

# **Dr. Anjan Bhattacharya**

**MB BS(Cal); DCH (Lond); MRCP (Lond); MRCPCH (UK)**

**Consultant Paediatrician (Developmental Paediatrics)**

**Ex-In-charge, Academics, Department of Paediatrics**

**CHILD DEVELOPMENT CENTRE,**

**Apollo Gleneagles Hospital, Kolkata**

**Affiliate Tutor of IPPC/DCH Program, Sydney University, Australia**

**MRCP Child Health India Examination Invigilator of RCPCH, UK**

**WHO expert in pioneering ICF Core Standard setting in children,  
Vancouver, Canada**

**Executive Member, State Branch, National Neonatal Forum (NNF)**

**Executive Member, Growth Development & Behavioral Pediatric  
Chapter, IAP**

**Executive Member, Medico Legal Group, Indian Academy of  
Pediatrics (IAP)**

**Executive Member, West Bengal Academy of Pediatrics, IAP**



**WHY ?**

**Earth**



**7 Billion  
human  
beings  
live here**



# Disability Census

- **“Disability:** The question on disability has been vastly enlarged in Census 2011. In comparison to the 5 Codes in Census 2001, 8 Codes have been provided in the present Census.
- The new Codes are: **Mental Retardation, Mental Illness, Any Other and Multiple Disability.**
- The questions and the instructions have been finalised after extensive deliberation with civil society organisations and the Ministry of Social Justice and Empowerment.
- Respondents with multiple disability would now be able to report up to 3 disabilities for the first time.”
- [http://censusindia.gov.in/2011-prov-results/data\\_files/mp/o2Introduction.pdf](http://censusindia.gov.in/2011-prov-results/data_files/mp/o2Introduction.pdf)



# Faces of disability

DISABILITIES YOU CAN SEE!



DISABILITIES YOU CANNOT!



# How big is the problem?

World Health Organisation (WHO) — have been claiming that the numbers could be anywhere between two to 10 per cent.

# Cerebral Palsy – How common?

**A review of the incidence and prevalence, types and aetiology of childhood cerebral palsy in resource-poor settings.**

Gladstone M. *Ann Trop Paediatr.*

2010;30(3):181-96.

Department of Community Child Health, Alder Hey Children's NHS Foundation Trust, Liverpool, UK. [mgladstone@btinternet.com](mailto:mgladstone@btinternet.com)

# RESULTS:



With 80% of children with disabilities living in resource-poor settings, it is likely that there is a high prevalence of cerebral palsy (CP) and neurological impairment in these settings.

# Centers of Disease Control and Prevention, USA

## Identified Prevalence of Autism Spectrum Disorder

ADDM Network 2000-2010  
Combining Data from All Sites

| Surveillance Year | Birth Year | Number of ADDM Sites Reporting | Prevalence per 1,000 Children (Range) | This is about 1 in X children... |
|-------------------|------------|--------------------------------|---------------------------------------|----------------------------------|
| 2000              | 1992       | 6                              | 6.7<br>(4.3 - 9.9)                    | 1 in 150                         |
| 2002              | 1994       | 14                             | 6.6<br>(3.3 - 10.6)                   | 1 in 150                         |
| 2004              | 1996       | 8                              | 8.0<br>(4.6 - 9.8)                    | 1 in 125                         |
| 2006              | 1998       | 11                             | 9.0<br>(4.2 - 12.1)                   | 1 in 110                         |
| 2008              | 2000       | 14                             | 11.3<br>(4.8 - 21.2)                  | 1 in 88                          |
| 2010              | 2002       | 11                             | 14.7<br>(14.3 - 15.1)                 | 1 in 68                          |

# Dennis the Menace!!!!



- Hank Ketcham; 1951

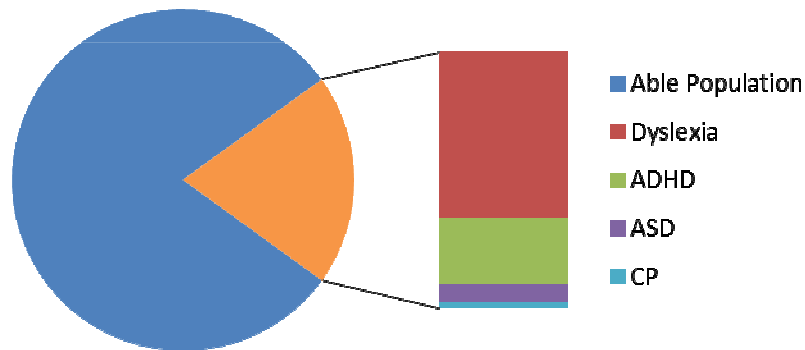
- Attention deficit-hyperactivity disorder (ADHD) is a neurobehavioral disorder that affects 3-5 percent of all American children.
- Attention Deficit Disorder: Current Perspectives. *Pediatric Neurology*, 3:3; 129-135 (1987)

# Perspectives on



- Paediatr Child Health. 2006 November; 11(9): 581–587.
- Linda S Siegel, PhD
- University of British Columbia, Vancouver, British Columbia
- Correspondence: Dr Linda S Siegel, ECPS, 2125 Main Mall, University of British Columbia, Vancouver, British Columbia V6T 1Z4. Telephone 604-822-0052, fax 604-822-3302, e-mail [linda.siegel@ubc.ca](mailto:linda.siegel@ubc.ca)
- Estimates of prevalence depend on the particular definition of dyslexia used in the study. Depending on the definition used, 5% to 10% of the population is considered to have dyslexia; however, because of the nature of the definitional issues, an estimate of prevalence is specific to a particular sample and to the definition used in a study.

