

CASE STUDY OF A STUDENT HAVING CEREBRAL PALSY

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ABSTRACT

The purpose of this investigation is to find out how difficult it is for students to learn things both inside and outside of the classroom. It also looks at how the students with cerebral palsy connect with their home and school settings. Through active observation of the student having cerebral palsy and personal interaction with the student, the case study was carried out. The tools used in the study were a questionnaire, Direct observation, an Interview, etc. This study reveals that the student is having problems in speaking, writing and walking. He is facing problems in doing college work, performing practical work, talking with friends, participating in classroom activities and giving responses while the teacher asks questions in the classroom. All these problems affect his performance and academic achievement. The support and empathetic attitude of family friends and teachers can help him in his personality development and also help him to increase academic performance.

Keywords: Cerebral Palsy, Personality, Guidance and Counselling.

1. INTRODUCTION

Cerebral palsy is a condition that affects movement and muscle tone (cdc.gov, 2024). The condition arises when there is aberrant growth or injury to parts of the brain that control movements; however, the exact reason is frequently unknown. The areas of the brain that regulate motor function can be injured by a variety of means, including; The most frequent cause of preterm birth is head trauma, which includes shaken infant syndrome. Brain or spinal cord infections; Events that obstruct blood flow to the brain, such as strokes; Occupied oxygen flow to the brain, as in near-drowning situations, Ingestion of heavy metals and Malnutrition.

Children with Cerebral palsy usually show signs of motor delay before age two (ninds.nih.gov, 2024). Cerebral palsy is often not formally diagnosed until age 2 or 3. Children who have cerebral palsy may take longer to achieve developmental milestones like rolling over, sitting, crawling, or walking. They may also have certain reflexes present that normally disappear in early infancy (Kent, 2013). The symptoms of cerebral palsy can be similar to those of other conditions. While each child may have a distinct set of challenges, there are certain typical indicators.

Children diagnosed with Cerebral palsy may experience additional issues, such as:

- a. Epileptic Seizures
- b. Challenges with Vision, Hearing, or Speech
- c. Difficulties with Learning and Behaviour
- d. Intellectual or Developmental Impairments
- e. Respiratory Complications
- f. Gastrointestinal and Nutritional Concerns
- g. Bowel and Bladder Difficulties
- h. Abnormalities in the Bones, including Scoliosis and Hip Dysplasia.

Conducting this case study on a student with cerebral palsy serves several purposes:

- a. **Understanding the experiences and challenges:** This case study will provide in-depth insights into the daily life of a student with cerebral palsy, highlighting the challenges they face in their academic, social, and personal lives (dse.education.gov.in). This can help educators, healthcare professionals, and policymakers better understand the needs of students with cerebral palsy and develop more effective support strategies.
- b. **Identifying unique needs and strengths:** This case study will help identify the specific strengths, abilities, and needs of the student with cerebral palsy (imedpub.com). This can inform individualized educational plans (IEPs) and accommodations that cater to their unique requirements, enabling them to reach their full potential.

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- c. **Developing inclusive education practices:** By studying the experiences of a student with cerebral palsy (Panda, 2024), educators can learn how to create more inclusive learning environments that accommodate diverse needs. This can involve modifying curricula, using assistive technology, and incorporating adaptive physical education activities.
- d. **Improving access to education:** This case study will highlight the barriers that students with cerebral palsy face in accessing education, such as transportation (Gulati, 2017), accessibility issues, or lack of accommodations. This information can inform efforts to improve access to education for students with cerebral palsy.
- e. **Advocacy:** This case study will serve as a powerful advocacy tool (Raj, 2020), raising awareness about the challenges faced by students with cerebral palsy and promoting greater understanding and support from educators, administrators, and policymakers.
- f. **Development of new research questions:** The findings from a case study on a student with cerebral palsy will lead to the development of new research questions that address the broader needs of students with cerebral palsy or other disabilities.
- g. **Development of new interventions and therapies:** The case study findings will inform the development of new interventions, therapies (Chandrashekar, Kumar, Prashanth, Kasthuri, 2010), or programs that are tailored to the specific needs of students with cerebral palsy.
- h. **Improved teacher training:** This case study will provide valuable insights for teacher training programs, enabling educators to better understand how to support students with cerebral palsy in their classrooms.
- i. **Informed policy development:** The findings from this case study will inform policy development at local, national, or international levels, leading to more inclusive and supportive educational environments for students with cerebral palsy.

By conducting a comprehensive case study on a student with cerebral palsy (McIntyre, 2022), researchers and practitioners can gain a deeper understanding of the complex issues involved and develop more effective strategies for supporting these students in their educational journey.

