

Early Intervention and ABA-Based Therapeutic Outcomes in a Child with Mild Autism Spectrum Disorder: A Comprehensive Case Study

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ABSTRACT

This case study presents the developmental profile and therapeutic progress of XYZ, a female child diagnosed with mild ASD at the age of two years. The study documents her developmental concerns, early intervention history, and subsequent enrollment at a therapy center following family relocation. A comprehensive five-day observation and multi-domain assessment revealed challenges in eye contact, attention, expressive language, articulation, behavior regulation, and sensory processing. A three-month ABA-aligned intervention plan was implemented, focusing on skill development, speech and language enhancement, social interaction, and emotional-behavioral regulation. Supplementary strategies, such as park-based tasks, functional home activities, peer-pairing, and reinforcement systems, further facilitated her growth. Significant improvements were observed across expressive communication, emotional stability, attention span, social adaptability, and articulatory accuracy. Over the course of one year, XYZ achieved age-appropriate developmental and behavioral functioning. She now demonstrates strong academic and co-curricular performance, with no major developmental concerns. The case highlights the importance of early intervention, consistent parental involvement, and individualized ABA-based therapy for favorable outcomes in children with mild ASD.

Key words: Intervention, Assessment, Communication, Behavior, Progress

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Case-Information

XYZ, a female child, was identified with mild-level Autism Spectrum Disorder (ASD) at the age of two years. When XYZ was approximately two years old, her parents began noticing developmental concerns, including inconsistent response to her name, fear of crossing slightly elevated boundaries, and other atypical behavioral patterns. Following these concerns, they consulted a medical professional who recommended further assessment. Based on a comprehensive developmental evaluation, XYZ was diagnosed with mild ASD.

Background and Referral

After receiving two years of early intervention services, her speech and motor skills showed considerable improvement and fell within the normal developmental range. Due to her father's transferable job, the family relocated, and in 2022, XYZ was enrolled under my care at a therapy center in Bareilly.

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Upon enrollment, Therapist collected detailed case history and demographic information and kept the child under observation for five days. During this period, rapport-building formed the foundation of the assessment process, as it helped generate reliable behavioral observations and prepare an individualized intervention plan. Multiple structured

and unstructured activities were conducted to assess all major developmental domains. Because ASD presents a broad spectrum of behavioral and developmental variations, the observation phase included assessment across physical, cognitive, social-emotional, behavioral, speech, and motor domains. This multi-domain assessment helped identify the key developmental challenges affecting XYZ's overall growth.

Initial Findings:

After completing the observation period, the following concerns were identified: [1]. Poor eye contact.[2]. Reduced attention span and limited concentration.[3]. Poor retention ability.[4]. Difficulty understanding certain concepts. [5]. Inadequate explanation skills, indicating weak expressive language.[6] Presence of nasal resonance in speech. [7]. Misarticulation errors,

mainly substitutions such as- (a) ଲ → ନ (b) ଟ → ତ (c) ଡ → ର (d) ବ → ଭ (e) ଠ → ଥ (f) ସ → ଶ. [8]. Behavioral concerns including frequent hair-touching, excessive talking, shouting when demands were unmet, and occasional crying spells. [9]. Emotional vulnerability, with crying over minor issues. [10] Limited sharing of belongings. [11]. Sensory sensitivity, particularly to loud or overwhelming sounds; she often covered her ears and became distressed.

Based on these observations, a structured three-month intervention plan was developed. The primary objective was to address targeted developmental goals while monitoring progress and emerging needs throughout therapy. At this stage, behavioral intervention and structured ABA-based strategies became central to the therapy approach.

Therapeutic Intervention Plan (ABA-Aligned)

1. Skill Development

Area	Goals	Activities
Skill Development	Increase attention and concentration. Improve eye contact and sustained engagement	<ul style="list-style-type: none"> Needle-Bead Task: Enhances fine-motor precision, patience, and counting skills. Bindi Removal Task: Strengthens focus, counting, and controlled motor movement. Fevicol Task: Used for improving patience, sitting tolerance, and conversational reciprocity. • Candle Tracking Task: Improves visual tracking, joint attention, and concentration. Coloring Tasks: Facilitate fine-motor skills and sustained sitting. Bubble Activity: Improves eye contact, joint engagement, and motivation.

2. Speech and Language Development (Expressive Skills)

Area	Goals	Activities
Speech & Language Development	<ul style="list-style-type: none"> Improve explanatory skills. Strengthen expressive communication. Enhance word combinations and sentence structure. 	<ul style="list-style-type: none"> Storytelling: Supports sequencing, vocabulary, and expressive clarity. Role-Play: Enhances expressive skills, social understanding, and imagination. Directive Tasks: Encourage following instructions and structured responses. Recall Activities: Improve memory, retention, and expressive output.

3. Social Development

Area	Goals	Activities
Social Development	<ul style="list-style-type: none"> • Improve greeting skills. • Increase comfort with unfamiliar individuals. • Enhance sharing, cooperation, and turn-taking. 	<ul style="list-style-type: none"> • One-to-One Interaction: Builds initial social comfort and communication. • Group Activities: Encourage peer bonding, sharing, and cooperative play. • Play-Way Method: Uses naturalistic play to strengthen social responses.

4. Behavioral and Emotional Development

Area	Goals	Activities
Behavioral & Emotional Development	<ul style="list-style-type: none"> • Improve behavioral regulation. • Enhance emotional stability and coping skills. • Reduce hypersensitivity to sound. 	<ul style="list-style-type: none"> • Role-Play Scenarios: Teach appropriate behavior and emotional responses. • Boundary Setting: Therapist provides clear “no” with rationale to build understanding. • Noise Familiarization: Gradual desensitization through controlled exposure.

