



# The Clinical Case of Baby Joseph: Embrace and Nurture Social Skills in Autism in a Post-Pandemic Era



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## Abstract

The clinical case of baby Joseph seeks to highlight the importance of clinical observations of behavior to detect early diagnosis in the autism spectrum disorder (ASD). In this text we will reflect about autism, in particular the value of early assessment in order to nurture practical and useful interventions by the care giving based on emotional and behavioral self-regulation skills. We need to rethink the help we give to people with autism spectrum, in this post pandemic era where phobias, social anxiety and social skills were defied by the social lockdown pandemic world.

**Keywords:** Psychology; Early Autism Development; Post-Pandemic; Self-Regulations Skills

**Abbreviations:** ASD: Autism Spectrum Disorder; ADDM: Autism and Developmental Disabilities Monitoring; ADI: Autism Diagnostic Interview

## Introduction

The goal of this work is to understand better the initial development of the autism spectrum, its nature, initial state, sharing what seems to be useful information to develop nurturing tools to achieve an early diagnostic as well as proceed to a clinical intervention based on nurturing self-regulation skills. It aims to reflect about the importance of assessing in depth, early autism behaviors to embrace and foster interventions with autism spectrum in a post-pandemic era where social skills and social anxiety increased in particular in educational settings, challenging the social inclusion of children in the autistic spectrum disorder (ASD). Recent data from 2021 U.S. Centers for Disease Control [1] shows that birth year autism rates among American children have tripled over the past 18 years - a phenomenon that cannot be explained by broadening diagnostics. The U.S. Centers for Disease Control has issued alarming new data indicating that the rate of autism among U.S. 8-year-old children has risen to 1 in 44, or about 2.3%. The report comes from the Autism and Developmental Disabilities Monitoring (ADDM) Network, which

conducts active surveillance of ASD. The new numbers represent a dramatic increase over 18 years - more than triple the autism prevalence found in the CDC's (Centers for Disease Control) year 2000 surveillance. The 2000 study found ASD birth-year prevalence of 1 in 150, 8-year-olds, or .67% - which at the time was considerably higher than previous findings. Robust studies of children born in the 1960s found a national autism rate of .046%, indicating a great increase in today's childhood autism numbers.

In September of 2019 the General Assembly of the United Nations (UN) marked the thirtieth anniversary of the adoption of the UN Convention on the Rights of the Child (United Nations General Assembly, 1989) Comiskey [2]. This is an international treaty that recognizes the human rights of children. It establishes an international law that States must ensure that all children, without discrimination, benefit from special protection measures and assistance; have access to services such as education and healthcare; can develop their personalities, abilities, and talents to the fullest potential; grow up in an environment of happiness,

love and understanding; and are informed about and participate in achieving their rights in an accessible and active manner Comiskey [2]. Children in the ASD are also included in this premises, even though in many worldwide regions we are still far from achieving these goals. The following presentation of the clinical case of baby Joseph pretends to rise attention to the importance of early diagnostic, grounded in psychological tools and in a comprehensive analysis of his behavior. Rising attention to this issue might help the scientific community discussion and reach further in terms of equity for ASD children.

