Dr Sarah Harris

Paediatrician

Research Fellow

Senior Lecturer

Canterbury DHB, University of Otago

Dr Martin De Bock

Paediatric Endocrinologist

University of Otago and Canterbury District Health Board

Christchurch

Dr Bronwyn Dixon

Neonatal Paediatrician

Canterbury District Health Board

Christchurch

Dr Caroline Mahon

Paediatric Dermatologist

Dermatology Department

Christchurch Hospital

Dr Janet Geddes

Paediatrician

Canterbury District Health Board

Friday, August 09, 2019

(Room 5)

16:30 - 18:30 WS #54: Paediatric Forum (120mins, not repeated)

Child Development concerns: assessment and management

Dr Janet Geddes, Department of Paediatrics, CDHB

9 August 2019

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

- Approach to assessment
- Common issues
  - Development in preschoolers
  - Autism spectrum disorder
  - Learning problems
- What’s available to support families

Child development concerns: general approach

Child development concerns

- Are common
  - 7-16% of children through childhood – learning/behaviour/development
  - ASD prevalence and diagnosis rate on the rise
- Are often first raised by parents
  - However collateral information is important

History

- Parental concerns – for how long
- Developmental history - milestones
- Functional skills
- Hx illness, other disabilities, epilepsy
- Family history of neuro-developmental issues
- Cultural context
- Family context: trauma, substance use, mental health issues, care and protection

Examination/observations

- Growth (incl head circumference)
- Dysmorphic features
- Physical signs
- Vision/hearing

- Play, Interactions, communication (verbal and nonverbal)

GET MORE INFORMATION – school/preschool/see again

Initial management

- General measures
  - General health and developmental surveillance
  - Treat/manage contributing medical problems – eg glue ear
  - Child abuse/neglect
- Support parents
  - Parenting courses – eg Incredible Years, Triple P
  - NGO services
  - Other local services – eg through PHO
- Request (follow local pathways)
  - Early intervention services
  - Further allied health assessment/intervention
  - Vision/hearing
  - Paediatric assessment

Development in the preschool years

What is normal

- Milestone list CDC

https://www.cdc.gov/ncbddd/actearly/milestones/index.html

- Kidshealth.org.nz for parents

Your Child at 18 Months (1½ Yrs)★

Child's Name _____ Child's Age _____ Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums
- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by

Language/Communication

- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- ☐ Knows what ordinary things are for; for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on his own
- ☐ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking
- ☐ Can help undress herself
- ☐ Drinks from a cup
- ☐ Eats with a spoon

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- ☐ Is missing milestones
- ☐ Doesn't point to show things to others
- ☐ Can't walk
- ☐ Doesn't know what familiar things are for
- ☐ Doesn't copy others
- ☐ Doesn't gain new words
- ☐ Doesn't have at least 6 words
- ☐ Doesn't notice or mind when a caregiver leaves or returns
- ☐ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more information, go to **cdc.gov/Concerned**.

DON'T WAIT.
Acting early can make a real difference!

★ **It's time for developmental screening!**
At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)

Download CDC's Milestone Tracker App

Learn the Signs. Act Early.

Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18-month-old child today.

What You Can Do for Your 18-Month-Old:

- ☐ Provide a safe, loving environment. It's important to be consistent and predictable.
- ☐ Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- ☐ Describe her emotions. For example, say, "You are happy when we read this book."
- ☐ Encourage pretend play.
- ☐ Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- ☐ Read books and talk about the pictures using simple words.
- ☐ Copy your child's words.
- ☐ Use words that describe feelings and emotions.
- ☐ Use simple, clear phrases.
- ☐ Ask simple questions.
- ☐ Hide things under blankets and pillows and encourage him to find them.
- ☐ Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving.
- ☐ Name pictures in books and body parts.
- ☐ Provide toys that encourage pretend play; for example, dolls, play telephones.
- ☐ Provide safe areas for your child to walk and move around in.
- ☐ Provide toys that she can push or pull safely.
- ☐ Provide balls for her to kick, roll, and throw.
- ☐ Encourage him to drink from his cup and use a spoon, no matter how messy.
- ☐ Blow bubbles and let your child pop them.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

