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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





Universal Care Pathway for nurses in pediatric EBD [emotional/educational, behavioral and developmental] problems

Implications for the World











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."
- <u>http://censusindia.gov.in/2011-prov-</u> results/data_files/mp/02Introduction.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. <u>Gladstone M. Ann Trop Paediatr.</u> 2010;30(3):181-96. Department of Community Child Health, Alder Hey Children's NHS Foundation Trust, Liverpool, UK.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 (4.5 - 9.9) | 1 in 150 |
| 2002 | 1994 | 14 | 6.6 (3.3 - 10.6) | 1 in 150 |
| 2004 | 1996 | 8 | 8.0 (4.6 - 9.8) | 1 in 125 |
| 2006 | 1998 | 11 | 9.0 (4.2 - 12.1) | 1 in 110 |
| 2008 | 2000 | 14 | 11.3 (4.8 - 21.2) | 1 in 88 |
| 2010 | 2002 | 11 | 14.7 (14.3 - 15.1) | 1 in 68 |

Dennis the Menace!!!!



Hank Ketcham; 1951

- Attention deficithyperactivity 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

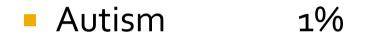
- Paediatr Child Health.
 2006 November; 11(9):
 581–587.
- Linda S Siegel, PhD
- University of British Columbia, Vancouver, British Columbia
- Correspondence: Dr Linda S Siegel, ECPS, 2125 Main Mall, University of British Columbia, Vancouver, British Columbia V6T 1Z4. Telephone 604-822-0052, fax 604-822-3302, e-mail <u>linda.siegel@ubc.ca</u>

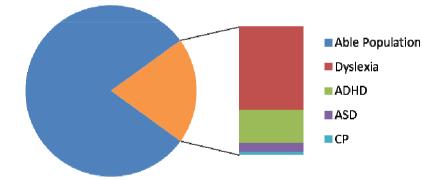


 Estimates of prevalence depend on the particular definition of dyslexia used in the study. Depending on the definition used, 5% to 10% of the population is considered to have dyslexia; however, because of the nature of the definitional issues, an estimate of prevalence is specific to a particular sample and to the definition used in a study.

[EBD] Emotional, Behavioral & Developmental Problems in children

Cerebral Palsy 0.2-0.3%



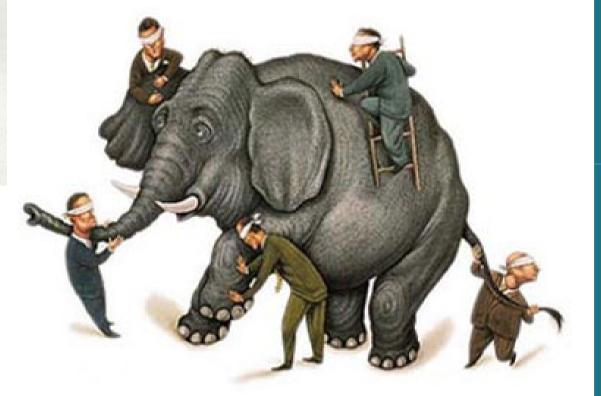


- ADHD 3-5%
- Dyslexia 10%
- TOTAL 1 in 5 6

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





Costello EJ, Egger H, Angold A: 10-year research update review: The epidemiology of child and adolescent psychiatric disorders: I. Method's and public health burden. J Am Acad Child Adolesc Psychiatry 2005;44:972–986 [PMID: 16175102].

- 50% of all Paediatric Office visits are EBD
- 75% EBD children goes to their primary physician
- Primary care physicians are only <20% good in detecting EBD
- Gatekeepers
- Startegically positioned
- Early Detection
- Early Intervention



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 imapirment
- Downward spiral of
- School and Social problems
- Poor employment opportunities
- Poverty

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





he focus of the evaluation escribe the child's functioning in the child's adaptation in these areas re the child's age and phase of developm perspective extends beyond current diffic that can affect future development and a targets for preventive intervention. Vulne subthreshold or subsyndromal difficulties manifold, often are accompanied by signific ment and as such are important as potenti problems.

Throughout the assessment, the cliniting a realistic balance of vulnerabilities in the parents, and in the parent-c' rength-based approach, over tir structed to frame the clinities





Subclinical and Subthreshhold



What is to be done ?

SUSPECT

REFER, REFER, REFER...

