

# Speech-Language Intervention in a 12 years Old Child with Autism Spectrum Disorder: A Clinical Case Report

K R Prsen Kumar (MASLP)

*Chief Audiologist and Speech Language Pathologist, Dhvani Speeh and Hearing Center, Bagalkote.*

*Received: 28<sup>th</sup> Feb, 2026; Revised: 6<sup>th</sup> March 2026; Accepted: 7<sup>th</sup> April, 2026; Available Online: 20<sup>th</sup> April, 2026*

## ABSTRACT

Background: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent challenges in social communication and interaction, along with restricted, repetitive patterns of behavior, interests, or activities. Speech-language intervention plays a crucial role in addressing the communication deficits associated with ASD. This clinical case report describes the speech-language intervention provided to a 12-year-old child diagnosed with ASD. The intervention focused on improving functional communication, social skills, and expressive language abilities. The case highlights the importance of individualized, family-centered approaches in the management of communication disorders in children with ASD. The outcomes underscore the potential for significant gains in communication skills with consistent and targeted speech-language therapy, even in school-aged children with ASD. This report contributes to the growing body of evidence supporting the effectiveness of speech-language intervention in improving quality of life and functional outcomes for individuals with ASD.

**Keywords:** Autism Spectrum Disorder, Speech-Language Intervention, Communication, Social Skills, Case Report.

**How to cite this article:** Kumar KRP. Speech-Language Intervention in a 12 years Old Child with Autism Spectrum Disorder: A Clinical Case Report. *Int J Drug Deliv Technol.* 2026;16(63s):1746-1750. DOI: 10.25258/ijddt.16.63s.181

**Source of support:** Nil.

**Conflict of interest:** None

## INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder which is marked by impairments in social communication and social interaction, as well as limited and repetitive behavioural patterns. Autistic children usually exhibit slow speech and language delays with subsequent impact being the inability to communicate effectively. Early detection and treatment plays a very important part in enhancing communication, social interaction and overall developmental outcome. Speech-language pathologists are very crucial in the evaluation and management of communication impairments in children with ASD.

XYZ is a 11-year-old boy (11 months old at the time of the assessment) who was referred to the therapist because of supportive help regarding communication skills in the child. Persisting developmental, behavioural and academic challenges formed the key issue of the parents. He had been diagnosed with SLD secondary to Autism Spectrum Disorder (ASD) at age three but no recent testing had been done since then, The main objectives of the assessment were to determine the nature and severity of his autistic characteristics, whether or not he had any comorbid conditions, especially attention-deficit/hyperactivity disorder (ADHD), assess his speech and language development, his cognitive and adaptive functioning, as well as to inform the design of an evidence-based, individualized intervention plan. The referral was taken to assist his special educational placement and help to have structured interventions addressing her communication

deficits, deficits in socialization, behavioural regulation and adaptive skills.

The baby was delivered at term, through normal vaginal birth, weighing 2.8 kg. No prenatal complications history, NICU hospitalization or significant medical disease. There were normal motor developmental milestones; yet, speech and language developmental milestones were very late. The child did not produce adequate meaningful words. Child had a history of episode of seizure at the age of 9mths and was admitted for the same for 2 days and the second episode as at one year of age, and every once in a year incidence was reported.

The child has been challenging behaviorally. According to his mother and his teacher, he had repetitive behaviors (rocking, humming), as well as strong interests in certain things, including certain spinning objects mobile scrolling. The focus on sameness was highly noticeable, such as demanding the same type of foods, i.e. eating the same food every day of the years, and being upset when they were taken out of their routine. Socialization was not up to par, he could not even start and maintain conversation and mostly read repetitive or inappropriate language and gave momentary eye contact. Her vocabulary was also still very limited, and echolalia was noted. Attention span of child was low and involvement was very much dependent on her interest in the activity. He often exhibited inappropriate on-seating, distractibility, and bursts of extreme emotional dysregulation especially when frustrated or faced with non-preferred task.