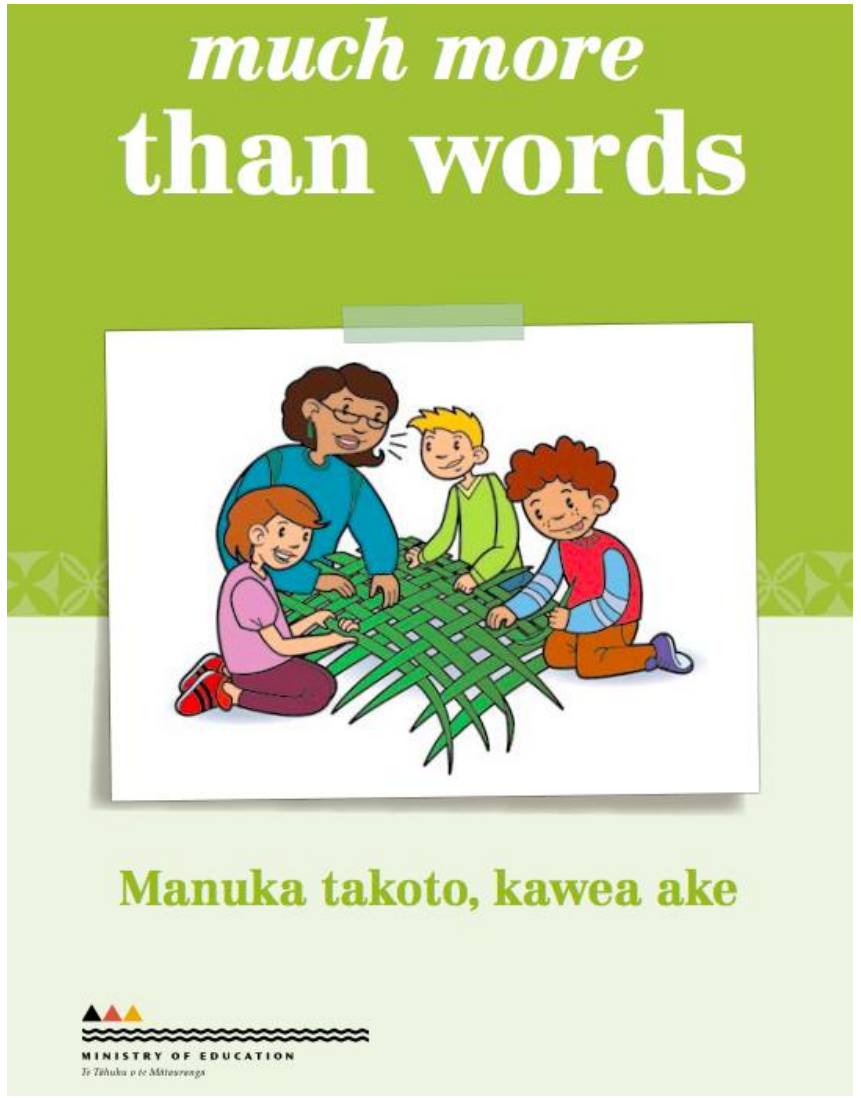
www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.

Speech delay - resources

- Kidshealth.org.nz
  - Eg speech sound development:
  - https://www.kidshealth.org.nz/sites/kidshealth/files/pdfs/Speech_sound_development_chart.pdf

- Much more than words
  - www.seonline.tki.org.nz



Global developmental delay

- Common – 1-3% of children
- Defined as a delay in 2 or more areas of development (<8y)
- A range of disorders presenting in a similar way
- Neglect or emotional deprivation may present similarly
- End point may be intellectual disability/ASD

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  - Vision/hearing
  - Paediatric assessment

Autism spectrum disorder

DSM-IV

- Autistic disorder
- Asperger syndrome
- Childhood disintegrative disorder
- Pervasive developmental disorder, NOS

DSM-5 (2013)

Autism spectrum disorder

- *impaired social communication and social interaction*
- *restricted and repetitive patterns of behaviours, interests, activities*
- *Lifelong*
- *Functional impairment*