Don't DEFER, DEFER, DEFER



| 3. Tires easily, has little energy | abilities include a family history of psychiatric decider and one 8 IV-T9 have be |
|---|--|
| Lires easily, has little energy Fidgety, unable to sit still | sonality or behavior problems and a personal history of pre- 4 systems include |
| Little Levolto-Thread Digenactic Classification | pen-, or postnatal insults; cognus c or linguistic impairments; ² (RDC-PA), and |
| and Levelopmental Disonality and money | domain, mator vulnerabilities include failure to achique declare declare a schilare declare a statut |
| 6. Less interested in school | mental Lisks, maladaptive coping skills, and immature detensive 7 relationship of |
| 7. Acts as if driven by a motor | sty es in the social annia in major subreashitties include hareatal a adaptation in |
| 8. Daydreams too much | us. apacity to satisfy a parenting, taming dysfiniction, about isala |
| 9. Distracted easily | community estructures and (sociodenlographic) disadvantage. 01 patterns and |
| 10. Is afraid of new situations | Majoostrengths include cognitive and inguisticcospability physi- |
| 11. Feels sad, unhappy | Lat nearth agree at a nearest standed, need grate templer articuta |
| 12. Is irritable, angry | characterititenes and stabilis and standartive parenting. <u>Asini la peer.</u> 21 BIBLIOGRAPH |
| 13. Feels hopeless | Ebradiagnosis must be made in accordance with the homen- |
| 14. Has trouble concentrating | 15 |
| 15. Less interested in friends | Contraction of the second se |
| 16. Fights with other children | bommerentre confectives unbeseering al optation tendom sinto 61 listerete clinical syndromes and seeks to improve diapmostic accu- |
| 17. Absent from school | 24V att the expense of the one of Canadamic and and and |
| 18. School grades dropping | of events in a strength toolch eliminate use of intelligent to hence 81 and Ado |
| 19. Is down on him- or herself | Disting with the totalulation approximate a camplete disturce en part R. Bell. |
| 20. Visits the doctor with doctor finding nothing w | |
| 21. Has trouble sleeping | prought inte former. Axis IV permittere similar collection of the Barriers that p |
| 22. Worries a lot | ocial damansions of stress datas Markes a numeric descrimtion of 22 needed mental |
| 25. Wallis to be with you more than below | different for the second product from the persistent meshod [22 call h profess |
| 24. Feels he or she is bad | the second state of the se |
| 25. Takes unnecessary risks | ol http:psychiatric diagnostic cynhatron culpinates inoar treat. 22 ystemsis fedia |
| 26. Gets hurt frequently | diduventions to the statice of the could divergence any choose and a static static and the set of a |
| 27. Seems to be having less fun | aldelieve -target in and a set of the anti-set of the set of the s |
| 28. Acts younger than children his or her age | ologic treatments. The formulation drites these lection adapter. 82 and he provisi |
| 29. Dose not listen to rules | nd strengths Many of these treatments and interventions are |
| 30. Does not show feelings | escribed in the succeeding chapters. |
| 31. Does not understand other people's feelings | whomano ous ³¹ Antidepresent durys and present present of the second |
| 32. Teases others | |
| 33. Blames others for his or her troubles | EGAL CONSIDERATIONS IN THE DIAGNOSTIC EVALUATION SECTION from speci- |
| 34. Takes things that do not belong to him or her | |

BRIGHT FUTURES

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)

BRIGHT FUTURES

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.

| Complains of aches and pains | port 1 | strengths in the biologic, psy- | rabilities and | t of yulne | |
|---|--------|---|-------------------------------------|---------------|-----------|
| 2. Spends more time alone | lido 2 | I serves to identify fargets for | | staos-pan | Section (|
| The subset of statems that are more ago appropriate toon I | 3 | 1 psychiatric disorder and nee | milly history i | cinde i Pi | |
| Tires easily, has little energy Fidgety, unable to sit still | teve 4 | id a personal history of pre- | r problems at | r behavio | ality o |
| 5. Has trouble with teacher | 5 | ne or linguistic impairments; | usults: cogni | oostmatal | |
| Notephysions and Tenestohumuntay Disouged and unnated into | 6 | ade failure to achieve develop- | erabilities incl | alay zoin | |
| Less interested in school Acts as if driven by a motor | 7 10 | skills, and immanire derensive | aptive coping | ks, malad | |
| 8. Daydreams too much light blido-training does at noticing | 8 ada | sulmerabilities include parental | omangumajoro | heisodial d | |
| as or sensory processing that identify a range of constitu- | 9 | - negros unchone scent reda- | lisi (utifa vota b | isla lainna | |
| 9. Distracted easily 10. Is afraid of new situations | 10 | indenfograbhild, disadynbaaec. | ose) had inse | nasuates a | |
| 11. Feels sad, unhappy | 11 | ad inguisticcapability; physi- | add cognitives | ngths incl | |
| | 12 | order anoderateo temperarioetal | nue geen uniden alle brie dikker | shine ange | |
| 12. Is irritable, angry YHAARDOL 13. Feels hopeless | 13 | mose with long half-lives (8- | couresT (nd C | unity street | |
| 14. Has trouble concentrating | 14 | que ordance with the bothin- | neshan addesi | aubsigan | |
| 15. Less interested in friends | 15 | -ale hangsweide hannen (Dasse | out to drid brut | HARDER SHI | |
| | 16 | citizational optimization | a-cadital codini | urge entege | |
| 16. Fights with other children - 17. Absent from school | 17 | es to improve diagnostic acqu- | romes and see | nical synd | |
| 18. School grades dropping | 18 | o causationdand, dunchaonal | possional about the | evexpense | |
| 19. Is down on him- or herself | 19 | provintate a complete bisture | | vitbinhe fo | |
| 20. Visits the doctor with doctor finding nothing wrong | 20 | eixAchahdlezixAohaizhiao ba | success atmood | asibedia | |
| 21. Has trouble sleeping | 21 | subblical disturbances to the | apprentation and | then develo | |
| | 22 | Lives a numeric description of | A size Abasis Me | Toranoian | |
| 22. Worries a lot 23. Wants to be with you more than before | 23 | ale fromit sparsistentiniskrof | ioning on a s | ronun doub | |
| 24. Feels he or she is bad | 24 | ing imagedenange obactivi- | paruée fractio | DEPUBLICATION | |
| 25. Takes unnecessary risks | 25 | despite a plastita ball | | chiatriord | |
| 26. Gets hurt frequently | 26 | their ofstargeted psychiasonial | a this priored a | gdiride and s | |
| 27. Seems to be having less fun | 27 | b child Biagnosts, drive the | service of th | ns tordine | |
| 28. Acts younger than children his or her age | 28 | service and an provident of an advinted | naite chiele chiel | Imenter | eic trea |
| 29. Dose not listen to rules | 29 | ogic, and social vulnerabilities | ologic, psychol | geted at bi | ions tar |
| 30. Does not show feelings | 30 | ments and interventions are | of these frea | hs. Many | strengt |
| 31. Does not understand other people's feelings | 31 | Antidepressant drugs art | bus energiante | DOSTAVDAC | tic_tec |
| 32. Teases others | 32 | affecting the release and | enptake of b | ain neur | transo |
| 33. Blames others for his or her troubles | 33 | DIAGNOSTIC EVALUATION | TIONS IN THE | MSIDERA | JAL CI |
| 34. Takes things that do not belong to him or her | 34 | These memoranous have the | ung Childre | OY GHA 2 | WPANT, |
| 35. Refuses to share | 35 | i young childron-includes the | of infantsian | noisselove | history |
| | | at, motor, behavior, itteutive | y, cemperante | | |
| Total score Does your child have any emotional or behavioral problems for | | | moorbna and | BRIDG AGIDG | |