# [EBD] Emotional, Behavioral & Developmental Problems in children



- Cerebral Palsy 0.2-0.3%
- Autism 1%
- ADHD 3-5%
- Dyslexia 10%
- TOTAL 1 in 5 - 6

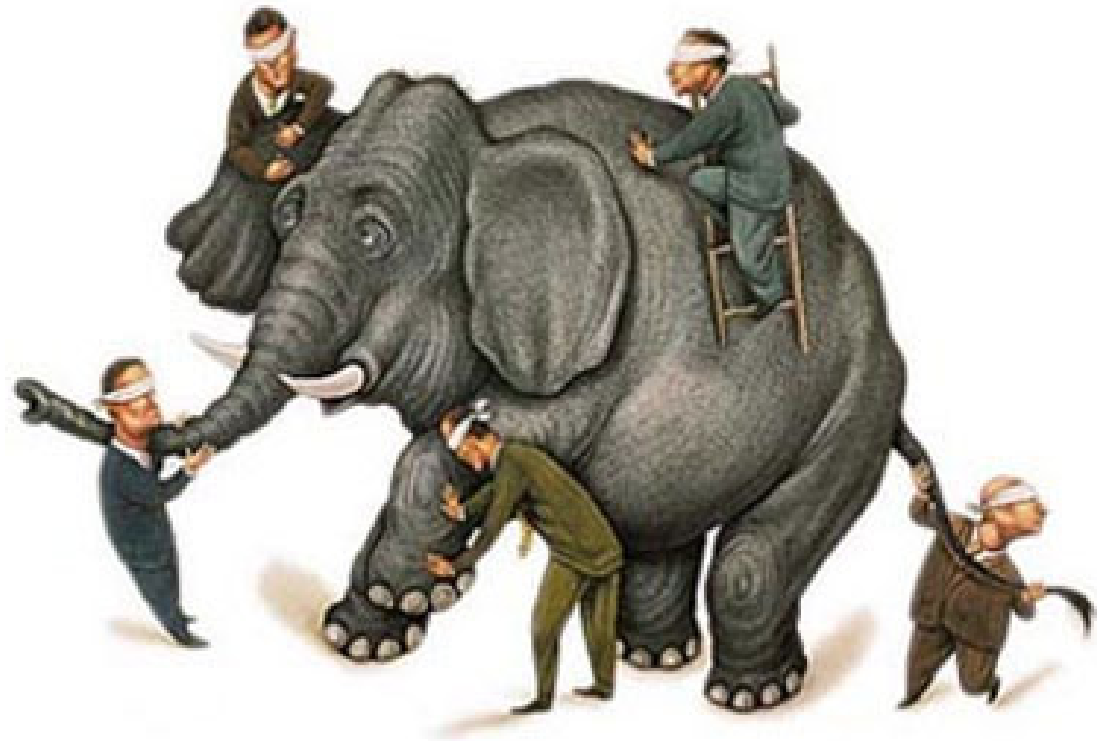


# Text Book of Clinical Pediatrics

McGraw Hill 2012 publication

Child & Adolescent  
Psychiatric Disorders  
& Psychosocial Aspects  
of Pediatrics

Brian Stafford, MD, MPH



# Mental illness affects between 14% to 20% of children and adolescents

**Belfer ML: Child & Adolescent Mental Health Disorder: The magnitude of the problem across the globe. *J Child Psychol Psychiatry* 2008 Mar;49(3):226-236**



Rushton FE Jr: American Academy of Pediatrics Committee on Community Health Services: The pediatrician's role in community pediatrics. *Pediatrics* 2005;115:1092 [PMID: 15805396].

- Most adult psychiatric disorders have their onset during childhood
- Without proper intervention, they are most likely to persist

Costello EJ, Foley DL, Angold A: 10-year research update review: The epidemiology of child and adolescent psychiatric disorders: II. Developmental epidemiology. *J Am Acad Child Adolesc Psychiatry* 2006 Jan;45(1):8–25 [PMID: 16327577].

