What to do when there are concerns about a child’s development

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Objectives

• Define developmental delay and note prevalence.
• Discuss how developmental delay is identified.
• Review initial work up for developmental concerns.
• Discuss actions, resources, and referrals to consider for developmental delays.
• Discuss resources for specific developmental and behavioral concerns.
Developmental delays

- Developmental delays are common – 16.7% of population has a delay or disability in at least 1 developmental domain

- Diagnosing early is beneficial

- Pitfalls of watch and wait
General Definitions

• Global Developmental Delay: delays in multiple to all aspects of development. Can use diagnosis until age of 5

• Developmental disorder/disability: mental or physical impairment resulting in functional limitations

• Deviations: skills developed out of usual sequence

• Dissociation: differing rates of development in different spheres

• Regression: loss of skills
Identify developmental delays

- Concerns of parents, family and other caregivers
- Screenings at well visits

- Development milestone resources for parents and providers
  - CDC – Learn the Signs. Act Early.
    - Milestone Tracker App
    - Developmental checklists
  - https://www.cdc.gov/ncbddd/actearly/hcp/index.html
Screenings

- Ages Stages Questionnaire (ASQ)
- Parents Evaluation of Developmental Status (PEDS)
- Survey of Well Being in Young Children (SWYC)
Common myths for delays

- Boys develop more slowly
- Speaking two languages at home
- There's a family history of delayed milestones but he will “catch up”
- Having an older sibling that is talking for them
- Child is just being “lazy”
- Being held/carried too much can cause motor delays
- It’s a stage
- The child looks fine and is happy
Red Flags

• No vocalization by 6 months
• Does not respond to sounds by 7 months
• No canonical babbling by 9 months (babababa, mamama)
• No sitting without support by 10 months
• Not standing by 16 months
• No consistent use of mama/dada by 1 year
• Not walking by 18 months
• No single words by 18 months
• Less than 20 words by 2 years
• Can’t stand on one foot by 3 years
A delay is noted ... what next?

- Inquire about regression of skills
- Address if need for hearing evaluation
- Referrals for further evaluation and treatment
Audiology evaluation

• Hearing loss is relatively common

• Normal newborn hearing test does NOT rule out hearing loss

• Audiologists with pediatric experience
Initial referrals

• Considerations
  • Age
  • Is the delay specific or multiple domains?
  • Wait list times – **do not want to delay intervention**!
• Refer to Baby Net, Help Me Grow, and/or Child Find
• Refer to pediatric ST, OT and/or PT for further evaluation and to begin treatment
Baby Net

• South Carolina's Fulfillment of Individuals with Disabilities Education Act (IDEA) Part C program

• Serves children <36 months old

• Services available
Help Me Grow

• Help Me Grow is a program that links families to existing, community-based resources and services for children at-risk for developmental, behavioral, or learning problems.

• Free screening forms for parents
• Help with referrals
• Information on local resources
• Activities for families

• 1-855-476-9211
• http://helpmegrowsc.org/
Child Find

• South Carolina's Fulfillment of Individuals with Disabilities Education Act (IDEA) Part B program

• Serves Children >3 years of age
  • Eligible for evaluation at 30 months

• Services Offered
Family Connection

- Contact Number 1-800-578-8750
  - www.familyconnectionsc.org
- Services
  - Education
  - Healthcare
  - Families
  - Training
  - Resources
Pediatric Therapies

• Speech

• Occupational

• Physical
Further developmental concerns

- Autism
- Behavior
- Anxiety
- ADHD
- Learning disabilities/Intellectual disabilities
Autism Spectrum Disorder

• Diagnosis: DSM-5 criteria
  • Social communication and interaction criteria
    • Social-emotional reciprocity
    • Nonverbal communicative behaviors
    • Relationships
  • Restricted, repetitive behavior criteria
Autism - Red flags

• Parental concern
• Failed MCHAT-R/F screening
• Deficits in joint attention
• Poor eye contact
• Lack of interest in others
• Lacking meaningful speech
• Delayed language milestones
Resources if concerns for autism

- Referral to Baby Net (<3yo)
  - Early interventionist
- Need full evaluation for diagnosis
- STAT screening
  - DDSN- Department of Disabilities and Special Needs
  - Developmental Behavioral Pediatrics referral
Resources for parents if autism is diagnosed

• Baby Net EI (<3yo)
  • DDSN- case manager – as child ages

• Child Find

• ABA (Applied Behavioral Analysis)

• Parent and family support
Applied Behavioral Analysis

• Intensive behavioral intervention approved for children with ASD
  • ABA Techniques: positive reinforcement, modeling, promoting, scripting, extinction of negative behaviors, antecedent based interventions

• Can be up to 40 hours a week

• ABA waiting list
  • https://msp.scdhhs.gov/autism/site-page/find-autism-provider
Behavior Issues

• Tantrums
• Aggression
• Defiant
• Inattention
• Hyperactivity/impulsivity
Considerations

• Type of behaviors
• Severity of behaviors
• Location of family
• Time and transportation constraints

• Options for parents?
  • In-home resources for behavioral modifications
  • More in-depth parenting classes and therapies
Help for the parenting toolbox

• Triple-P Positive parenting program
  • Evidence-based training program
  • 19 languages
  • Online courses, small groups
  • Specialized courses

• Parent-Child Interaction Therapy
  • Evidence-based training program
  • Therapist observes through mirrored glass and coaches parents
Family Connection

• Triple P: Stepping Stones Primary Care
• Tripe P Seminar Series
  • *Positive parenting for children with a disability*
  • *Helping your child reach their potential*
  • *Changing problem behavior into positive behavior*

https://www.familyconnectionsc.org/
Anxiety

• Excessive fear that leads to changes in behavior and impairs daily living

• Prevalence of up to 20%
Anxiety

• CBT (Cognitive Behavioral Therapy): >7 years of age
• PCIT: 2-7 years
• Coping Cat
  • Reduces symptoms and impairments
• Multimodal
  • Pharmacotherapy, CBT, family therapy
ADHD

- Inattention, hyperactivity, and impulsivity that cause impairment in functioning
- Parent training program – behavior modification
- School interventions
- Medications
Intellectual and Learning Disabilities

- Intellectual Disability: Deficits in both cognitive and adaptive skills that cause significant impairment in an individual who will require additional supports with both academic and daily living skills

- Learning Disability: Difficulties in learning and in academic skills that are substantially below the expected level of the child's cognitive functioning
School’s Role

• Schools are required by law to consider an evaluation of a child to determine if services are needed if parent requests

• In most cases, a school evaluation is faster than one through pediatric psychology

• Testing done but questions remain?
PCP Role – if educational testing completed

- Rule out Anxiety & ADHD – Common Disorders

- Change in performance
  - Sudden- rule out other medical disorders
  - Gradual- often a more chronic cause
What to look for in testing

• Understanding the standard scores
What to look for in testing

• Does cognitive testing reflect scores on achievement testing?

• Discussing realistic expectations

• What resources is the school offering through IEP?
Helpful information for initial DBP visit

• Parents:
  • Milestone history (baby books)
• Previous testing/evaluations
  • IEP/504 plan
  • Previous psychoeducational testing
  • PT/OT/ST evaluations
• Previous notes from providers
Questions?
References


