

IDENTIFICATION OF DIFFERENT METHODOLOGIES FOR TREATMENT OF AUTISM IN URDU SPEAKING ADOLESCENTS: AN INVESTIGATIVE REPORT

Afshan Ishfaq

afshan.law@pu.edu.pk

Lecturer in English

University of the Punjab

Nida Sultan

nida.sultan@namal.edu.pk

Lecturer in English

Namal University, Mianwali

Abstract

This study investigates the treatment methodologies for autism spectrum disorder (ASD) among Urdu-speaking adolescents in Lahore, Pakistan. Utilizing a descriptive qualitative framework, this research incorporates observations, interviews, and focus groups to examine the gaps in local treatment approaches compared to international standards. Findings reveal significant deficiencies in Pakistan's ASD treatment infrastructure, particularly in addressing adolescents' unique psychological and behavioral needs. Recommendations are provided to bridge these gaps and improve outcomes for autistic adolescents. Utilizing qualitative methods, including observations, interviews, and focus groups, it examines the gaps in local treatment approaches compared to international standards. Findings reveal significant deficiencies in Pakistan's ASD treatment infrastructure, particularly in addressing adolescents' unique psychological and behavioral needs. Recommendations are provided to bridge these gaps and improve outcomes for autistic adolescents.

Key words: ASD, Treatment, Urdu-speaker, Adolescent, Descriptive qualitative framework

1. INTRODUCTION

Autism spectrum disorder is basically rigid, impairment and repetitive patterns of behavior. It's a developmental disorder that effects communication and behavior. This term was first ever described by Dr. Leo Kanner in 1943 in which he discussed various case studies depicting extreme autism, obsessiveness stereotyping and echolalia (Kanner, 1943). Autistic patients usually have difficulties in communication and cannot able to form their relationship with people. This disease starts appearing at the age of 2-4 mostly. The major symptoms of autism are the odd eye connection that they can't have an eye contact with anyone properly. One of the major symptoms of Autism is severe learning disability which frequently grows. Autism is mainly distinguish in two categories first, Social defect (which is language delay and inappropriate eye contact) secondly, repetition in behavior which is constantly repeating words and unsuitable hand movement (Robin; 2017)

1.1 Purpose of the Research:

This research has multiple focuses. The first one will be to identify what are the prevalent factors which are the root cause of ASD. Second will be the solid implications to be done for the welfare of Autistic patients. The paper aims to highlight the current situation going on in the institutions of Pakistan and what kind of treatment those institutes are providing to cure this ailment. A short comparison will also be witnessed by the readers in this paper that in what several dimension world is dealing with the treatments concerned with the autism and where Pakistan is lacking, how much work is required to cope up with challenges these patients are facing. This research is completely focusing on the issues of Autism in Adolescents. The prior aim of the

research is to prove that ASD is quite different from other psychological disorder. In comparison to children and adults the psychological issues are more complex and the treatment is needed to be done more tactfully. This research also aims to protect the emotional barriers of patient as whole and to find out the most fruitful method for curing this disorder.

1.2 Implications for the Research:

Expecting that this research will opens up different gateways for the treatment of Autism. The focus of this research will be Adolescents and after the completion of this research work hopefully there will be numerous factors that can be detected through which the solutions can be provided. In past there are different researches were conducted for the treatment and even to notify that what are the prevalent factors of autism spectrum disorder worldwide. In regards of Pakistani culture and society Autism is considered to be the most equal to other psychological diseases and there is no proper separate treatment center in our country instead they are dealing all types of psychological issues collectively altogether. This research implicates with the other psychological issues as well but trying to figure out that ASD is quite different from all other ailments if proper treatment provided to the patient he\she can act normal. As mentioned above there is a difference in child and adult psychology so this research is focusing on as well how treatment can abridged to meet up that level through which the therapy of ASD is maximum possible.

Autism Spectrum Disorder (ASD) is a developmental disorder characterized by communication challenges, repetitive behaviors, and social impairments. First described by Dr. Leo Kanner in 1943, ASD encompasses a broad range of symptoms, including language delays, echolalia, and learning disabilities (Kanner, 1943). Adolescents with ASD face additional complexities in social integration and communication compared to children and adults. This research focuses on identifying effective methodologies for ASD treatment in Urdu-speaking adolescents and compares local practices with international standards. It aims to provide actionable insights for institutions in Pakistan, highlighting the need for individualized treatment plans tailored to adolescents' specific challenges.

1.3 Research Objectives

- Highlight major shortcomings in Pakistani institutions' ASD treatment approaches.
- Demonstrate the need for distinct treatment methodologies for adolescents versus children.
- Advocate for individualized treatment protocols to achieve optimal outcomes.