2. SOCIO-DEMOGRAPHIC DATA

Name	: Aman
Age	: 17 years
Sex	: Male
Religion	: Islam
Disability	: Cerebral Palsy
Socio-Economic Status	: Middle class
Education	: B.Sc., B.Ed. Integrated 4 th Semester

2.1 Case Background

A 17-year-old boy named Aman has been diagnosed with cerebral palsy. He was born prematurely and suffered from oxygen deprivation during birth, leading to motor impairment and challenges in muscle coordination. Aman's parents have sought counselling to offer him guidance and support in coping with the difficulties associated with his cerebral palsy diagnosis.

2.2 Presenting Issues

- a. Aman encounters challenges with mobility, balance, and fine motor skills.
- b. Aman's motor impairment presents obstacles in writing, typing, and tasks requiring precise hand movements, requiring accommodations and assistive technologies for effective curriculum access.
- c. Aman grapples with feelings of frustration, discouragement, and anxiety regarding his limitations and struggles in coming to terms with his condition. He experiences low self-

esteem and worries about being perceived differently by his peers.

- d. Aman encounters difficulties in building and sustaining friendships because of his physical differences, resulting in feelings of loneliness and social exclusion.
- e. Family support: Aman's parents are supportive, but they face challenges in navigating his condition and require guidance on how to best support him.

2.3 Case History

- a. **Medical History:** At the age of two, Aman received a cerebral palsy diagnosis. He has received occupational therapy, speech therapy, and physiotherapy to help manage his motor impairments and enhance his day-to-day functioning. Still, the situation is steady.
- b. **Physical Restrictions:** Aman needs a wheelchair for longer distances and finds it difficult to walk on his own. He finds it difficult to tie shoelaces and write, for example, because of his fine motor skills.
- c. **Educational Experiences:** Aman studies in a regular classroom, but he also has an *Individualized Education Program (IEP)* that provides him with the support and accommodations he needs. However, he faces challenges in participating fully in regular classroom activities due to his motor impairments.
- d. **Emotional Well-Being:** Aman often feels frustrated, and discouraged, and experiences low self-esteem due to his physical limitations. He has reported feeling different from his peers and struggles with his self-image and self-worth.
- e. **Support Systems:** Aman's parents are actively involved in his care and seek additional support to ensure his physical and emotional needs are met.

2.4 Family History

The student is the second son of the family. The family of the student does not have any history of cerebral palsy.

2.5 Premorbid Personality

Not maintaining a good interpersonal relationship between family members, classmates and friends. He used to travel alone.

2.6 General Appearance

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| a. Well dressed | d. Eye contact not maintained |
| b. Lean body | e. Facial expression was normal |
| c. Normal Black hair | f. Gestures and postures were normal |

2.7 Motor Activity

Motor activities were not normal. He was facing problems with movements and there were fluctuations in the level of activity.

2.8 Memory

- a. **Short-term memory:** His short-term memory was fine. (He could remember five items: pencil, watch, pen, key, and ring).
- b. **Long-term memory:** His long-term memory was fine. (He could remember what he ate for breakfast, which was confirmed by his mother).
- c. **Distant memory:** His distant memory was impaired. (he couldn't remember the year he completed 12th grade).

2.9 Speech

His speech was audible. His pitch and reaction time were not normal. The speech was relevant and usually talks when someone else initiates.

2.10 Thought Process

No thought disturbances were elicited in the student in the form, stream, content and possession of thought. He was able to think rationally and abstractly.

2.11 Goals For Counseling

- a. **Emotional Well-Being:** Assist Aman in managing his emotional distress and develop coping strategies to handle frustration, anxiety, and low self-esteem.
- b. **Self-Acceptance and Self-Esteem:** Help Aman develop a positive self-image, and acceptance of his condition, and build confidence in his abilities.
- c. **Social Skills and Peer Relationships:** Assist Aman in developing social skills, fostering positive friendships, and improving his social interactions with peers.
- d. **Family Education and Support:** Guide Aman's parents on how to best support him in managing his condition, addressing their concerns, and promoting his independent growth.
- e. **Academic Support:** Collaborate with school personnel to identify and implement appropriate accommodations and assistive technologies to enhance Aman's educational experience.