- Behavioural and Developmental Consequences of
- Inappropriate care and consequences are

# Social Capital

- **Worsening impairment**
- **Downward spiral of**
- **School and Social problems**
- **Poor employment opportunities**
- **Poverty**

Hall D, Elliman D. Health For All 2004. Ministry of Health Publication, UK



the focus of the evaluation  
describe the child's functioning in various areas, and seek  
the child's adaptation in these areas relative to  
the child's age and phase of development. This  
perspective extends beyond current difficulties  
that can affect future development and sets  
targets for preventive intervention. Vulnerable  
subthreshold or subsyndromal difficulties  
manifest, often are accompanied by significant  
distress and as such are important as potential  
problems.

Throughout the assessment, the clinician is  
maintaining a realistic balance of vulnerabilities  
in the parents, and in the parent-child relationship.  
A strength-based approach, over time, is  
constructed to frame the clinical picture and  
predict his or her future course.

# Subclinical **and** Subthreshold

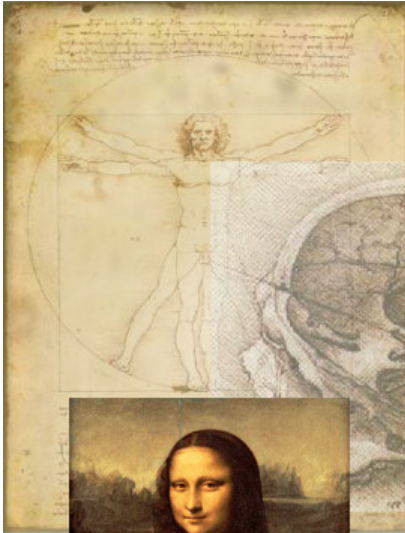


[www.MDVersityPTL.com](http://www.MDVersityPTL.com)

**Substance Abuse**  
**Conduct Disorder**  
**Delinquency**  
**Anarchy**  
**Sociopathy**  
**Criminality**



What is to be **done** ?



**SUSPECT**

**REFER, REFER, REFER...**



**Don't DEFER, DEFER, DEFER ... ..**

**SCREEN**



3. Tires easily, has little energy
4. Fidgety, unable to sit still
5. Has trouble with teacher
6. Less interested in school
7. Acts as if driven by a motor
8. Daydreams too much
9. Distracted easily
10. Is afraid of new situations
11. Feels sad, unhappy
12. Is irritable, angry
13. Feels hopeless
14. Has trouble concentrating
15. Less interested in friends
16. Fights with other children
17. Absent from school
18. School grades dropping
19. Is down on him- or herself
20. Visits the doctor with doctor finding nothing wrong
21. Has trouble sleeping
22. Worries a lot
23. Wants to be with you more than before
24. Feels he or she is bad
25. Takes unnecessary risks
26. Gets hurt frequently
27. Seems to be having less fun
28. Acts younger than children his or her age
29. Does not listen to rules
30. Does not show feelings
31. Does not understand other people's feelings
32. Teases others
33. Blames others for his or her troubles
34. Takes things that do not belong to him or her

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**BRIGHT FUTURES  TOOL FOR PROFESSIONALS**

**Pediatric Symptom Checklist (PSC)**

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.





## Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

|   | Never | Sometimes | Often |
|---|-------|-----------|-------|
| 1. Complains of aches and pains                         |       |           |       |
| 2. Spends more time alone                               |       |           |       |
| 3. Tires easily, has little energy                      |       |           |       |
| 4. Fidgety, unable to sit still                         |       |           |       |
| 5. Has trouble with teacher                             |       |           |       |
| 6. Less interested in school                            |       |           |       |
| 7. Acts as if driven by a motor                         |       |           |       |
| 8. Daydreams too much                                   |       |           |       |
| 9. Distracted easily                                    |       |           |       |
| 10. Is afraid of new situations                         |       |           |       |
| 11. Feels sad, unhappy                                  |       |           |       |
| 12. Is irritable, angry                                 |       |           |       |
| 13. Feels hopeless                                      |       |           |       |
| 14. Has trouble concentrating                           |       |           |       |
| 15. Less interested in friends                          |       |           |       |
| 16. Fights with other children                          |       |           |       |
| 17. Absent from school                                  |       |           |       |
| 18. School grades dropping                              |       |           |       |
| 19. Is down on him- or herself                          |       |           |       |
| 20. Visits the doctor with doctor finding nothing wrong |       |           |       |
| 21. Has trouble sleeping                                |       |           |       |
| 22. Worries a lot                                       |       |           |       |
| 23. Wants to be with you more than before               |       |           |       |
| 24. Feels he or she is bad                              |       |           |       |
| 25. Takes unnecessary risks                             |       |           |       |
| 26. Gets hurt frequently                                |       |           |       |
| 27. Seems to be having less fun                         |       |           |       |
| 28. Acts younger than children his or her age           |       |           |       |
| 29. Does not listen to rules                            |       |           |       |
| 30. Does not show feelings                              |       |           |       |
| 31. Does not understand other people's feelings         |       |           |       |
| 32. Teases others                                       |       |           |       |
| 33. Blames others for his or her troubles               |       |           |       |
| 34. Takes things that do not belong to him or her       |       |           |       |
| 35. Refuses to share                                    |       |           |       |
| Total score _____                                       |       |           |       |

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y  
 Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? \_\_\_\_\_

**Figure 18-1** Pediatric Symptom Checklist. (From Green M, Palfrey JS, editors: *Bright futures: guidelines of the health supervision of infants, children, and adolescents*, ed 2, revised, Arlington, VA, 2002, National Center for Education in Maternal and Child Health.)