Item No. 20

"Visits the doctor, with doctor finding nothing wrong"

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.)



| Child's Name | Child's Date of Holls MIDL |
|------------------------------|----------------------------|
| Hann & Penns Completing Perm | Batationality to Child |
| Today's Data | |

MCRAT

Please 512 out the following about your shift's share believing and by to assess every question. If the believing in case (your've only seen it mine or brink), please assess as if your shift does not in it.

| 16 | Down your shalld suppy being entropy becaused on your losse, ato 7 | 1.00 | 140 |
|----|--|------|-----------|
| 10 | Trans your shall have an internal in other shallow? | 1700 | Ma |
| | Does your shall like shading on those, and as aparters? | 7.00 | No |
| • | Does your shall many playing you a local air and seek? | Tes | No |
| 3. | Does your shift ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | | No |
| | these years shall now use how be index frage to point, to sai for wanefulny? | 1.00 | 140 |
| | Does your shild now use bishes to be forger to point, to indicate internet in a conditing? | 1.00 | 140 |
| | Can your shift play property with small tops (r.g. can or blooks) without just mentioning. Folding, or dropping lines? | 100 | Ha |
| | Does your shild ever bring slips is over to you (parent) to show you according? | Tes | No |
| 15 | Does your shild look you in the sys for more than a second or text? | Tes | No |
| 10 | Does your shild now seen communities to note? (e.g., plugging want) | 1.00 | He |
| 12 | These years shall describe to response to your face or your mails? | 1.00 | 146 |
| 18 | Does your shild instate post (ong. you make a face sell your shild instate \$7) | 1.00 | 140 |
| 14 | These years shall a responsed to bushes manue where you mail?" | 1.00 | 144 |
| 13 | If you puted at a key server the room, does your child look at 17 | 100 | Ha |
| 18 | Demyser shild well? | 100 | No |
| 12 | Dress year shild look at things you are looking at? | 1.00 | Ma |
| 18 | Does your shild make annual loger novements one higher face? | 1.1 | Ma |
| 18 | these years shall dury to attend your extension to bisher own anti-sty? | 100 | 140 |
| 10 | Here you are seadered if you shill a deal? | 1.00 | 14 |
| - | These years shall disconstant what people say? | 1.00 | 140 |
| - | Does your shall according on the all college or weater with an prepare? | 10 | his |
| 2 | Does your shift look at your face to shock your markets when faced with severilizing surface limit. | 10 | No |







C 1998 Clarge Rolling, Delawell Pers, & Marinton Parker.