ASD: early screening

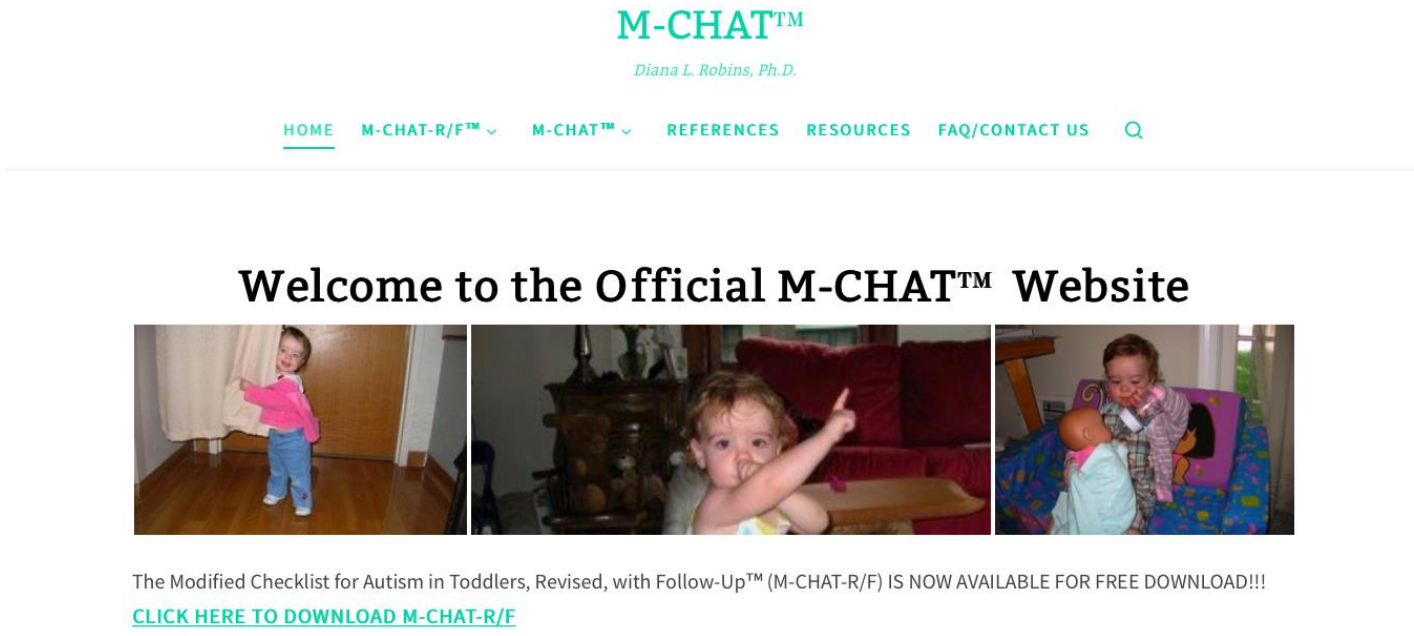
- MCHAT 16-30 months

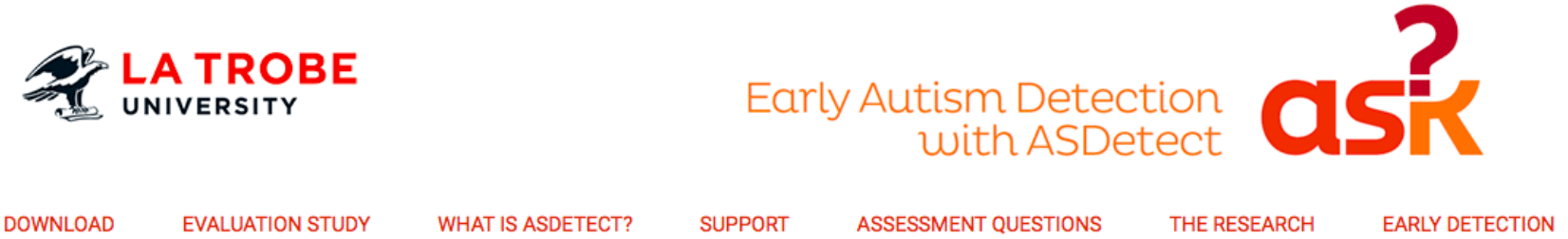
https://www.autismspeaks.org/what-autism/diagnosis/mchat

- Family can do initial screener

http://mchatscreen.com

- Followup questionnaire





- ASDetect.org

- http://asdetect.org/12-month-assessment-questions/

24 MONTHS
POINTING

Early development in ASD

- 20-50% report regression or slowing in 2nd year

- High risks studies
  - At 12-18 months children who will be diagnosed with ASD at 3 years have differences across ALL developmental domains
  - i.e. social communication, play, language, cognition, vision, motor and regulation (sleeping, eating and attention)
  - GDD vs ASD