# Item No. 20

## “Visits the doctor, with doctor finding nothing wrong”

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Month \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Today's Date \_\_\_\_\_

### M-CHAT

Please fill out the following about your child's usual behavior, and try to answer every question. If the behavior is rare (you're not sure if ever or never), please answer as if your child does not do it.

1. Does your child enjoy being swung, bounced or you dance etc? Yes No
2. Does your child take an interest in other children? Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
4. Does your child enjoy playing with a ball or ball-like object? Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? Yes No
6. Does your child ever use his/her index finger to point to ask for something? Yes No
7. Does your child ever use his/her index finger to point to indicate interest in something? Yes No
8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? Yes No
9. Does your child ever bring objects over to you (parent) to show you something? Yes No
10. Does your child look you in the eye for more than a second or two? Yes No
11. Does your child ever seem uninterested in his voice? (e.g., plugging ears) Yes No
12. Does your child smile in response to your face or your voice? Yes No
13. Does your child imitate you? (e.g., you make a face and your child imitates it) Yes No
14. Does your child respond to his/her name when you call? Yes No
15. If you point at a toy across the room, does your child look at it? Yes No
16. Does your child walk? Yes No
17. Does your child look at things you are looking at? Yes No
18. Does your child make unusual finger movements over his/her face? Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
20. Does your child understand if your child is dead? Yes No
21. Does your child understand what people say? Yes No
22. Does your child sometimes seem to wobble or wander without purpose? Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

© 1999 David Shaffer, Deborah Davis, & Marianne Beitchman

## M-CHAT

16 – 30 mo

Two 1 mo apart

84% validity

By trained

Worry = refer

# Briggs-Gowan MJ, Carter AS: Social-emotional screening status in early childhood predicts elementary school outcomes. Pediatrics 2008 May;121(5):957-962 [PMID: 18450899].

## PSC

BRIGHT FUTURES TOOL FOR PROFESSIONALS

### Pediatric Symptom Checklist (PSC)

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|   | Never | Sometimes | Often |
|---|-------|-----------|-------|
| 1. Complains of aches and pains                         | 1     | 2         | 3     |
| 2. Spends more time alone                               | 1     | 2         | 3     |
| 3. Tires easily, has little energy                      | 1     | 2         | 3     |
| 4. Fidgety, unable to sit still                         | 1     | 2         | 3     |
| 5. Has trouble with teacher                             | 1     | 2         | 3     |
| 6. Less interested in school                            | 1     | 2         | 3     |
| 7. Acts as if driven by a motor                         | 1     | 2         | 3     |
| 8. Daydreams too much                                   | 1     | 2         | 3     |
| 9. Distracted easily                                    | 1     | 2         | 3     |
| 10. Is afraid of new situations                         | 1     | 2         | 3     |
| 11. Feels sad, unhappy                                  | 1     | 2         | 3     |
| 12. Is irritable, angry                                 | 1     | 2         | 3     |
| 13. Feels hopeless                                      | 1     | 2         | 3     |
| 14. Has trouble concentrating                           | 1     | 2         | 3     |
| 15. Less interested in friends                          | 1     | 2         | 3     |
| 16. Fights with other children                          | 1     | 2         | 3     |
| 17. Absent from school                                  | 1     | 2         | 3     |
| 18. School grades dropping                              | 1     | 2         | 3     |
| 19. Is down on him- or herself                          | 1     | 2         | 3     |
| 20. Visits the doctor with doctor finding nothing wrong | 1     | 2         | 3     |
| 21. Has trouble sleeping                                | 1     | 2         | 3     |
| 22. Worries a lot                                       | 1     | 2         | 3     |
| 23. Wants to be with you more than before               | 1     | 2         | 3     |
| 24. Feels he or she is bad                              | 1     | 2         | 3     |
| 25. Takes unnecessary risks                             | 1     | 2         | 3     |
| 26. Gets hurt frequently                                | 1     | 2         | 3     |
| 27. Seems to be having less fun                         | 1     | 2         | 3     |
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| 32. Teases others                                       | 1     | 2         | 3     |
| 33. Blames others for his or her troubles               | 1     | 2         | 3     |
| 34. Takes things that do not belong to him or her       | 1     | 2         | 3     |
| 35. Refuses to share                                    | 1     | 2         | 3     |
| Total score   |       |           |       |

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y  
 Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y  
 If yes, what services? \_\_\_\_\_

Figure 18-1 Pediatric Symptom Checklist. (From Green M, Palrey JS, editors: Bright futures: guidelines of the health supervision of infants, children, and adolescents, ed 2, revised, Arlington, VA, 2002, National Center for Education in Maternal and Child Health.)