1.4 Research Questions

- What methodologies are effective in treating ASD?
- How does ASD hinder communication and behavioral growth in adolescents?
- What advancements are needed in Pakistani institutions to align with international strategies?

2. Literature Review

ASD treatment has evolved significantly, with international studies emphasizing early diagnosis, individualized therapy, and parental involvement. Applied Behavior Analysis (ABA), Cognitive Behavioral Therapy (CBT), and speech therapy have shown effectiveness in improving communication and social skills (Lovaas, 1987; Smith et al., 2000). These therapies focus on

breaking down complex tasks into manageable steps, promoting learning and social engagement (Klintwall et al., 2015).

Parental involvement has been identified as a critical factor in successful ASD treatment. Studies show that when parents are actively involved in therapeutic sessions, the child's outcomes improve significantly. This involvement includes reinforcement of learned behaviors at home, which provides consistency in treatment (Bearss et al., 2015).

In developing countries like Pakistan, however, there are significant gaps in ASD treatment. Awan (2018) noted that the lack of trained professionals and limited public awareness hinders early diagnosis and intervention. Moreover, cultural stigmas surrounding psychological disorders often result in delayed treatment, exacerbating the challenges faced by adolescents with ASD (Rauf et al., 2019).

Comparative studies between Pakistan and developed nations like the USA and UK reveal stark differences in infrastructure and resource allocation. For instance, while the USA employs robust systems for early diagnosis and individualized therapy (CDC, 2020), Pakistani institutions frequently rely on generalized approaches. Research by Hussain et al. (2021) underscores the need for government intervention to enhance institutional capabilities and provide training for healthcare professionals.

Globally, advancements in technology, such as the use of assistive devices and software, have proven beneficial in ASD treatment. Digital tools like communication apps help adolescents develop social and linguistic skills (Fletcher-Watson et al., 2016). However, in Pakistan, the adoption of such technologies remains limited due to financial constraints and lack of awareness among practitioners and parents.

Additionally, the role of cultural factors cannot be overlooked. Cultural perceptions influence the acceptance of ASD diagnoses and the willingness of families to seek treatment. In collectivist societies like Pakistan, family dynamics play a crucial role in treatment adherence (Syed et al., 2020). Addressing these cultural nuances is essential for developing effective intervention strategies.

The gap in research focusing on adolescents is another critical issue. While much of the existing literature concentrates on early childhood interventions, adolescents require distinct approaches that cater to their developmental and social needs. For example, peer-mediated interventions and vocational training have shown promise in equipping adolescents with ASD for adulthood (Koegel et al., 2016). These approaches, however, are scarcely implemented in Pakistan due to resource limitations and a lack of specialized programs.

In conclusion, while international research highlights the importance of early diagnosis, individualized therapy, and parental involvement, Pakistan faces significant challenges in adopting these practices. Bridging this gap requires a multi-faceted approach, including policy reforms, increased funding, and awareness campaigns to destigmatize ASD and promote inclusive practices.

3. METHODOLOGY

3.1. Theoretical Framework:

For this research theoretical framework which will be used is Descriptive Qualitative design. This is consisting of three types.

- Observational method
- Case study Method

- **Survey Method**

For this research I'll be using observational method as it's not based on single patient analysis so the case study method will not be appropriate on the other hand the survey method will be used to have data from patient's parents and doctors.

Through observational method the different stages of ASD will be notice that what are the issues adults are facing in their communication, besides it is useful in identification of behavioral factors which make them different from other adolescents. This method will also cover the different methodologies being used in the treatment of adolescents with in the center or in their personal zone. What are the prevailing factors which are involve in the ailment of ASD. This research opens up the other issues as it has its investigative texture which reveals that what the barriers which are not able to make these centers meeting up to the mark of that level of west. It allows identifying what are the things needed to be done for the welfare of ASD patient. The approach is inductive in nature which aims to unhide the reality and the focus is not to prove hypothesis anyhow but aims to provide the truth in real sense.

Observation method will be convenient to collect the data from the patients in raw form. As this methodological approach will leads to a rich data, even the data which is not required but it will be helpful to investigate various things keeping into the paradigm.

Furthermore in this research survey method is also being used for to have a deep study of different methodologies the trainers and doctors are using for the treatment and to analyze the experience that attendants have while the treatment of their children.