## The clinical case of baby Joseph

A close observation of baby Joseph behavior was made since birth till age two and a detailed information about his development was also made. A comprehensive assessment was carried out by a multidisciplinary team (psychologist, pediatrician an occupational therapist and a neurologist) to discuss and identify the diagnosis. Diagnostics guide the health professionals regarding the symptoms that the child has and the best treatment for them. This should not be used to label someone, but should be a starting point for a significant improvement First [3]. With babies at this age, motor skills are an important aspect of childhood to look out for. According to some authors Clark & Metcalfe [4]; Haywood & Getchell [5] children are born capable of developing different sensorimotor skills, and progressively acquire greater control over their movements and emotions. In motor development there is a regular sequence of acquisitions that begins with the ability to hold the head upright, then the child acquires the ability to roll over, then crawl, stand, take a step or two, and finally walk Gleitman [6]. The evaluation carried out by the neurologist, pediatrician and the psychologist showed that baby Joseph in the first 6 months of age showed problems in motor control, difficulties in sucking and muscle tone that varied between hypotonia and hypertonia, which lead us to hypothesize a motor disorder (disturbance of stereotyped movements) as it presents the following manifestations: tremulous movements, motor stereotypes, such as rocking and hitting the head, obsessive and repetitive manipulation of objects and hypersensitivity to stimuli. Additionally, we found out through the gathering of the anamnesis, that his father had also motor problems, as well as his older brother regarding balance and motor coordination. Based on a formal assessment using The Bayley Scales of Infant Development, and the Fine motor Scale it was possible to confirm the motor challenges. Joseph manifested high motor ataxia and difficulty stacking cubes.

The occupational therapist also revealed that baby Joseph, at 4 months, was in the twenty-fifth percentile on the Alberta Infant Motor Scale. Through the "Visual Paired Comparison" task, which assesses recognition, memory preference and curiosity/novelty, the psychologist found that baby Joseph tends to choose the new object in 4 out of 6 trials, which is intriguing, since babies normally in all trials, choose different objects. This may foster the

hypothesis that baby Joseph is below the expected level for the task. In addition, it was observed that, when hyper stimulated he showed difficulties in calming down. Lack of emotional self-regulation prevents him from controlling its own body. According to Papalia and Feldman [7], self-regulation is the basis of socialization and influences all domains of physical, cognitive, emotional, and social development. Baby Joseph at 9 months old, likewise, showed some deficits in intellectual development, namely in communication and language acquisition, raising the hypothesis of Communication challenges (Language Disorder). Language acquisition also has a well-coordinated sequence: at first, the baby babbles, then babbles to interact and is affected by sensory stimuli. Babies at 10 months usually say the first word and then between 18 and 24 months quickly expand their expressive vocabulary Carr [8]. However, according to the evaluation carried out, baby Joseph had limited vocalizations; did not respond to the human voice, nor to its name; did not point to ask for something, as well as did not use or imitate gestures to communicate and did not demonstrate communicative intentionality.

## Relevant aspects to be highlighted in his family history towards a comprehensive analysis

His mother was described as an introverted child, with difficulties in social interaction, and on the other hand, one of her brothers was also diagnosed with a slight delay in language. This seems to reinforce the hypothesis raised, since language disorders are genetic in nature. Because language challenges may be associated with sensory deficits and, subsequently, baby Joseph manifested very inconsistent responses to sound, an auditory screening was also carried out, which indicated that he had peripheral auditory sensitivity in both ears without evidence of abnormal neurological changes. Hearing is essential for language development, so hearing impairments should also be identified as early as possible Papalia and Feldman [7]. The following assessment instruments were used to assess this domain: Preschool Language Scale, MacArthur Communicative Development Inventory, Receptive Language Scale and Expressive Language Scale. The results showed that Baby Joseph manifested the following symptoms in the communicational domain: does not point, does not use gestures, does not imitate, and does not follow the examiner's gaze. The assessment of language and speech perception, carried out at 12 months and also at 15 months, showed that he was below the level of 8 months in the areas of comprehension, production of words and gestures. He also showed substantial delays in the domains of receptive and expressive language.

The concluding diagnosis seems to point out that baby Joseph had autism spectrum disorder (ASD). Clinical indicators meet the following diagnostic criteria for ASD: i) persistent deficits in social communication and social interaction across multiple contexts; ii) restricted and repetitive patterns of behavior, interests or activities; iii) symptoms are present early in the developmental

period; iv) the symptoms cause clinically significant impairment in social, occupational, and other important areas of current functioning, e.g. these disorders are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay APA [9].