## M-CHAT

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ MOY \_\_\_\_\_  
 Name of Person Completing Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Today's Date \_\_\_\_\_

### M-CHAT

Please fill out the following about your child's usual behavior, and try to answer every question. If the behavior is rare (you've only seen it once or twice), please answer as if your child does not do it.

1. Does your child enjoy being swung, rocked or in your arms, etc?  Yes  No
2. Does your child take an interest in other children?  Yes  No
3. Does your child like clucking at things, such as up stairs?  Yes  No
4. Does your child enjoy playing peek-a-boo and such?  Yes  No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?  Yes  No
6. Does your child ever use his/her index finger to point, to ask for something?  Yes  No
7. Does your child ever use his/her index finger to point, to indicate interest in something?  Yes  No
8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?  Yes  No
9. Does your child ever bring objects over to you (parent) to show you something?  Yes  No
10. Does your child look you in the eyes for more than a second or two?  Yes  No
11. Does your child ever seem unresponsive to noise? (e.g., plugging ears)  Yes  No
12. Does your child smile in response to your face or your smile?  Yes  No
13. Does your child imitate you? (e.g., you make a face and your child imitates it)  Yes  No
14. Does your child respond to his/her name when you call?  Yes  No
15. If you point at a toy across the room, does your child look at it?  Yes  No
16. Does your child walk?  Yes  No
17. Does your child look at things you are looking at?  Yes  No
18. Does your child make unusual finger movements near his/her face?  Yes  No
19. Does your child try to attract your attention to his/her own will city?  Yes  No
20. Have you ever wondered if your child is deaf?  Yes  No
21. Does your child understand what people say?  Yes  No
22. Does your child sometimes stare at nothing or wander with no purpose?  Yes  No
23. Does your child look at your face to check your reaction when faced with something unfamiliar?  Yes  No

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**WHY SCREEN ?**

# Child Development Centers [CDC]

- Every borough in the UK has a NHS funded Child Development Centre.
- There are about 3500 Early Start Centers in the UK



# TERTIARY HEALTHCARE CENTRE





# 61 – 87 % PRIVATE





# CHILD DEVELOPMENT CENTRE

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NHS Handbook. The Choice & Partnership Approach: A Service Transformation Model. Spring 2013

Roland D, Jones C, Neill S *et al.* Safety netting in healthcare settings: what it means, and for whom? *Arch Dis Child, Educ Pract Ed* 2014 Apr; 99:48-52

CAPA<sup>2</sup> (Choice And Partnership Approach)

Safety Netting<sup>3</sup> & Engagement Model<sup>4,5</sup>

EBD Concerns<sup>1</sup>



SCREEN<sup>6</sup>

+VE

-VE

Developmental

Review/Re-screen

Work-up

+ VE

-VE



Detailed Developmental History Taking / Family History

Discharge

Biopsychosocial Need Address / Health Promotion

Advise Follow-up at

Confirmatory Tests / Medical Investigations, if needed

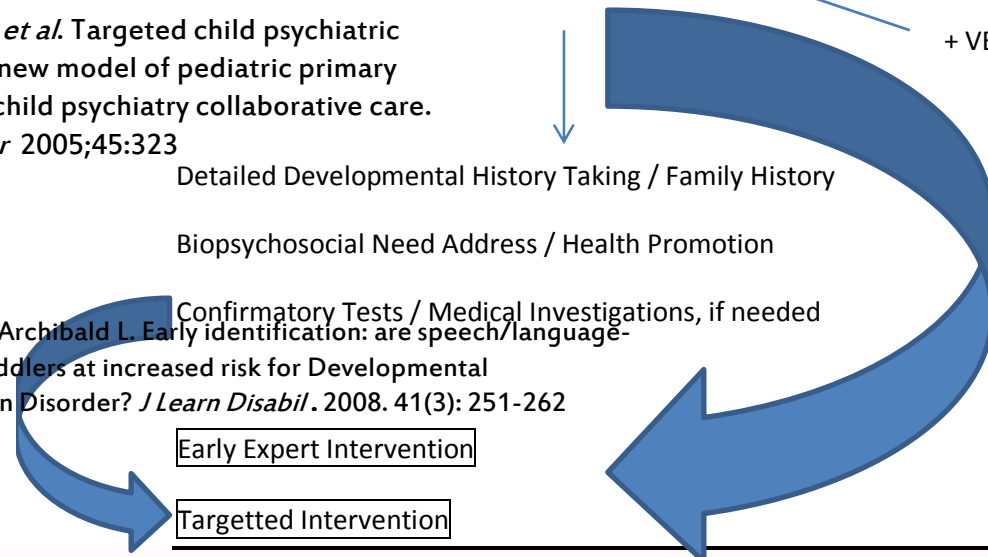
School Age Years

Alloway TP, Archibald L. Early identification: are speech/language-impaired toddlers at increased risk for Developmental Coordination Disorder? *J Learn Disabil.* 2008. 41(3): 251-262