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

| Pediatric Sympt | om (| hecklist | (PSC) | |
|---|--------------------------|---|--|------------------------|
| Pediatric Sympt | onic | HECKIIST | (100) | |
| notional and physical health go together in children. Because pa ild's behavior, emotions, or learning, you may help your child ge ease indicate which statement best describes your child. | t the best | often the first to no care possible by a | tice a problem with the nswering these question | 3ir ons. |
| ease mark under the heading that best decribes your child: | | Never | Sometimes | Often |
| Complains of aches and pains | 1 | n the biologic, p | use and strengths i | near of yulnergint |
| 2. Spends more time alone | 2 | identify targets | name and serves to | and fations bins whi |
| 3. Tires easily, has little energy | 3 | | hatory of products | (imate a badom r |
| 4. Fidgety, unable to sit still | 4 . | | oblems and a person | ty or behavior pre- |
| 5. Has trouble with teacher | 5 | usue mpairmen | and an annuality of | ib a immediate |
| 6. Less interested in school | 6 | to achieve develo | lities include failure | h, muint sulperabi |
| 7. Acts as if driven by a motor | 7 | minature derensi | e coping seills, and | |
| 8. Daydreams too much | 8 | nes melulo pares | apataonius containag | the talk to a the |
| 9. Distracted easily | 9 | the second second second | a lond and ald a toy als | it is the le tone how |
| 10. Is afraid of new situations | 10 | shick disadonina | ind (Sociodeniogra) | mity estructures ni |
| 11. Feels sad, unhappy | 11 | Cospability: phy | ognitive and lingbist | 5 SDREED AND THE |
| 12. Is irritable, angry | 12 | and aligned burgers | the orginal and a bries | Iders has solding |
| 13. Feels hopeless | 13 | mose with long h | (1) free 18 12 hol. 12 | things of a structure |
| 14. Has trouble concentrating | 14 | | n made in pre ordage | distances muscle |
| 15. Less interested in friends | 15 | CI DING WORK | Borrotana 9 Profession | month of a damage he |
| 16. Fights with other children | 16 | nie maalandmonth | | clature, entre paritie |
| 17. Absent from school | 17 | ve distantic acc | s and seeks to impro | chnical syndrome |
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| 19. Is down on him- or herself | 19 | a comolece bietu | atemizacionate | to with the formul |
| 20. Visits the doctor with doctor finding nothing wrong | 20 | A bahdicikAal | nizhien Enhounts, a | hilds The diagnost |
| 21. Has trouble sleeping | 21 | 1 of seven outer | a leologita bara bita | |
| 22. Worries a lot | 22 | d. II. | d'Alzis Waindan aun | incusions of stress |
| 23. Wants to be with you more than before | 23 | Apersist ent risk | g on a scale from th | provincent to begi |
| 24. Feels he or she is bad | 24 | derauter obactiv | ofunotioning manage | |
| | 25 | | helf the second parts | the charter of any |
| 25. Takes unnecessary risks | 26 | increadourse beaus | broad erta's of the | an chief the best the |
| 26. Gets hurt frequently | 27 | h avith strongs | on of the child. D | tions to the sit v |
| 27. Seems to be having less fun | 28 | anta and a start of the | producer to a standards | Max alone volumenta |
| 28. Acts younger than children his or her age | 29 | starte startes balles | the stole of the sector | anologia in biologia |
| 29. Dose not listen to rules | 30 | in another the state | hese freatments and | ingths. Many of d |
| 30. Does not show feelings | 30 | Par Internetson | g cha pierse - | d in the seconding |
| 31. Does not understand other people's feelings | 32 | | and and an allow | of brain neurotra |
| 32. Teases others | 33 | and and an lot bit | Southing aut with | CONSIDERATION |
| 33. Blames others for his or her troubles | 34 | NOTTAUJAVS OT | CRILDREN | NTS AND YOUNG |
| 34. Takes things that do not belong to him or her | 35 | sever and the set | d advantation of the second | All Chartenders and |
| 35. Refuses to share | 35 | ditrating under setting | introduction and an and | of physical and |
| Total score | | | | |
| Does your child have any emotional or behavioral problems for Are there any services that you would like your child to receive | which she for these p | or he needs help? problems? | ()N ()N | ()Y ()Y |
| If yes, what services? | | parent and philo | no attetarie rono of | sclude predominat |

M-CHAT

| Child's Name | Child's Date of Bully | MON | - |
|---------------------------------|-----------------------|-------|---|
| Name of Person Completing Perso | Robationality to | Child | |

.....

Tasky's Date:

M-CHAT

Please fill out the following about your shift's small behavior, and by to assess every question. If the behavior is new (you've only seen it more or brine), please assesses as if your shift does not do it.

| ٤. | Does your shild enjoy being easing, bounced on your lases, etc.? | Tes | No |
|-----|---|-----|-----|
| 2 | Does your shift lake as interest in other shiftes? | THE | No |
| 8. | Does your shild like slimbing on things, such as up stairs? | Tes | No |
| 4 | Does your shift suppy playing peak a boothide and assk? | 7. | 144 |
| 5. | Does your shild ever pretend, for example, to talk on the phone or take save of a shill or pretend other things? | Tes | No |
| ۴. | Does your shild ever use his/her index floger to point, to add for something? | Tes | No |
| 7. | Does your shild ever use his/her index flager to point, to indicate interest in something? | Tes | No |
| * | Can your shild play property with small loys (s.g. cars or blocks) without just monthing, fidding, or dropping lows? | Tes | No |
| ۹. | Does your shild ever bring objects over to you (parent) to show you according? | Tes | No |
| 10 | Does your shalld look you in the eye for more than a second or taw? | TH | No |
| 11 | Does your shild ever seen oversecultive to solar? (e.g., plugging east) | Tes | No |
| 12 | Does your shild smile in response to your face or your male? | THE | No |
| 18. | Does your shild initiate you? (e.g., you make a face will your shild initiate it?) | Tes | No |
| 14. | Does your shild respond to higher same when you call? | Tes | No |
| 15 | If you print at a key across the room, does your child look at 87 | Tes | No |
| 16. | Does your shalld well? | Tes | No |
| 17 | Does your shild look at things you are looking at? | Tes | No |
| IR | Does your shift make assault firger movements over his her? | Tes | No |
| 18 | Does your shild try to attent your attention to his/law own activity? | Tes | No |
| 21 | Have you ever unsubered if your shall is deal? | Tes | No |
| 21 | Does your shild understand what people say? | Tes | No |
| 22 | Does your shild sometimes stars at softing or wanter with no purpose? | Tes | No |
| 28 | Does your shift look at your face to sheek your markes when faced with an effective? | Tes | No |

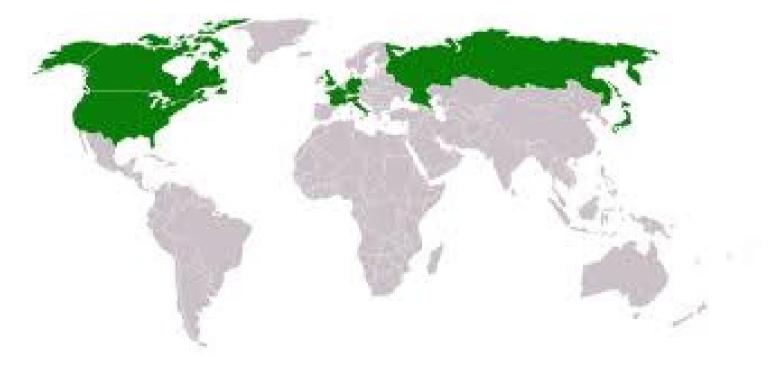
© 1999 Diana Robins, Deborsh Pein, & Marianne Barlon