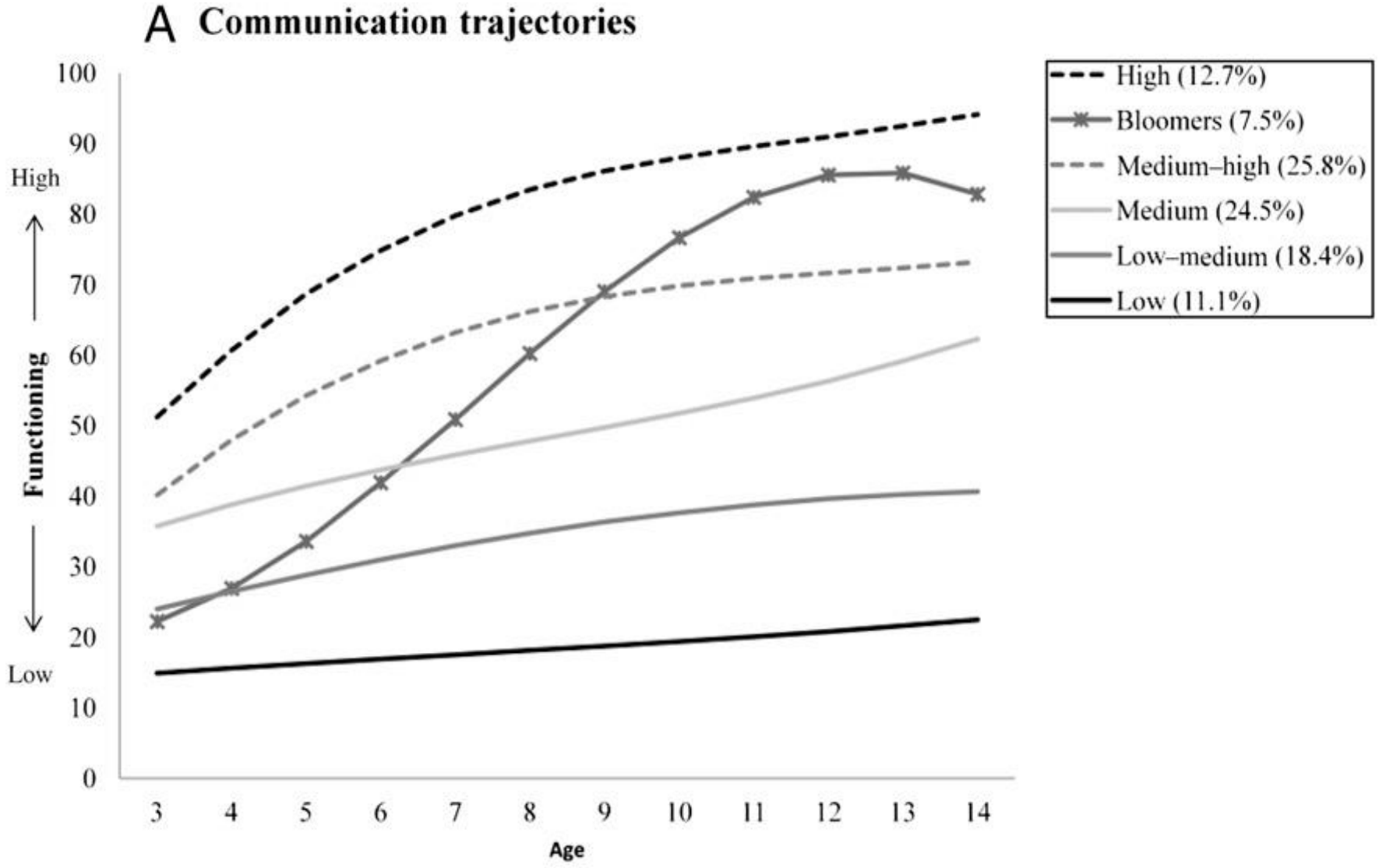
What happens to ASD over time?

- Of children diagnosed with Autism under 3 years
  - 80-90 % will still meet diagnostic criteria at follow-up

- Studies of older children 30-50% have intellectual disability

ASD: communication over time

Pediatrics 2012;129:1-9



ASD in the school age child

https://www.kidshealth.org.nz/autism-spectrum-disorder-asd

- Kids health NZ – good list of signs in 4-8

- Presenting features slightly different to younger children
  - Eg restricted eating, anxiety, meltdowns, bullying/peer problems