Stafford B. Child & Adolescent Psychiatric Disorders & Psychosocial Aspects of Pediatrics. *Current Pediatrics: Diagnosis and Treatment* 2012. McGraw Hill Publications; 171-6

Early Expert Intervention

Targetted Intervention



Rushton FE Jr. Am Acad of Pediatr Committee on Community Health Services. The pediatrician's role in community pediatrics. *Pediatrics* 2005;115:1092

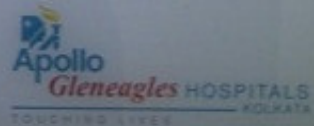
Connor DF *et al.* Targeted child psychiatric services: A new model of pediatric primary clinician – child psychiatry collaborative care. *Clin Pediatr* 2005;45:323

# BREAKING NEWS



**We Respect Patients Confidentiality**

We request you not to discuss  
Patient Status/Related Information  
in Public Places  
[FOR PATIENT'S INTEREST]



## Triune Brain

**Cortical Brain**  
(THINKING BRAIN)



**Limbic Brain**  
(EMOTIONAL BRAIN)



**Brain Stem**  
(REPTILIAN BRAIN)



# DEVELOPMENTAL PAEDIATRICS

|                                      |   |  |
|--------------------------------------|---|--|
| <b>NEURO<br/>DISABILITY</b>          | <b>NEURO<br/>BEHAVIOURAL</b>                        | <b>COMMON<br/>BEHAVIOURAL</b>                                  |
| <b>NEURO<br/>DEVELOP-<br/>MENTAL</b> | <b>GENETIC<br/>&amp;<br/>SYNDROME<br/>DIAGNOSES</b> | <b>MANAGEMENT<br/>ISSUES<br/>OF<br/>CHRONIC<br/>CONDITIONS</b> |



# DEVELOPMENTAL PAEDIATRICS

# Preventative

|   |  |   |
|---|--|---|
| <p><b>CP, DMD</b></p> <p><b>Spina Bifida</b></p> <p><b>Hydrocephalus</b></p> <p><b>Neurological</b></p> <p><b>Sensory</b></p> | <p><b>Autism, ASD</b></p> <p><b>ADHD/ADD/HK</b></p> <p><b>DCD/Dyspraxia</b></p> <p><b>DAMP</b></p> <p><b>Challenging</b></p> | <p><b>Naughty</b></p> <p><b>Lazy</b></p> <p><b>Fussy Eater</b></p> <p><b>Late sleeper</b></p> <p><b>Disobedient</b></p>                                       |
| <p><b>Speech Delay</b></p> <p><b>Motor Delay</b></p> <p><b>Milestone</b></p>  | <p><b>Downs Syndrm</b></p> <p><b>22q- Syndrome</b></p> <p><b>Bizzire Synds</b></p>   | <p><b>EPILEPSY</b></p> <p><b>Survivors</b></p> <ul style="list-style-type: none"> <li>- Stormy Neonatal</li> <li>- Neoplasm</li> <li>- Child Abuse</li> </ul> |



# DEVELOPMENTAL PAEDIATRICS

# PREVENTATIVE



# Bio-psycho-social Model





# AUTISM EARLY SIGNS IN INFANTS



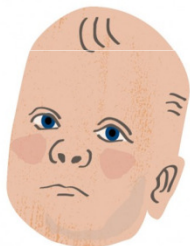
## 1 Unusual visual fixations

Unusually strong and persistent examination of objects



## 2 Abnormal repetitive behaviors

Spending unusually long periods of time repeating an action, such as looking at their hands or rolling an object



## 4 Delayed intentional communication

Neutral facial tones and decreased efforts to gesture and gain parent attention



## 3 Lack of age-appropriate sound development

Delayed development of vowel sounds, such as "ma ma, da da, ta ta"



## 5 Decreased interest in interaction

Greater interest in objects than people and difficult to sustain face-to-face interactions

J Autism Dev Disord  
DOI 10.1007/s10803-014-2202-y

ORIGINAL PAPER

## Autism Treatment in the First Year of Life: A Pilot Study of Infant Start, a Parent-Implemented Intervention for Symptomatic Infants

S. J. Rogers · L. Vismara · A. L. Wagner · C. McCormick · G. Young · S. Ozonoff

© Springer Science+Business Media New York 2014

**Abstract** The goal of early autism screening is earlier treatment. We pilot-tested a 12-week, low-intensity treatment with seven symptomatic infants ages 7–15 months. Parents mastered the intervention and maintained skills after treatment ended. Four comparison groups were matched from a study of infant siblings. The treated group of infants was significantly more symptomatic than most of the comparison groups at 9 months of age but was significantly less symptomatic than the two most affected groups between 18 and 36 months. At 36 months, the treated group had much lower rates of both ASD and DQs under 70 than a similarly symptomatic group who did not enroll in the treatment study. It appears feasible to identify and enroll symptomatic infants in parent-implemented intervention before 12 months, and the pilot study outcomes are promising, but testing the treatment's efficacy awaits a randomized trial.