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



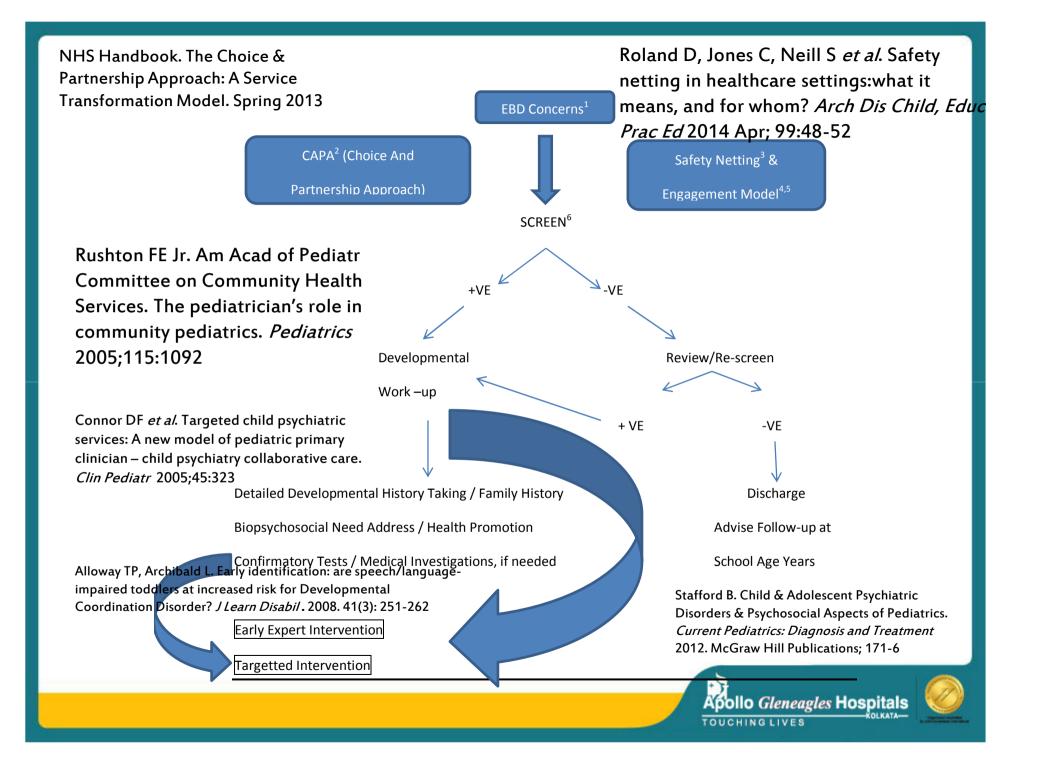
TERTIARY HEALTHCARE CENTRE

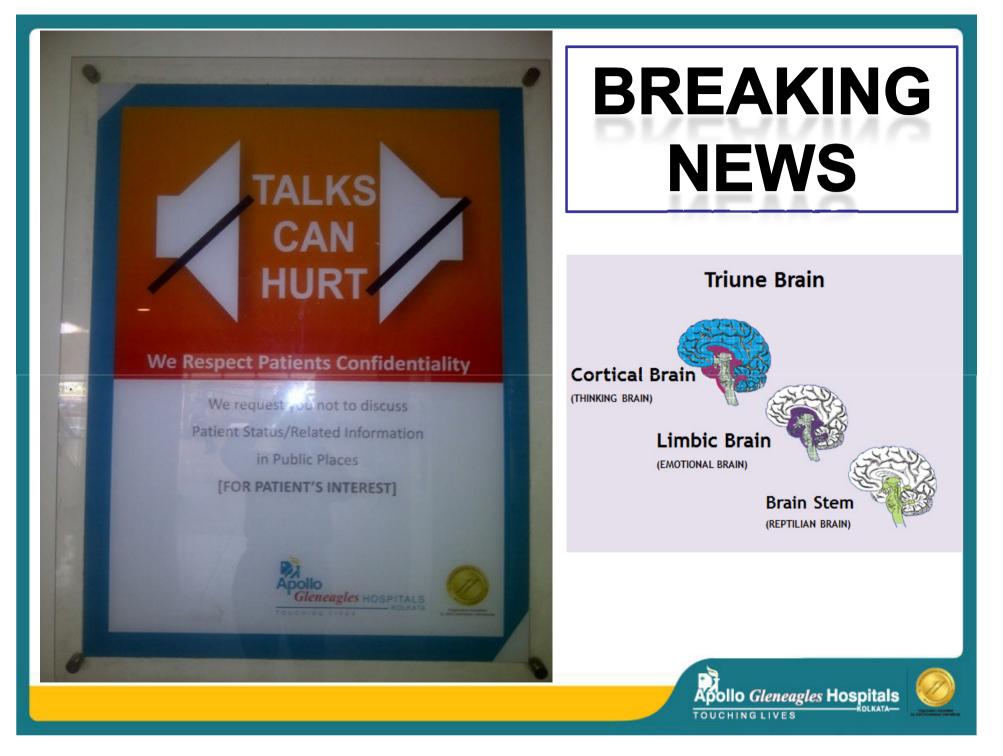




CHILD DEVELOPMENT CENTRE







DEVELOPMENTAL PAEDIATRICS

| NEURO DISABILITY | NEURO BEHAVIOURAL | COMMON BEHAVIOURAL |
|-----------------------------|---------------------------------------|---|
| NEURO DEVELOP- MENTAL | GENETIC & SYNDROME DIAGNOSES | MANAGEMENT ISSUES OF CHRONIC CONDITIONS |
| | | |