2.12 Intervention Plan

- a. **Individual Counselling Sessions:** Provide a safe and supportive space for Aman to express his emotions, fears, and challenges, and develop strategies to improve his emotional well-being and self-acceptance.
- b. **Cognitive-Behavioral Therapy:** Assist Aman in identifying and modifying negative thought patterns, addressing his concerns about self-image, and developing positive coping mechanisms.
- c. **Social Skills Training and Group Therapy:** Conduct small group sessions to foster social skills development, self-confidence, and support interactions with peers who may have similar experiences.
- d. **Parent Counseling Sessions:** Guide Aman's parents on understanding his condition, addressing emotional needs, advocating for necessary accommodations, and connecting with community resources and support groups.
- e. **Collaboration with the School:** Work closely with the school's IEP team to ensure appropriate accommodations and assistive technologies are in place, facilitate staff training on cerebral palsy awareness, and promote a supportive and inclusive environment.
- f. **Assistive Technology:** Aman uses a computer with speech-to-text software to complete written assignments.
- g. **Communication Strategies:** Teachers use visual aids such as pictures and symbols to help Aman communicate.
- h. **Physical Therapy:** Aman receives regular physical therapy sessions to improve his mobility and strength.

2.13 Outcomes

This case study highlights the importance of providing educational support for students with cerebral palsy (Nair, 2022). Despite the challenges posed by his physical limitations, Aman can learn and engage in educational activities through the use of assistive technology, adaptive equipment, and communication strategies.

Aman's cerebral palsy has presented obstacles, but he has advanced academically (Sadowska, Sarecka, Kopyta, 2020). He can communicate himself verbally and in writing and has acquired useful communication techniques. Improvements in his physical capabilities, such as greater strength and movement, have also been noted by his teachers.

The case study highlights the following important ideas:

- a. **Inclusion is possible:** Students with cerebral palsy can participate in educational activities and be integrated with regular classrooms with the right support and modifications.
- b. **The use of assistive technology is crucial:** For students who have cerebral palsy, assistive technology can significantly improve their educational experience by enabling them to communicate clearly and access educational resources.
- c. **Communication is essential:** In order to effectively communicate, students with cerebral palsy must be able to express their thoughts and ideas.
- d. **Physical therapy is important:** Regular physical therapy sessions can help improve mobility and strength, enabling students with Cerebral Palsy to participate more fully in educational activities (cparf.org, 2023).

This case study demonstrates the importance of considering the individual needs of students with cerebral palsy and providing tailored support to help them succeed in education.

REFERENCES

- Cdc.gov (2024). *Cerebral Palsy*, U.S Centres for Diseases Control and Prevention.
- Chandrashekar, H., Kumar, N., Prashanth, R.N., Kasthuri, P. (2010) *Disabilities research in India*, Indian Journal of Psychiatry, 52
- Cparf.org. (2023). *How Cerebral Palsy Affects People*, Cerebral Palsy Alliance Research Foundation.
- Dsel.education.gov. (2012). *Training Module on Cerebral Palsy and Locomotor Impairment*, Department of School Education and Literacy
- Dyck, M. (2023). *Children with Cerebral Palsy: Understanding the Challenges and Embracing Potential*, Journal of Childhood & Developmental Disorders.
- Gulati, S. (2017). *Cerebral Palsy: An Overview*, The Indian Journal of Pediatrics, 85.
- Kent, Ruth M. (2013). *Cerebral palsy*, Handbook of Clinical Neurology, 110
- Sadowska, M., Huzar, B., Kopyta. I. (2020). *Cerebral Palsy: Current Opinions on Definition, Epidemiology, Risk Factors, Classification and Treatment Options*, Open Access to Scientific and Medical Research, 20.
- McIntyre, S. (2022). *Global prevalence of cerebral palsy: A systematic analysis*, Developmental Medicine & Child Neurology, 64(12).
- Nair, A. (2022). *Case study of a child with language impairment and specific learning disability*, Society for Excellence in Education.
- Ninds.nih.gov. (2024). *Cerebral Palsy*, National Institutes of Neurological Disorders and strokes
- Panda, S. (2024). *Cerebral Palsy: A Current Perspective*, American Academy of Pediatrics, 25(6)
- Raj, V. (2020). *A Case Study of a Child with Special Need/Learning Difficulty*, International Journal Creative Research Thoughts, 8(12).
- The New York Area Study Group on Transition (1986). *Reflections on transition: Model programs for youth with disabilities* (Alan Gartner, Ed.). New York, New York: Center for Advance Study in Education, Graduate School, City University of New York
- Türkoğlu G, Türkoğlu S, Çelik C, Uçan H. (2017). *Intelligence, functioning and related factors in children with cerebral palsy*. *Noro Psikiyatrs Ars.* 54(1): 33-37.