- Comorbid issues – ADHD, anxiety, cognitive impairment

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- Request (follow local pathways)
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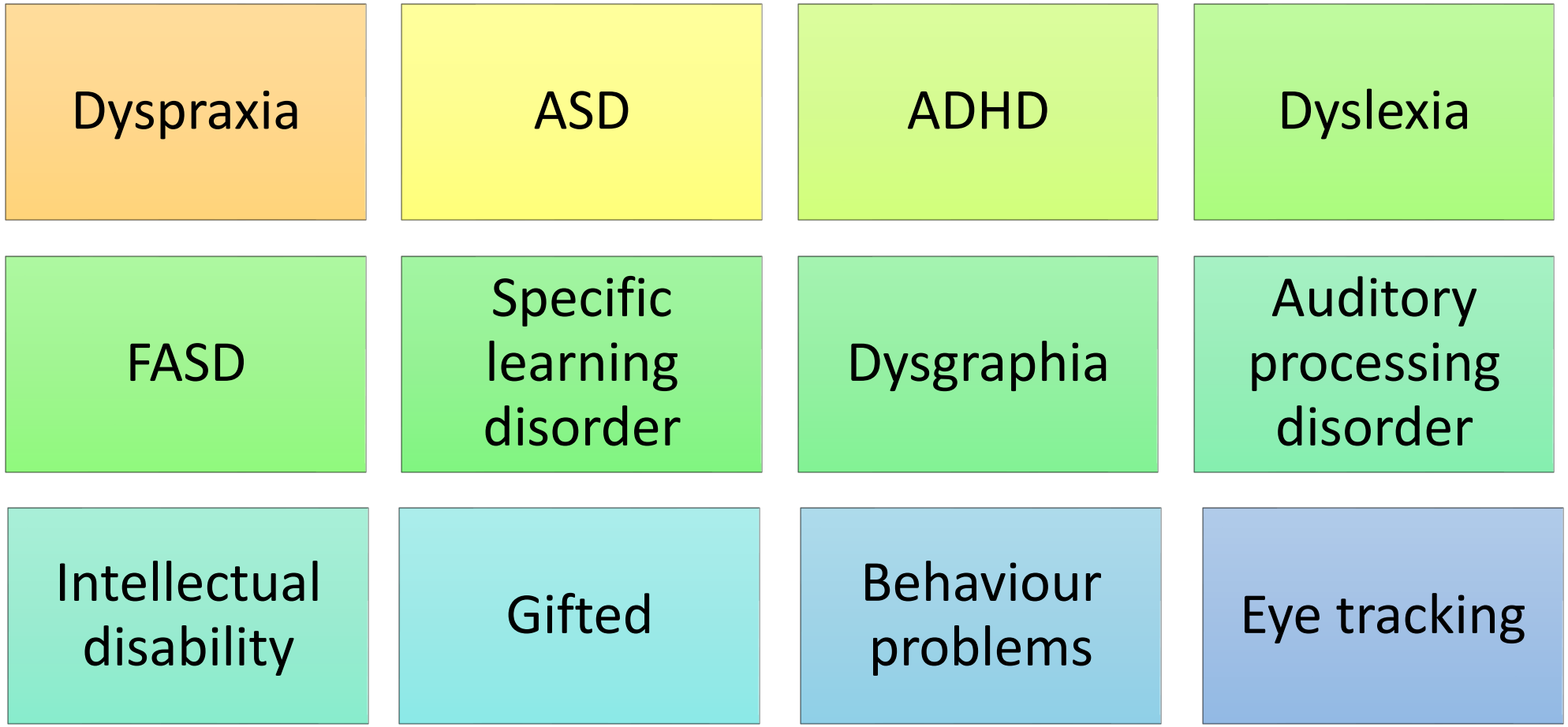
  - Further allied health assessment/intervention
  - Vision/hearing
  - Local pathways for ASD assessment – paediatrics/CDS/CAMHS

Developmental/learning problems: School age children


Dyspraxia
ASD
ADHD
Dyslexia
FASD
Specific learning disorder
Dysgraphia
Auditory processing disorder
Intellectual disability
Gifted
Behaviour problems
Eye tracking

Education vs health

- Support in school is through education system
  - http://www.inclusive.tki.org.nz/ - Teaching resources
  - https://www.education.govt.nz/quick-links/special-education/ - Learning support
- Diagnosis should not be required for students to access education support
- Parents can access learning assessments in the private sector
- Child health focus on disability support eligible diagnosis

So what is available in schools?