DEVELOPMENTAL PAEDIATRICS



TOUCHINGLIVES

| CP, DMD | Autism, ASD | Naughty |
|--|--|---|
| Spina Bifida | ADHD/ADD/HK | Lazy |
| Hydrocephalus | DCD/Dyspraxia | Fussy Eater |
| Neurological | DAMP | Late sleeper |
| Sensory | Challenging | Disobedient |
| Speech Delay Motor Delay Milestone | Downs Syndrm 22q- Syndrome Bizzire Synds | EPILEPSY Survivors - Stormy Neonatal - Neoplasm - Child Abuse |
| | 1 | |

DEVELOPMENTAL PAEDIATRICS

PREVENTATIVE





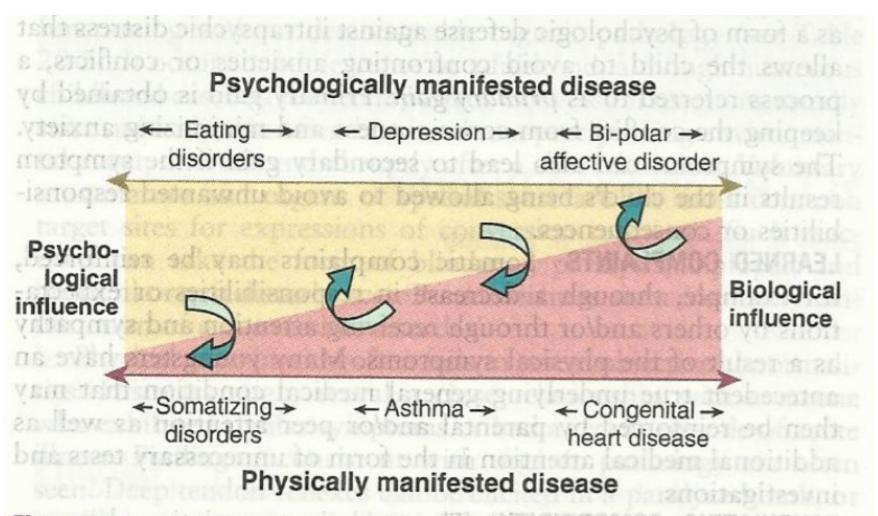
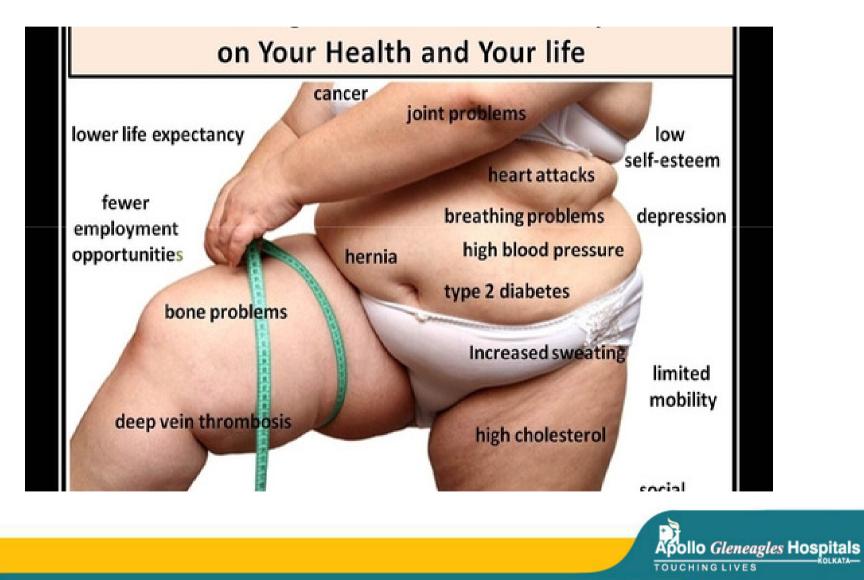


Figure 20-1 Biobehavioral continuum of disease. (From Wood BL: Physically manifested illness in children and adolescents: a biobehavioral family approach, *Child Adolesc Psychiatr Clin N Am* 10:543–562, 2001.)





Bio-psycho-social Model



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AUTISM EARLY SIGNS IN INFANTS



Unusual visual fixations

Unusually strong and persistent examination of objects



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

Abnormal

repetitive

Delayed intentional communication

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



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

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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