## Assessment

*\*Author for Correspondence: K R Prsen Kumar*

An assessment plan was thoroughly developed to see the functioning of the child in developmental, cognitive, behavioral and adaptive domains. The evaluation was to refresh his diagnostic formulation, clarify the level of Autism Spectrum Disorder (ASD), investigate possible comorbidities, including Attention-Deficit/Hyperactivity Disorder (ADHD), and inform the designing of an intervention plan. The choice of assessment instruments was based upon their standardized validity of the instruments, clinical significance, and relevance to the age and developmental history of the presenting child and their problems.

#### **Language and speech test.**

Indicated severely delayed receptive and delayed expressive language skills. The child was primarily using words and gestures with no functional verbal communication and at times, non verbal communication such as pointing and dragging the mother towards the source.

#### **Comprehension:**

Is able to comprehend simple uni direction instructions (ex come here ,sitdown ,stop etc...

Is able to interpret differences in characters of people pronouns (ex.). Give to her , give to me etc...)

See responds by pointing some parts of the body, fruits, clothing, animal etc. on a verbal request.

#### **Expression:**

Ability to state his needs in a very simple nonverbal manner.

Express 3 or more words with consistency

Tries to imitate some incredible new words at times.

Talks with toys and people most of the time during the day and longer verbal pattern are used.

#### **Autism Spectrum Disorders Assessment:**

The total raw score obtained in the Childhood Autism Rating Scale (CARS), is 32 which is a mild to moderate range of autism. It means that Child exhibits prominent behavioral traits that are typical symptoms of ASD, such as impaired social interactions, impaired imitation abilities, a narrow range of emotions, and abnormal reaction to the external influences. Particular behavioral areas including adaptation to change, verbal/non verbal communication, and social reciprocity were particularly weak, but visual response was found to be mostly age developmentally appropriate. Although the CARS score was suggesting mild-to-moderate presentation, clinical judgment and functional assessment suggested a classification of ASD with a significant amount of support (Level 2) based on the extensive disruptive nature of the effects on his adaptive, social and communicative capabilities.

#### **Behavioral Observations**

Adaptive behavior was also inhibited. Child also showed a lot of sameness and adverse to change. Any intervention in the normal course of things, like a change in the task structure, or unaccessible favorite materials, commonly brought about increased distress, which manifested as vocal outcry, tantrums, or bodily restlessness. An example is where the impossibility to use a mobile led to the rejection of doing any tasks and activity switches regularly caused anxiety and oppositional behaviour. Sensory sensitivities were noted, and the child was found to have very great preferences towards certain sensations and aversion to new sensory information, in line with parental and teacher reports of limited dietary variety and this sensitivity to environmental changes.

This was accompanied by a lack of joint attention, pointing or showing behaviors, the lack of eye contact, and reduced attention span during clinical evaluation. The child was not able to participate in organized activities.

consistently measured instruments were used:

Receptive-Expressive Emergent Language Scale (REELS):

Receptive Language Age: 18 months -20 months.

Expressive Language Age: 10 -11months intermittent until 11mths -12 months.

Childhood Autism Rating Scale (CARS): Score 32, which is mild to moderate autism.

Besides clinical assessment, educational and rehabilitation progress reports were also reviewed. According to a report by Sannidhi Centre of Intervention and Counselling (2022 to 2025), fine motor skills, gross motor coordination, self-care abilities, academic engagement and other activities in structured activities improved.

#### **Diagnosis:**

Speech and language disorder with Autism Spectrum Disorder

#### **Intervention**

A speech-language intervention program was introduced as a structured program with six sessions of 45 minutes each; the duration of the program was 10 months.

