



***Preparing A Case Study Of Assessing Any Of The Personality Traits
Of Any Identified Elementary/ Middle School Student
From A Vicinity School***

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DEMOGRAPHIC PROFILE OF CASE -1

Name	:	MS “G”
Age	:	13
Sex	:	Male
Place of birth	:	Jammu
Education	:	1st
Religion	:	Hindu
Socio economic status	:	Middle class
Domicile	:	Rural
Informants	:	Parents
Chief complaints	:	
Poor retention		
Low concentration		
Distraction		
Aggressive		
Does not want to study		
Disturbed sleep		
Restless		

PRECIPITATING FACTOR:

Mother was suffering extreme stress during this pregnancy. Relationship with the in laws and money problem was the root cause of extreme stress during pregnancy.

HISTORY OF PRESENT ILLNESS: -

The child's milestones developed late, his speech developed at the age of “4”. He started walking at the age of 'one year'(normal development in walking).He was quiet normal but Development was delay. The first doctor to whom parents consulted labeled him a patient of ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER) IN JAMMU; according to DSM IV.

The dr “A” (NEUROPSYCHIATRIST) was consulted. He recommended the medicines

tab Adderall 0.5 mg ½
syp. Methylin

Then dr j was consulted . He recommended

1 cognitive behavior therapy

Website : <http://reviewofprogress.org/>

2 sports (30 minutes running in morning & evening time)

At present the child is improving slowly and steady. However the patient is quiet normal but because of ADHD, he is categorized as middle ordered.

HISTORY OF PAST ILLNESS:- no case of mental and physical illness in the family.

Personal history:-

Birth : full term (9 month) normal delivery.

Development: - normal development in milestones (walking at 1 year) and delayed development in milestones (speech at 4 yrs).

Family history: joint family – grandfather, grand mother, father, mother and 1 sister. No case of mental retardation in the family. The patient relates best to his mother.

Educational history: - later admitted to Sahara; then his school was changed, he was admitted to other school which is also basically for the mental retarded children contain good education facilities eg computer, drawing. The child is able to write and read.

Marital status: - unmarried.

Sexual history: - normal development of primary and secondary sexual characteristics.

Religious:- normally indulge in prayers like taking name of god like to dance on the bhajans . He also learn fall “hanuman chalisa”.

MENTAL STATUS EXAMINATION

GENERAL APPEARANCE:- he sat comfortably, he is also able to make full eye contact, he is always properly dressed. Gender- tall, dark complexion, healthy.

ATTITUDE:- he is open frank and also a help and attention seeking.

PSYCHOMOTOR ACTIVITIES:- Normal , ability to write and draw.

SPEECH:- Fast speech, while talking he don't make eye contact because he is busy to attend the other stimulus.

Pitch:- high

Volume:- Normal

Tone:- Normal

MOOD:- No Predominant effective state

THINKING:- Flow Normal

Contact : Normal

PERCEPTION:- No abnormality in perception.

ATTENTION AND CONCENTRATION:- present

MEMORY:- inadequate information

INTELLIGENCE:-

Arithmetic ability:- he is average in arithmetic ability. He knows that table till five and able to solve single digit addition seems.

JUDGEMENT:- Inadequate information

INSIGHT:- the patient has insight of level – I , complete denial of illness.

DIAGNOSIS:-Test Administrated VIMELAND SOCIAL MATURITY SCALE (VSMS) was used to assess the level of retardation and to measure the development in Eight areas.

Self Help General (SHG)

Self Help Eating (SHE)

Self Help Dressing (SHD)

Self Direction (SD)

Socialization (SOC)

Locomotion (LOC)

Occupation (OCC)

Communication (COM)

TEST FINDING:- The SQ came out to be 62 which shows that the patient is “ mild mental retardation”

PROFILE ANALYSIS



GRAPH SHOWING SOCIAL AND ADAPTIVE FUNCTIONING OF THE PARTICIPANT

TREATMENT:- Specific treatment (BT) behavioral therapy was given to patient was recommended. Currently the patient takes medicine and counselling also.