon words.

Socially the patient is able to interact with family members and understands relationships as well as nonverbal cues.

Religious History

As the patient is four years old therefore his religious ideation is dependent on his parents.

Behavior Observation in the classroom

Abhivier tends to become overwhelmed easily and often appears self-absorbed. At times, he smiles to himself while engaging in hand movements and displays inappropriate emotional responses. When unable to express himself, he engaged in hitting behaviour.

The patient observed to have limited eye contact and did not respond to commands from unfamiliar individuals in the classroom setting. During an occupational therapy session, he was seen to be staring into space and smiling to himself. He tends to copy /imitate the class teacher and exhibits oral fixation, such as putting objects that he sees into his mouth. Abhivier remains quite afraid of walking independently and often hits himself during the attempts.

When left unattended, he attempts to regulate himself by chewing on a sensory toy and engaging in bouncing like movements. Crowded environments can overwhelm him. He requires physical prompts, as he is unable to walk independently without them.

Intervention and management plan

A medical doctor or trained psychologist usually determines the intervention plan when a child shows signs of developmental challenges. Cerebral Palsy along with delayed milestones and behavioral concerns such as self-injury, social withdrawal, and limited speech were seen therefore early and comprehensive support is essential. The Professionals suggested the following:

Medications – If behaviors like aggression, irritability, or emotional outbursts persist, doctors may consider using medications.

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Therapeutic Support -

1. Physiotherapy – The Sessions will focus on reducing toe-walking and encouraging confidence in movement, using gentle/no physical guidance.
2. Occupational Therapy – Sensory play, calming strategies, and fine motor activities can reduce oral fixations and help him engage more comfortably with his surroundings.
3. Speech and Language Therapy – Improve his communication—whether through spoken words or alternative methods like picture cards or communication devices.
4. Behavioral Intervention- Professionals will identify what triggers these behaviors and use positive reinforcement to encourage safer, more adaptive responses.
5. Social Skills Training – Activities like role-playing and modeling can encourage peer engagement and imaginative play. And the individualise education plan is essential for his academically.

CONCLUSION

The case discusses the cerebral palsy and comorbid psychiatric conditions that may accompany it in a detailed manner through a single case study.

Limitations

The study used a single case study method therefore the results cannot be generalised to a larger population.

REFERENCES

- Hattier, M.A., Matson, J.L. & Kozlowski, A.M. Communication Skills in Children with Cerebral Palsy and Autism Spectrum Disorder. *J Dev Phys Disabil* **24**, 85–93 (2012). <https://doi.org/10.1007/s10882-011-9256-y>
- Novak, I., Morgan, C., Adde, L., Blackman, J., Boyd, R. N., Brunstrom-Hernandez, J., ... & Badawi, N. (2020). Early, accurate diagnosis and early intervention in cerebral palsy: Advances in diagnosis and treatment. *Developmental Medicine & Child Neurology*, *62*(4), 395–403. <https://doi.org/10.1111/dmcn.14789>
- Odding, E., Roebroek, M. E., & Stam, H. J. (2006). The epidemiology of cerebral palsy: Incidence, impairments, and risk factors. *Disability and Rehabilitation*, *28*(4), 183–191. <https://doi.org/10.1080/09638280500158422>
- Rosenbaum, P., Paneth, N., Leviton, A., Goldstein, M., Bax, M., Damiano, D., ... & Jacobsson, B. (2007). A report: The definition and classification of cerebral palsy April 2006. *Developmental Medicine & Child Neurology*. Supplement, *109*, 8–14.

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Conflict of Interest

The author(s) declared no conflict of interest.

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