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er Introduction

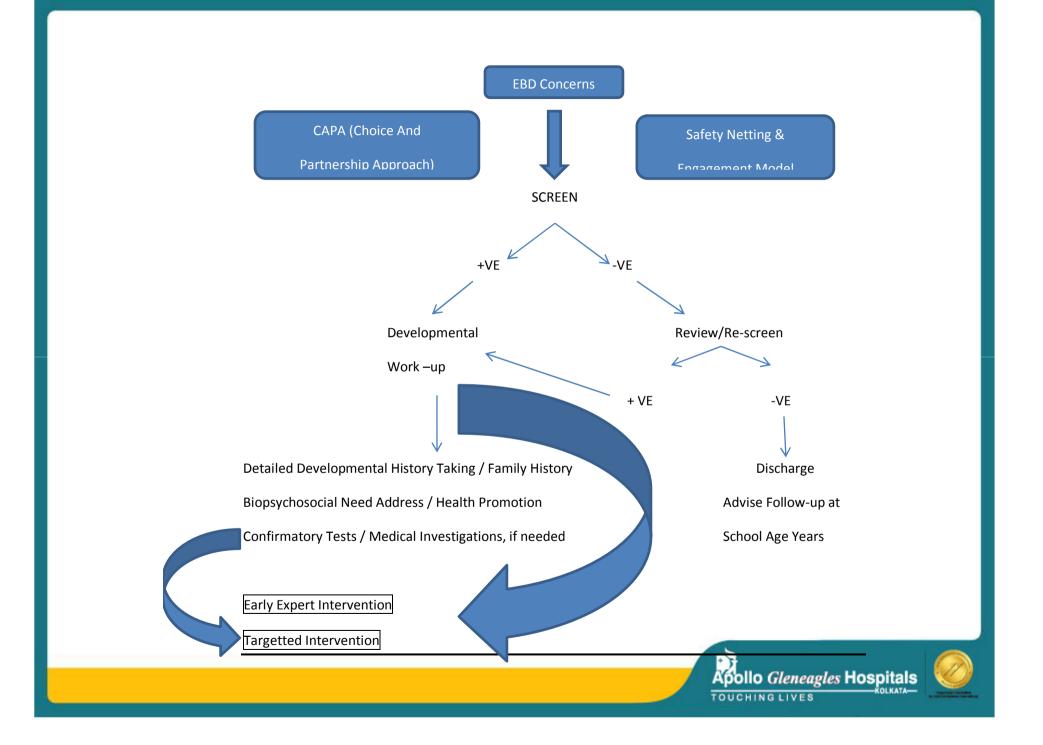
One of the most exciting areas of current autism science involves the search for infant behavioral markers of incipient autism. A number of prospective studies of infant siblings of children with autism spectrum disorder (ASD) have been carried out to help identify behavioral markers that are sensitive 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 (Ference 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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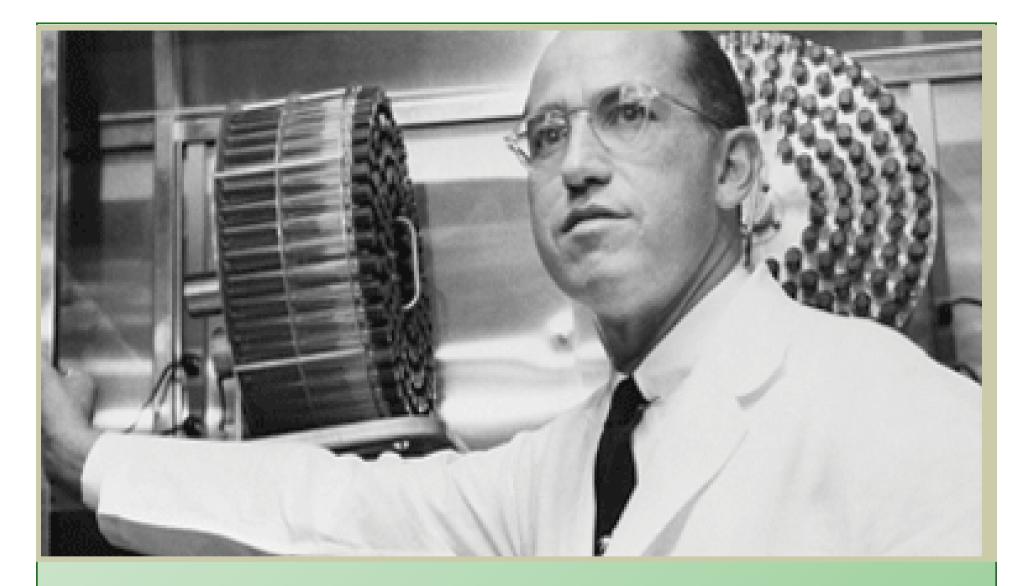
UNIVERSAL REFERRAL PATHWAY

ALL HEALTHCARE PROFESSIONALS

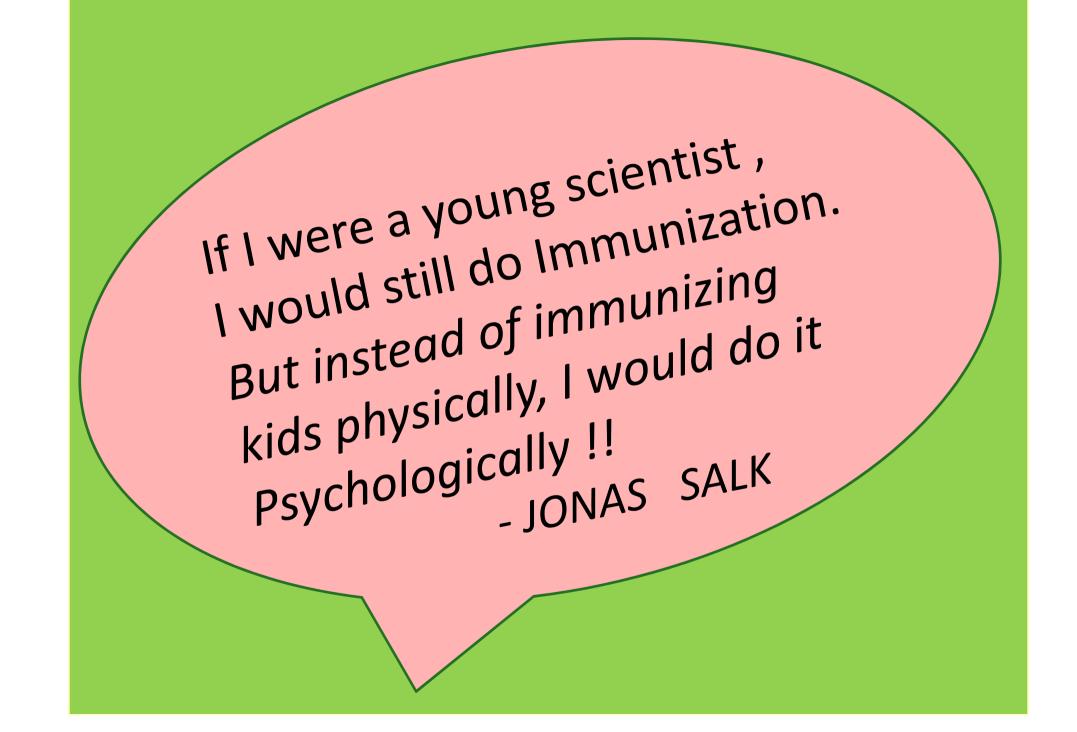
Subtle Signs – Anticipatory Decision Regret