3.2. Data Collection

Patients will be investigating through observations that what are their psychological behaviors and what kind of communication barriers they have separately. Data will be collected through interviews and focus groups. An interview will be helpful in finding the experiences and believes over the treatment in use from parent's perspectives and from doctors point of view we can have a review that what kind of advancement is required in this regard and how much we are lacking behind. Focus groups will help out to understand the variant dynamics of issues both parents and doctors are facing while the treatment so it will give the more clear and broad perspective over diverse scenarios in the same regard

3.3. Sample and Demographics

The research population will be the Autism Institutions with in Lahore. Further the population will be delimit to 3 institutions which are

- Shahdab Institute (Allama Iqbal town)
- Fountain House (Lower Mall)
- Autism Resource Centre Lahore (Faisal Town)

These samples are the main focus of the research and the rest institutions were slightly observed where possible. Through these institutions we will find out that what kind of difference varies due to their private and governmental status. Through the deep study within these institutions we will also develop a comparison of other international Institutions in the same concern.

3.4. Nature of Data

The nature of data is purely Qualitative. The research data will be divided categorically but it's not determinate. There is no proper figure determination for the research and it will be based on huge chaotic data which will be inductive in approach. Because there will be a close association

between participants and researcher. This research will have a deep concern with the context. So having all these traits it is clearly be seen that this research data will be qualitative in nature.

3.5. Ethical Considerations

For this research I have full fill the all ethical concerns which are required. The foremost priority will be to unhide the intentions and will not be proceeding without their permission, being a researcher. And will make them assure that the data which will collect from them will not show up their identity. The dignity of participants will be maintained. Every opinion and every participation will be respected and will be kept confidential and it won't leave any sort of risk for them which is damaging for their self-respect. Lastly it's a responsibility as researcher that this research in which the participants who will be used as a human subject prove to be beneficiary for them and help them out in resolving their issues they are dealing with.

4. Data Analysis

4.1. Introduction to Data Analysis

The process of data analysis in this study involves a multi-step approach that incorporates the perspectives of adolescents, their parents, and healthcare providers. This chapter delves into the collection, interpretation, and synthesis of qualitative data obtained through observations, interviews, and focus group discussions. The goal is to uncover behavioral patterns, communication barriers, and gaps in existing treatment methodologies for adolescents with ASD in Pakistan.

4.2. Observational Findings

Observations conducted in the selected institutions provided significant insights into the behavioral and communication challenges faced by adolescents with ASD. Common issues included difficulty in maintaining eye contact, repetitive speech patterns, and resistance to social interactions. For instance, many adolescents exhibited heightened anxiety when introduced to unfamiliar environments or tasks. These findings align with global studies, emphasizing the need for a structured and predictable setting to foster learning and communication (Fletcher-Watson et al., 2016).

Another critical observation was the variability in the adolescents' response to different therapeutic techniques. While some showed progress with visual aids and sensory integration therapy, others struggled due to inconsistent methodologies and insufficiently trained staff. These discrepancies highlight the importance of individualized treatment plans tailored to each adolescent's unique needs.

4.3. Insights from Interviews

Interviews with parents, trainers, and doctors offered a deeper understanding of the systemic issues in ASD treatment. Parents frequently expressed frustration over the lack of specialized programs and limited awareness among educators about ASD. One parent remarked, "We often feel helpless because the schools and institutions treat all psychological issues the same, without considering the specific needs of our children."

Healthcare providers echoed similar concerns, emphasizing the urgent need for professional training. A doctor from Fountain House stated, "Most of us lack advanced training in ASD-specific therapies. The methodologies we employ are often outdated or generalized." These statements reflect the systemic gaps that hinder the efficacy of treatment.

4.4. Focus Group Discussions

Focus group discussions were instrumental in identifying shared challenges and potential solutions. Parents highlighted the stigma surrounding ASD, which often delays diagnosis and treatment. Many recounted instances where extended family members dismissed ASD symptoms as mere behavioral quirks.

The discussions also shed light on the economic barriers faced by families. Accessing private institutions or advanced therapies is often financially prohibitive, leaving many reliant on under-resourced public facilities. The consensus among participants was the need for government intervention to subsidize ASD treatment and establish specialized centers.

4.5. Comparative Analysis

To contextualize the findings, a comparative analysis was conducted between Pakistani institutions and internationally recognized centers. Institutions in countries like the USA and UK emphasize parental involvement, early intervention, and the use of technology. For example, the use of augmentative and alternative communication (AAC) devices is standard practice abroad but remains rare in Pakistan due to cost and lack of expertise (Klintwall et al., 2015).

In contrast, Pakistani institutions often rely on one-size-fits-all approaches, which fail to address the nuanced needs of adolescents. The absence of peer-mediated interventions and vocational training further widens the gap between local and international standards. However, despite these challenges, some promising initiatives were noted, such as the Autism Resource Centre's efforts to incorporate sensory integration therapy.