Regarding the criterion (i), baby Joseph had deficits in socio-emotional reciprocity, reduced sharing of interests and affection and failure to initiate and respond to social interactions, deficits in non-verbal communicative behaviors used in social interaction, difficulties in eye contact, deficits in understanding and using gestures, lack of facial expressions and non-verbal communication. He also showed difficulty in adjusting his behavior to suit the various contexts and lack of interest in peers. As for criterion (ii) he manifested stereotyped motor movements (e.g., hitting with the head, head shaking, rocking), use of repetitive objects and vocalizations, restricted and fixed interests, and hyperactivity to sensory stimuli (e.g., apparent indifference to pain). It was also possible to know that he was born prematurely, the father had problems with motor coordination and attention, his older brother also had an ASD, with difficulties in coordination, motor planning and attention. Similarly, baby Joseph had difficulties in suction and sleep regulation, hypersensitivity to noise and tactile contact. Symptoms are present early in the development of baby Joseph and cause significant impairments in his social and occupational functioning. In terms of cognitive ability, baby Joseph strengths were shown in the fine motor skills and the visuo-spatial domain. He also excelled in highly structured tests such as The object permanence battery and the Delayed response task which assessed the working memory and the ability to inhibit a response.

This person has a whole range of skills and strength. We believe it is crucial to also identify the strong points of each child, when doing a clinical comprehensive assessment and balance that assessment with the areas in which the child shows more difficulties throughout the intervention process. Children with ASD commonly show strengths, such as intelligence above average and easily learning and remembering detailed information they see or hear. They may possibly show solid abilities in science, math, music, or art. They will often excel in jobs that require repetitive tasks in relative isolation such as information technology, game design, photography, electrical and motor mechanics, research and laboratory work, cleaning, landscape gardening. It's a case of finding them the right career that suits their faculties. The parenting support can likewise help to know where each parent is, build upon their strengths and aim to support and focus on resources to the parenting behaviors that need progress. The multidisciplinary and collaborative work is necessary for doing quality work in this area of early detection of autism. The use of the Autism Diagnostic Interview-Revised (ADI-R) scale is very complete and indicated to do an accurate ASD. Early intervention programs for infants with ASD should consider the impact of

difficulties on self-regulation and motor function towards the acquisition of other skills. Over time, clinical interventions with children with autism has undergone a great evolution, also due to the evolution of science and technology.

Currently, the Integrated Program for Autism (PIPA) is one of the therapeutic intervention tools available in which, through applications for iPads, children's learning is stimulated. It aims to promote socialization, communication/language, motor development, sensory integration, emotional development, and autonomy. The program is intensive and multidisciplinary, using specialized techniques in Psychology, Speech Therapy, Psychomotricity and the TEACCH Methodology. The program considers the early identification of autism and the conception of specific and personalized strategies for each child and each family Lima, Torgal & Gouveia [10]. Detecting the initial symptoms is an asset in screening and doing an early diagnosis with a good prognosis. Indeed, families that have begun therapy when their child was young, frequently understand their child's demands more effectively and find much better solutions.

### **Emotional and behavior self-regulations skills with children in the autistic spectrum disorder (ASD)**

During the Covid-19 pandemic 2022, where lockdown was done in so many countries and children with ASD also had to be locked down in their homes, several activities were presented to parents to do with their children. The main tip was to do a lot of task completion, which often appeals to a clear starting and finishing point, often with a goal. These activities can be relaxing and also provide structure and a sense of accomplishment like Color by number, Write a letter, Board games, Built a bird house, Plant a flower, Walk and Puzzles. Next, we will present some guidelines about how to recognize and nurture emotional and behavior self-regulation skills with ASD children. They are presented in 6 sets of helpful tips to parents, teachers, and caregivers.