The child requires a multidisciplinary intervention plan to be used that takes into consideration the multifactorial problems he experiences because of ASD, and his behavioral difficulties. This strategy is intended to be deep, effective, and dynamic, including teachers, counselors, health care systems, and relatives. The interventions are intervention-focused on five main areas, namely, education, intervention on behaviour, social communication, development of speech and language, and family engagement.

#### **Speech and Language Therapy:**

Language interventions will be aimed at the development of vocabulary, more complex sentence constructions, and pragmatic language skills. Such evidence-based strategies

as the Picture Exchange Communication System (PECS), Functional Communication Training (FCT), and social stories will be used to develop communication competence. There will also be speech therapy in terms of articulation and understanding weaknesses in which visual and tactile prompts will be used as necessities.

**Family Support:**

The child's intervention plan is highly dependent on the involvement of the parent with guidelines on how to deal with behavioural challenges and also strategies on reinforcing the communication skills as well as facilitating the generalisation of skills when in a different setting. Another area of parent training will involve instilling resilience, lessening anxiety and enhancing uniformity to behavior management practices. In order to maintain consistent intervention implementation, networks of home-school communications will be created.

**Therapy Approaches Included:**

Picture Exchange Communication System (PECS - Phase I and -II).

Play-based therapy

The principles of Applied Behavior Analysis (ABA).

Joint attention training

Parent-mediated intervention

Therapy Goals

**Short-Term Goals:**

Improve eye contact

Numerous responses to name.

Develop joint attention

PECS - Initiate communication.

**Long-Term Goals:**

Develop functional communication

Improve receptive and expressive language

Enhance social interaction

Reassessment after 11 months after proper intervention:

Extended REELS: RLA-3.5 to 4 years ELA-3yrs -3.5yrs

CARS-21

**RESULTS**

**After 11 months of intervention, there was a significant improvement:**

Expresses his need in simple words and some phrases meaningful. Increased eye contact, attention time Consistent name call response Improved joint attention, interaction Improved sitting and interaction with most of the therapies, functions and also in classes Concrete story telling and also Inform the knowhow when visited vacations or other market places. Can able to do his own activities individually, can tell the uses of all the objects. child can color the pictures correctly, can say mantras at home with some assistance

Additional indicators showing functional enhancement were acquired in the form of an external multidisciplinary progress report made by XYZ Center of Intervention and Counseling. The gains made in the area of fine motor coordination, coloring and material handling, better body balance and posture, increased autonomy in self-care activities as well as increased involvement in structured tasks were reported. Such observations correlated with the reports of parents and clinical observations made in the course of speech-language intervention.

**Table 1: Pre- and Post-Intervention Outcomes in a Child with Autism Spectrum Disorder**

Parameter	Pre-Intervention Assessment (19 June 2025)	Post-Intervention Reassessment (After 11 Months of Therapy)
Chronological Age	11 years 11 months	12 years 10 months
Diagnosis	Speech and Language Disorder associated with Autism Spectrum Disorder (ASD)	ASD with significant improvement in communication and adaptive functioning
Receptive Language Age (REELS)	18–20 months	3.5–4.0 years
Expressive Language Age (REELS)	10–12 months	3.0–3.5 years
Childhood Autism Rating Scale (CARS)	32 (Mild–Moderate Autism)	21 (No Autistic Features)

**Ethics and Assent**

The ethical standards of clinical practice during child neurodevelopmental assessment and intervention were followed in all the procedures performed in the process of child assessment and intervention. Child parents were informed in written forms to provide a written informed

consent before any forms of assessment such as behavioural observations and provision of therapeutic interventions were initiated. The aim, scope, possible positive outcomes, and constraints of the evaluation were well defined, and parents had a chance to ask questions and revoke consent at any point without any repercussions.

There was a high degree of confidentiality observation. The written reports and documentation had all identifying information anonymised and data stored safely under the policies of clinical governance. No assessment results were shared with third parties (school staff or healthcare providers) without the express approval of parents. Parental permission was taken to prepare the case report with educational and clinical purposes, and all the information was de-identified to ensure privacy of Childs.