Therapeutic Process and Progress

Relationship-building played a foundational role throughout therapy. I maintained consistent communication with her parents to understand her preferences, triggers, and motivational factors. This helped strengthen the therapeutic bond and supported smoother transitions during sessions.

After approximately 20 days, the following improvements were observed: [a] Slight improvement in eye contact. [b] Increased attempts to understand instructions. [c] Reduced tantrums and better consolability. [d] Increased willingness to attend sessions and engage with tasks. These early changes served as positive reinforcement for both the family and the therapeutic process.

Observations Related to Peer Interaction and Strengths

During sessions, it was observed that she struggled with peer relationships and maintaining conversations with age-mates. She also displayed mood-dependent participation in activities. Despite this, she showed strong abilities in academics, dance, and singing. She learned basic art skills quickly. Her primary challenge in these areas appeared to be low confidence rather than lack of capacity.

Progress After Three Months

Over three months, she demonstrated significant progress has found; [a] Improved expressive language and willingness to share feelings. [b] Increased eye contact and emotional stability. [c] Effective use of singing as a therapeutic motivator and regulation tool. [d] Reduction in behavioral disruptions and emotional vulnerability.

Supplementary Techniques for Confidence, Social Skills, and Independence

Several additional techniques were used for Confidence, Social Skills, and Independence of the clients: [a] **Park Visits:** Assigning small tasks to build confidence, independence, and problem-solving. [b] **Home-Plan Activities:** Including “make a non-fire sandwich” to enhance functional independence, family bonding, and leadership qualities. [c] **Introducing Her to Clinic Teachers:** Increased comfort with new adults and improved social adaptability. [d] **Group Activities:** Strengthened cooperation and sharing. [e] **Peer-Pairing:** Introducing her to another child of the same age (attending articulation therapy) improved her initiative, social communication, and motivation. [f] **Reinforcement System:** Used task-based conditions and reinforcement, including social reinforcement and

occasional materialistic rewards. These strategies contributed significantly to confidence-building, behavioral regulation, and social development.

Use of Basic Materials and Foundational Techniques

Throughout the intervention, simple and economical materials were used:[a] **Fevicol Tasks:** Improved patience, sitting behavior, and fine-motor skills.[b] **Candle Tracking:** Improved attention, concentration, and visual focus.[c] **Blowing Exercises:** Strengthened oral-motor skills and reduced nasal resonance.

Over the course of one year, these basic but consistent techniques resulted in:[a] Age-appropriate behavior.[b] Improved expressive language and emotional regulation. [c] Strengthened functional and social skills.

XYZ demonstrated steady progress across developmental, behavioral, and social domains, reflecting consistent therapeutic engagement and parental support.

After addressing her initial developmental and behavioral challenges, I gradually shifted the focus toward her nasal resonance and articulatory skills. During this phase, targeted intervention was provided to reduce nasal sound production and correct the identified misarticulatory patterns. With consistent practice and reinforcement, she demonstrated remarkable improvement in both areas. Over time, her speech became clearer, more accurate, and fully intelligible. As a result of these continuous therapeutic efforts, the child is now functioning within the normal developmental range. She has shown excellent progress not only in academics but also in co-curricular activities. She consistently secures positions in various school competitions and actively participates in creative and performance-based events. Presently, I remain in touch with her family, and she continues to do exceptionally well in her daily life. She displays age-appropriate behaviour, confidently manages her routine, and has no significant developmental or speech-related concerns.

Conclusion

This case study demonstrates that early, structured, and individualized intervention can significantly enhance the developmental trajectory of children diagnosed with mild Autism Spectrum Disorder. Through a systematic ABA-based therapeutic program, XYZ progressed from exhibiting multiple

developmental, behavioral, and speech-related challenges to achieving age-appropriate functioning across domains. The implementation of simple, economical activities—in combination with structured behavioral techniques, parental involvement, and supplementary confidence-building strategies—proved to be highly effective. Over time, XYZ developed improved expressive language, emotional regulation, social adaptability, motor coordination, and articulatory skills.

The child's long-term progress further reinforces that early intervention, consistent reinforcement, and a collaborative approach between therapist and family can lead to meaningful and sustainable developmental gains. XYZ's successful participation in academic and co-curricular activities underscores the potential for children with ASD to achieve holistic growth when provided with timely and targeted therapeutic support. This case emphasizes the need for individualized intervention models and highlights the transformative impact of early, well-planned therapeutic engagement.

Reference

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). APA Publishing.

Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J., ... & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: The Early Start Denver Model. *Pediatrics*, 125(1), e17–e23.

Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in autistic children. *Journal of Consulting and Clinical Psychology*, 55(1), 3–9.

Schreibman, L., & Stahmer, A. (2014). A randomized trial comparison of pivotal response treatment (PRT) and a structured ABA intervention for children with autism. *Journal of Autism and Developmental Disorders*, 44(3), 676–688.

Zwaigenbaum, L., Bauman, M. L., Choueiri, R., Kasari, C., Carter, A., McCune, A., ... & Wagner, S. (2015). Early intervention for children with autism spectrum disorder. *Pediatrics*, 136(Supplement 1), S60–S81.

Paul, R. (2007). Language disorders from infancy through adolescence: Assessment and intervention. Elsevier.

Rogers, S. J., & Dawson, G. (2010). Early Start Denver Model for young children with autism: Promoting language, learning, and engagement. Guilford Press.