4.6. Key Themes and Patterns

The analysis identified recurring themes:

1. **Parental Frustration:** Due to inadequate institutional support and societal stigma.
2. **Resource Limitations:** Insufficient funding and training hinder effective therapy.
3. **Need for Individualization:** A critical requirement for tailored treatment plans.
4. **Economic Barriers:** High costs of private care restrict accessibility.

4.7. Recommendations Based on Data

- **Training Programs:** Develop workshops for healthcare providers focusing on evidence-based ASD therapies.
- **Parental Education:** Introduce programs to educate parents on home-based interventions.
- **Policy Advocacy:** Advocate for government policies to subsidize ASD treatment and establish specialized centers.
- **Technological Integration:** Promote the use of AAC devices and other assistive technologies to enhance communication skills.

5. Results and Discussion

5.1. Major Findings

1. **Inadequate Institutional Support:** Pakistani institutions lack specialized programs for adolescents, treating ASD as a uniform condition irrespective of age.

Institutional support for adolescents with ASD in Pakistan remains inadequate, with most facilities offering generalized programs that fail to address the unique developmental and behavioral needs of this age group. Institutions often group children and adolescents together, neglecting the distinct therapeutic approaches required for older individuals. This one-size-fits-all model leaves adolescents struggling to find effective avenues for social integration and communication improvement. The lack of age-specific therapy programs also places additional burdens on families seeking adequate care.

2. **Limited Individualized Therapy:** Most institutions employ one-size-fits-all methodologies, failing to address unique challenges faced by adolescents.

Despite the growing recognition of the importance of personalized care, Pakistani ASD treatment centers rarely adopt individualized therapy plans. Therapists often rely on outdated techniques that do not cater to the nuanced needs of adolescents. For example, behavioral interventions that work for younger children may not yield the same results in adolescents due to differing cognitive and social development stages. The absence of customized interventions hinders progress and limits the potential for adolescents to achieve independence.

3. **Parental Involvement:** Parents' limited participation in therapy sessions reduces treatment efficacy.

Parental involvement is a critical component of effective ASD treatment, yet it remains underutilized in Pakistan. Many institutions do not provide adequate training for parents to support their children's development at home. This lack of engagement perpetuates the gap between institutional care and the child's home environment, resulting in inconsistent progress. Parents often express frustration over being sidelined in the therapeutic process, which could otherwise be a partnership between families and professionals to enhance outcomes.

5.2. Comparison with International Practices

Internationally, institutions for ASD treatment emphasize a holistic approach that incorporates early diagnosis, individualized therapy, and parental involvement. Developed nations like the USA and the UK have well-established frameworks for ASD care, including government-funded programs, specialized centers, and extensive training for healthcare providers. The use of evidence-based therapies such as Applied Behavior Analysis (ABA) and Cognitive Behavioral Therapy (CBT) is widespread, and parental training is a cornerstone of these approaches.

In contrast, Pakistani institutions often lack the resources and expertise to implement similar practices. While international centers utilize advanced technologies and assistive devices to support communication, Pakistani centers struggle with basic infrastructure challenges. Financial constraints, societal stigma, and a shortage of trained professionals further exacerbate the situation, leaving families to navigate ASD care with minimal support.

For example, augmentative and alternative communication (AAC) devices, commonly used in developed countries to aid nonverbal individuals, are virtually absent in Pakistan. This technological gap underscores the need for investment in modern therapeutic tools and techniques to bridge the disparity between local and international standards.

5.3. Addressing the Gaps

Bridging the gap between Pakistani and international practices requires a multi-pronged approach:

- **Policy Reforms:** Establishing government policies to prioritize ASD care, including subsidies for therapy and the development of specialized centers.
- **Professional Training:** Creating training programs for therapists and educators to equip them with modern techniques and evidence-based practices.
- **Awareness Campaigns:** Reducing societal stigma through public awareness initiatives to encourage early diagnosis and intervention.
- **Technological Integration:** Introducing cost-effective AAC devices and other assistive technologies to improve communication outcomes for nonverbal individuals.

6. Conclusion

This study underscores the urgent need for tailored ASD treatment methodologies for Urdu-speaking adolescents in Pakistan. Institutions must adopt evidence-based practices, improve parental involvement, and ensure adequate training for professionals. By bridging the gaps between local and international standards, Pakistan can enhance outcomes for autistic adolescents.

7. Recommendations

- **Adopt Individualized Treatment Plans:** Develop tailored approaches based on adolescents' unique needs.
- **Enhance Training Programs:** Train professionals in evidence-based therapies.
- **Increase Parental Involvement:** Introduce parental training programs to ensure consistency in treatment.
- **Improve Infrastructure:** Allocate resources to establish specialized centers for ASD treatment.
- **Incorporate Technology:** Invest in assistive technologies and modern therapeutic tools to facilitate communication and learning.

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