### **DISCUSSION**

The current case illustrates the success of planned speech-language intervention to enhancing communication skills in children with ASD. PECS use helped foster functional communication and minimize frustration related to communication failures. ABA and play-based learning strategies at 12years increased engagement and learning. Parental reinforcement was very helpful in generalization of learnt skills within the home environment. Regularity in therapy and reinforcement helped to achieve positive changes.

### **STRENGTHS AND WEAKNESSES**

#### **Strengths**

There are multiple areas in cognitive, behavioral, and learning strengths that the child showcases. He has good visual processing abilities and well responds to visual aids like pictures, schedules, and written instructions. His memory is well-developed because the ability to remember information, sequences, and routines is accurate. He can maintain an interest period of up to 45min -60minutes on tasks of interest in structured settings. He obeys straight forward instructions. The child holds some emergent expressive language skills such as utilizing short phrases to express desires and basic needs. Also, he demonstrates clinging to primary caregivers and positive reaction to familiar people which suggests the possibility of engaging with society with necessary help.

#### **Weaknesses**

The child is characterized by severe communicative, social and behavioural difficulties. Major issues with pragmatic language such as the child having trouble with starting and continuing conversations are also evident. There are also signs of Sensory processing issues, instances of hypersensitivity to loud sounds and crowded places These problems in sensory processing adversely affect the child participating in classroom and social activities. The non-preferred tasks are not paid much attention to and frequent prompts are needed to keep up engagement. The control of emotions is one of the aspects which need attention because the child experiences inability to express anger in an adequate way and may use sudden outbursts when his needs are not fulfilled or when the routine is broken.

#### **Limitation of age**

The 12-year intervention is still good. Focus involves: functional communication, social skills, behavior

regulation, academic and adaptive skills, and independence.

#### **Therapy Approaches**

Speech and language therapy (SALT).

#### **Focus areas:**

Pragmatic language (turn-taking, topic maintenance)

Conversation skills

Knowing non-literal language (idioms, sarcasm)

#### **Techniques:**

Role-play conversations

Social stories

Picture Exchange Communication System (PECS).

Behavioral Intervention (ABA Principles)

Reinforcement-based learning

Complex skills Task analysis.

Lessening problem behaviors( tantrums, aggression )

#### **Strategies:**

Positive reinforcement

Token economy systems

Functional behavior assessment (FBA)

Social Skills Training

#### **Focus:**

Peer interaction

Emotional understanding

Group work Sensory integration Fine motor skills. Activities of daily living (ADLs).

#### **Methods:**

Group therapy sessions

Structured play activities

Peer-mediated interventions. Dressing, grooming training ,Writingskills Sensory diet activities

#### **Parent Cooperation**

Parent training, Implementation of home programs, therapist collaboration, emotional support, school coordination.

#### **Expected Outcomes**

Increased communication, enhanced social skills, independence, decreased behavior problems, increased quality of life.

### **CONCLUSION**

Diagnosis and treatment are essential in Autism Spectrum Disorder. At the age of 12 years, the process of communication and social interaction can be significantly enhanced with the help of structured, individualized, and family-centered therapy approaches, which depend on the child-depending ability.

### **REFERENCES**

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- American Speech-Language-Hearing Association. (2020). *Autism spectrum disorder (Practice Portal)*.
- Bondy, A. S., & Frost, L. A. (2001). *The picture exchange communication system training manual* (2nd ed.). Pyramid Educational Consultants.
- Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., Kasari, C., Ingersoll, B., Kaiser, A. P., Bruinsma, Y., McNerney, E., Wetherby, A., & Halladay, A. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 45(8), 2411–2428.
- Khawar, M. (2025). Autism spectrum disorder in an 11-year-old female: A case report highlighting clinical features and intervention challenges. *Journal of Health, Wellness and Community Research*, e818–e818.