### **Autism is a spectrum of the following human behaviors:**

Doesn't make eye contact, Unaware of awkward moments, Extremely sensitive to physical sensations, Low empathy, Makes forced intense eye contact, Hyper-aware of awkwardness, Going out of your way to avoid, feeling or seeing it, Unaware of pain to the point of injury, Monotone voice, Over expressive voice to sound like everyone else, Nonverbal to hypervocal at a very young age

### **Social skills all children need to learn**

Follow Directions, Use Self-Control, Show Empathy, Compromising, Express Feelings, Think Before, Speaking or Acting, Use Flexible Thinking, Have a Positive Disagreement, Act Respectfully, Get Along with Others, Self-Advocatin, , Use Coping Strategies, Deal with Anger and Frustration, To have some Perspective on a problem, Express Ideas, Feelings and Thoughts, Take Responsibility , Use Positive Self-Talk, Understand Personal Space, Staying Calm in Times of Stress, Taking Turns, Being a Good

Sport, Appreciate Differences, Being Reflective; Brainstorming Solutions, Emotions Dealing, Reading Social Cues, Sharing, Dealing with Problems and Conflicts, Apologizing, Accepting Consequences

## How to build an autistic friendly environment

Soft and warm colors, comfortable and daylighting, Different seating options, Designated sensory/calm area, Sensory bags (with headphones and fidgets), Low music, Encouragement for feedback/ideas from children with SAD.

## Simple ways children with SAD can calm down

- a) Count to 5. This helps kids learn how to stop and think before reacting.
- b) Take a deep breath. Blow into your hands. This gives kids the feedback of taking a deep breath.
- c) Place hands in pockets. A good tool for kids who react with their hands.
- d) Make a fist, then relax. This relieves tension built up in the body.
- e) Do a body scan. Notice areas of tension in the body and relax.
- f) Ask for a hug. Find someone you love and hug it out.

## Understanding challenging behavior

Behavior is always communication, De-escalate first. Solve the problem later, Put yourself in their shoes, The behavior is not about you, don't take it personally, Connection over correction, There is always a reason no matter how unobvious, Breathe. Keep calm, Don't add to the chaos, Acknowledge, support, and reflect.

Remember that they consider you their safe person, Each child with ASD is a unique individual.

There is no one-size-fits-all solution for families to follow and clinicians need to create an open, non-judgmental space that includes an open dialogue to grow through it. Researchers should also participate on it and be open to the full range of interventions. Thorndike, the famous scientist, discovered a premise so important in psychology and applicable to so many human behaviors, in particular autism, which is the fact that a stimulus tends to produce a certain response over time, if a given organism is rewarded for that response. An organism learns to respond in a certain way, in each situation, if it is repeatedly rewarded for doing so (satisfaction with obtaining the reward serves as a stimulus for future actions). This premise is applied in the educational context in the interaction between the teacher and the students, for example the teacher when he wants to increase or decrease a certain behavior or learning in the students, rewards them verbally, when that learning, or behavior occurs. In families with

autistic children, the interactions between them are also steered within this premise of behaviorism, where verbal instructions and behaviors are more clearly identified and amended Lucas, Soares, & Oliveira [11]. Following that premise, the first step is then to observe closely a child with autistic disorder since their early development.

In addition, and according to Costermans [12] one of the cognitive premises of human behavior is that it comprises two levels: the manifest and the latent behavior. The manifest behavior is a set of motor and glandular activities, and the latent behavior is a set of cognitive activities that are not accessible to external observation. Bearing this premise in mind, it is argued that in research not everything is numbers and although the use of some statistical methods is often decisive in understanding generalizable human behavior and in understanding causal relationships between psychological phenomena, it would be a drawback if only what was objective could be analyzed in the light of statistical data. How to explain the unique characteristics of each human being. How to explain, for example, a group of people with the same diagnosis in the spectrum of autism disorder, since this autism may have a manifest behavior so different from individual to individual, within that same group? The common denominator is the disease, but the way in which everyone finds to live that disease is clearly different. The unconditional acceptance of these differences between individuals and of human variability implies believing and accepting different perspectives. In this sense, there is a variability in the styles of people in Psychology, especially people with severe and moderate psychopathologies, as a continuum/spectrum of various psychopathologies. Thus, it is argued that the manifest behavior of people, with certain psychological problems, can be modified and improved from the internal processes that are behind this behavior.