- School based resources/funding
  - Classroom teacher
  - SENCO – special needs coordinator
- RTLB – Resource teacher of learning and behaviour
  - Across school clusters
- Ministry of Education
  - Severe behaviour service
  - Language support (Language learning initiative)
  - Physical disabilities
  - ORS – Ongoing Resourcing Scheme – top 1%
  - others

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- Request (follow local pathways)
  - Further allied health assessment/intervention
  - Vision/hearing
  - Paediatric assessment – follow local pathways

Referral to paediatrics in school age children

- Main diagnostic questions are ASD or ID
  - Significant functional impairment across multiple settings
- Supporting information from school essential
  - Academic, peer relationships, behaviour, learning support
  - Eg ID – generally functioning >2-3 years below peers

- Co-morbid problems (local pathways – paediatrics v mental health)
  - Anxiety
  - Attention/impulse control
  - “behaviour”

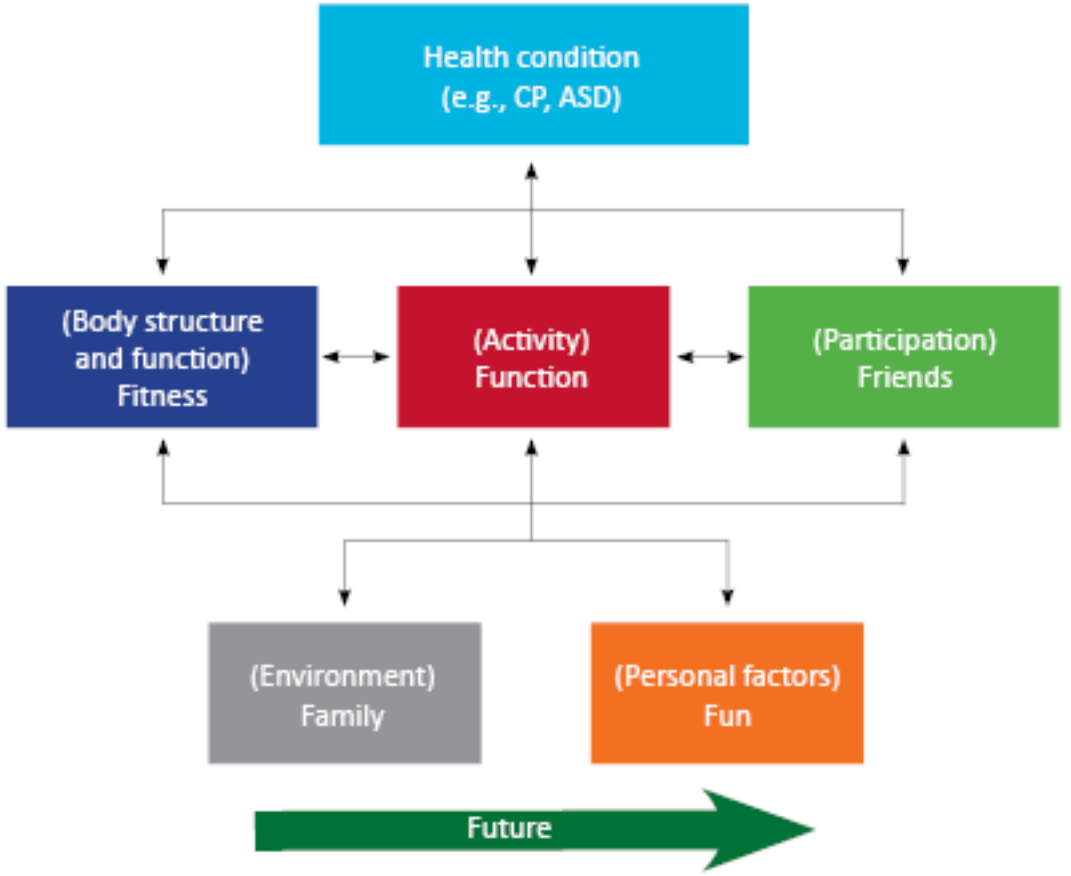
Disability support

What's available

- NASC – needs assessment – respite, behaviour support (Explore)
  - Inclusions: GDD (<8), ASD, ID, complex neurodisability
  - Exclusions: FASD, dyspraxia
- Child disability allowance – significant functional impairment
- ASD
  - ASD coordinator, up to 2 years
  - ASD specific parent education and support services through Explore and others

The F words in child disability

Figure 2
The "F-words" adaptation of the International Classification of Functioning, Disability and Health (ICF)



Source: Adapted from P.L. Rosenbaum and J.W. Gorter, 2012. "The 'F-Words' in Childhood Disability: I Swear This Is How We Should Think!" *Child: Care, Health and Development* 38 (4): 457-63. doi:10.1111/j.1365-2214.2011.01338.x

Note: CP = cerebral palsy; ASD = autism spectrum disorder.

https://canchild.ca/en/research-in-practice/f-words-in-childhood-disability

Thank you

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