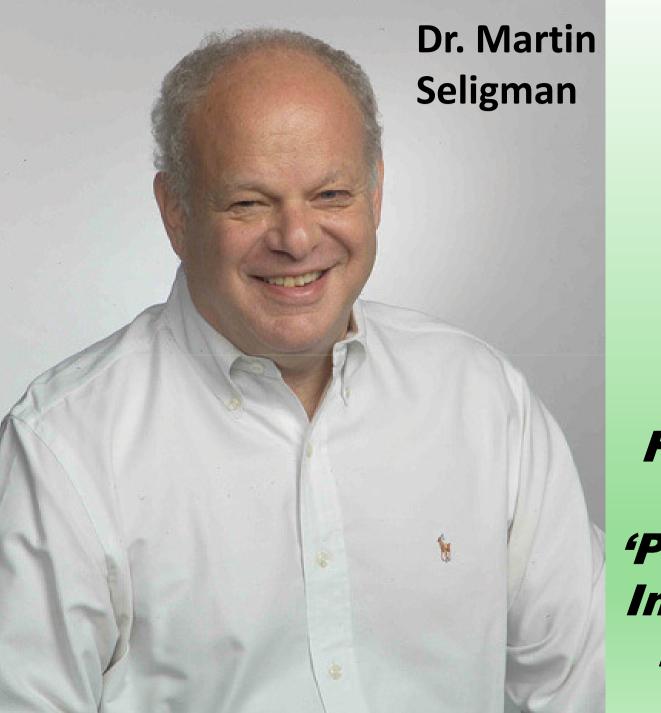






Jonas Salk - The Inventor of Polio Vaccine





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

Psychological vaccination training Courrent of and महकोर्वे किल्ल वैभिनन विषय ए कार्यशाला का आयोजन बच्चों को भावनात्मक शिक्षा जरूरी : डॉ अंजन आईतय से ज्यादा

भास्कर न्यूज | 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 बढ रहे डिप्रेशन और अव्यावद्यरिकता को खत्म किया जा सकता है। इसके लिए पहले शिशरोग विशेषज्ञ, स्कूल के शिक्षक और अभिभावकों को प्रशिक्षण लेना होगा। यह बातें रविवार को कोलकाता के इंडियन एकेडमी नाविल साइकोलॉजिकल वैक्सिन के मुख्य प्रश्निश्रक डॉ अंजन भट्टाचार्य शिक्षकों को भी का का सिंह के भा शाखा द्वारा टीएमएच ऑडिटोरियम



ऑफ पेडियाट्रिक (आईएपी) के द वाइल्ड स्पेशलिस्ट सेमिनार का दीप जलाकर उदघाटन करते डॉ. अंजन भडाचार्या

दिया जाए प्रशिक्षण



जरूरी ईक्य डॉ भटटाचार्य ने कहा कि पहले किसी की बुद्धिमता का प्रमाण इंटेलिजेंट कोसिएंट (आईक्य)

लेवल होता था. लेकिन आज वह डमोशनल कोसिएंट (ईक्य) लेवल में बदल गया है। अगर ईक्यू लेवल सही नहीं है, तो बडे होने पर भी उसे अपनी भावनाओं पर नियंत्रण नहीं होगा। वह बहुत जल्द अवसाद से पीडित हो जाएगा। बचपन में किसी के साथ बरा व्ययहार. अकारण मारपीट, वॉयलॅस और आत्महत्या करने की प्रवति भी ईक्य की कमी के कारण

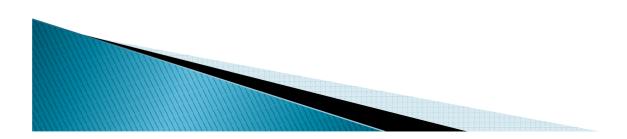




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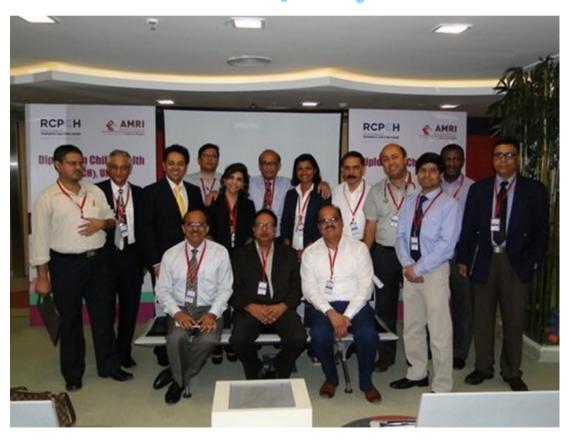
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