Western culture educates the human being to hide any sign of weakness or personal defect. Seeking or asking for help is still seen as a sign of weakness. It does not promote positive methods of psychological growth in humans, of which asking for help may be one of them. Reinforcing, praising, stimulating positive thinking about others is still not enough present in Western educational culture from pre-school to higher education. However, in the context of Portugal in Lisbon, at the Faculty of Psychology and Educational Sciences of the University of Lisbon, some researchers already work in this area of Positive Psychology Marujo, Neto, Caetano, & Rivero [13] and in the field of psychological well-being Huppert, Baylis, & Keverne [14]. These authors argue that children should be educated from an early age to identify in themselves and in others, positive feelings. They argue that this can result in greater psychological well-being, both in the present and in their future development as human beings. Learning occurs more easily from a positive approach, like positive verbal reinforcement than negative. In an ideal world, there would be no need for clinical psychologists or doctors, but in an ideal world there should also be no illness, prejudice, value judgments about people or their



problems. In the real world there are different people, more or less competitive, for example, people with little physical activity, people with autism, obesity, anorexia, bulimia, etc., some are not the best, nor are the most aesthetically attractive in the face of the demands of the fashion world, but they are part of our reality and, above all, they are people who are contributing to build the world in which we live in Soares, Almeida, Oliveira & Roque [15].

Cognitions, internal processes regulated by learning principles, were identified as predictors of human behavior Gonçalves [16]; Gonçalves [17]. In 1977, Bandura also argues that learning does not seem to result merely from direct rewards, it can also be social learning, as a result of observing the rewards or punishments offered to others, which emphasizes the way we observe and shape ourselves from the behavior of others, learning through social examples and also highlighting the way we understand psychological phenomena when considered as a whole, organized and structured and not when decomposed into parts. Plus, there is a growing interest in research in seeking to identify neurophysiological indicators that prove the link between psychological well-being and internal brain processes Gonçalves [18]; Faria, Andrade, Soares & Bermúdez [19]. There are even some studies that show how there are common characteristics, for example in the production of narratives in certain patients with certain psychopathological disorders, namely people with agoraphobia and drug users Soares, Alves, Grego, Henriques & Gonçalves [20]; Henriques, Gonçalves, Machado, Maia, Teixeira [21]; Gonçalves, Henriques, Alves, Soares, Monteiro [22]; Soares, Santos, Ramos & Soares [23].

## Conclusion

Furthermore, autism has recently been studied in the field of biomarkers in the autism spectrum disorder Frye, Vassall, Kaur, Lewis, Karim, & Rossignol [24]. These authors claim that ASD is perhaps one of the most important medical disorders of our era because of the number of people it affects and lacks effective treatments. They argue that therapeutic interventions are most effective if started early in life, but diagnosis often remains delayed, partly because the diagnosis of ASD is based on identifying abnormal behaviors that may not emerge until the disorder is well established. That is why biomarkers that identify children at risk during the pre-symptomatic period, assist with early diagnosis, confirm behavioral observations, stratify patients into subgroups, and predict therapeutic response would be a great advance. Biomarkers identified by the authors review, included physiological biomarkers that identify neuroimmune and metabolic abnormalities, neurological biomarkers including abnormalities in brain structure, function and neurophysiology, subtle behavioral biomarkers including atypical development of visual attention, genetic biomarkers, and gastrointestinal

biomarkers. Biomarkers of ASD may be found prior to birth and after diagnosis and some may also predict response to specific treatments Frye, Vassall, Kaur, Lewis, Karim, & Rossignol [24]. The perception is to look for neurophysiological, biomarkers and cognitive references that can explain certain human behaviors and diseases with psychopathology, which is a new Epoch of research in the scientific community, and in this pos pandemic era where everything changes so greatly and so suddenly, it seems people are needy for too much security in biological and rock-solid truths. Unfortunately, or fortunately, humanity evolves, and science veracities changes every day [25].

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