**Keywords** ASD · Infants · Early intervention · Parents · Early Start Denver Model

S. J. Rogers (✉) · C. McCormick · G. Young · S. Ozonoff  
MIND Institute, University of California, Davis, Sacramento, CA, USA  
e-mail: sally.rogers@ucdmc.ucdavis.edu

L. Vismara  
York University, Toronto, ON, Canada

A. L. Wagner  
University of California, Davis, CA, USA

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### Introduction

One of the most exciting areas of current autism science involves the search for infant behavioral markers of incipient autism. A number of prospective studies of infant siblings of children with autism spectrum disorder (ASD) have been carried out to help identify behavioral markers that are sensitive and specific to ASD in infancy. Some differences associated with risk status have been identified in infants as young as 5–6 months by examining group differences between infants with a sibling with autism and those with typically developing siblings (Ferrencia and Curtin 2013; Lloyd-Fox et al. 2013). However, these studies have not yet demonstrated that such symptoms are associated with the development of ASD. Other studies have followed high-risk and low-risk groups from infancy to diagnosis at age 3 and then examined the longitudinal trajectories to find earliest evidence of differences associated with diagnosis. Using this design, several groups have demonstrated that the development of infants later diagnosed with autism begins to diverge from a typical trajectory between 6 and 12 months of age (Landa et al. 2012; Ozonoff et al. 2010), with no group differences evident, as a group, at 6 months, but differences already marked and statistically significant by 12 months. Differences in rate of development have been documented across multiple domains, including motor, social, communication, and cognitive. In the approximately 25 % of infants with older siblings with ASD who do not develop ASD themselves, but display other atypicalities in development (Messinger et al. 2013), the inflection point at which their development begins to diverge from typical infants is similar, during the 6–12 month period (Ozonoff et al. 2014). Infant sibling studies have also identified behavioral markers associated with later ASD diagnosis as early as 10–12 months of age (Zwaigenbaum et al. 2005; Ozonoff

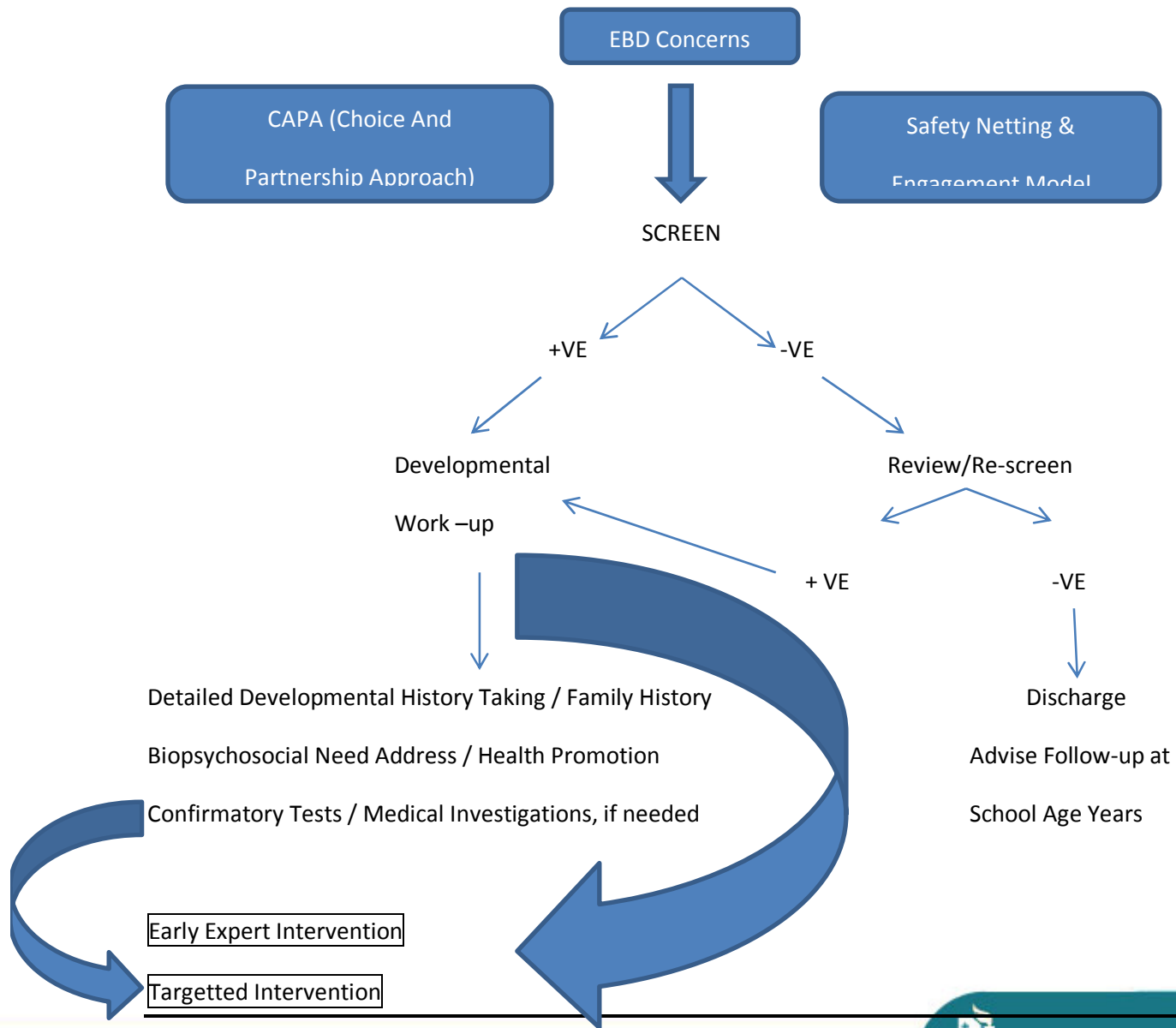
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# UNIVERSAL REFERRAL PATHWAY

ALL HEALTHCARE PROFESSIONALS

**Subtle Signs**

– **Anticipatory Decision Regret**



**Jonas Salk - *The Inventor of Polio Vaccine***

If I were a young scientist ,  
I would still do Immunization.  
But instead of immunizing  
kids physically, I would do it  
Psychologically !!

- JONAS SALK

A portrait of Dr. Martin Seligman, a middle-aged man with thinning hair, smiling and wearing a white button-down shirt with a small polo player logo on the chest. The background is a plain, light grey.

**Dr. Martin  
Seligman**

***He used the  
word  
'Psychological  
Immunization'  
for the first  
time***



# Psychological vaccination training course for the Paediatricians

टीएमएच में नॉर्वे-सहकारित्वकल वैक्सिन विषय पर कार्यशाला का आयोजन

## बच्चों को भावनात्मक शिक्षा जरूरी : डॉ अंजन

भास्कर न्यूज़ | जमशेदपुर

आज बच्चों को किताबी ज्ञान के साथ-साथ भावनात्मक शिक्षा देने की जरूरत है। इसकी शुरुआत बचपन से ही करनी होगी, तभी बच्चों में तेजी से बढ़ रहे डिप्रेशन और अव्यावहारिकता को खत्म किया जा सकता है। इसके लिए पहले शिशुरोग विशेषज्ञ, स्कूल के शिक्षक और अभिभावकों को प्रशिक्षण लेना होगा। यह बातें रविवार को कोलकाता के इंडियन एकेडमी ऑफ पेडियाट्रिक (आईपी) के द...  
...सहकारित्वकल वैक्सिन के मुख्य प्रशिक्षक डॉ अंजन भट्टाचार्य ने कही। वे आईपी की जमशेदपुर शाखा द्वारा टीएमएच ऑडिटोरियम



चाइल्ड स्पेशलिस्ट सेमिनार का दीप जलाकर उद्घाटन करते डॉ. अंजन भट्टाचार्य।

शिक्षकों को भी दिया जाए प्रशिक्षण



आईव्यू से ज्यादा जरूरी ईव्यू

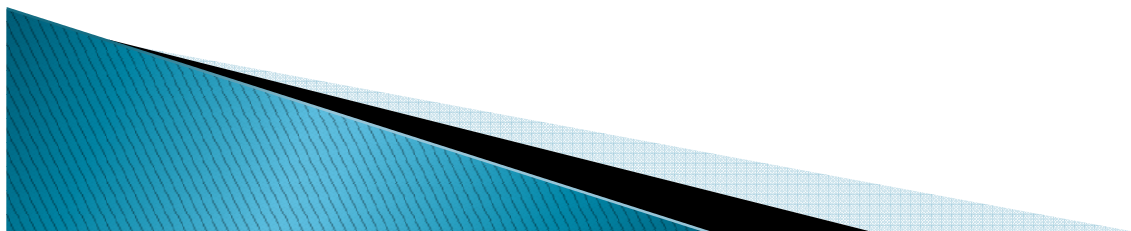
डॉ भट्टाचार्य ने कहा कि पहले किसी की बुद्धिमत्ता का प्रमाण इंटेलिजेंट कोसिपेंट (आईव्यू) लेवल होता था, लेकिन आज वह इमोशनल कोसिपेंट (ईव्यू) लेवल में बदल गया है। अगर ईव्यू लेवल सही नहीं है, तो बड़े होने पर भी उसे अपनी भावनाओं पर नियंत्रण नहीं होगा। वह बहुत जल्द अवसाद से पीड़ित हो जाएगा। बचपन में किसी के साथ बुरा व्यवहार, अकारण मारपीट, वॉयलेंस और आत्महत्या करने की प्रवृत्ति भी ईव्यू की कमी के कारण

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dch

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# Contact Class & Mock Exam





dch

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# National Conference on Pediatric Education, INDIA







**ICF Core Sets for Children and Youth with  
Cerebral Palsy: Consensus Meeting**

Vancouver, June 6-8 2013





Should this ICF category be included in the Core Set?



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