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Case Scenarios in Pediatrics

Early adverse life experiences may contribute to pathological behavior patterns later in life



Goals of the Presentations

- ▶ Learn Pediatric normal developmental mile stones. (Mental Health)
- ▶ Deviation from normal behavior
- ▶ Case Scenarios Diagnosis and Management



Medical Health/Mental Health Review and Intervention

Medical Health

- ▶ Normal Values in Medical
- ▶ Physical Exam
- ▶ Labs
- ▶ Radiology

Psychiatric/Psychological

- ▶ Normal Patterns child behavior and response of care giver
- ▶ Goals at different stages of life.
- ▶ Achieved or not achieved



There are 4 Domains in a Child's Development:

Physical Domain

- ← Growing in body size, height, and weight
- ← Acquiring locomotive skills, i.e., crawling, walking, talking, playing, riding a bicycle, etc.

Psychological and Cognitive Development

- ← Acquiring skills to learn how to think, process or organize the information.
- ← Problem solving and memory functioning.



There are 4 Domains in a Child's Development Continued:

Social & Emotional Development

- ← **How to interact with outside world**
- ← **Identify feeling & emotions of self and others**
- ← **Learning to deal with intense emotions**
- ← **Modulate feelings to function as independent individual.**

Sexual Development and Gender Identity

- ← **Developmental domains**
- ← **Children learn about their own body**
- ← **Learning about sexual feelings, and how to handle those feelings, and what is permissible in society.**

Communications

- ← **By speaking / writing**
- ← **Gestures (facial gestures, body gestures)**
- ← **Self injurious/suicide gestures
(overt and covert threat, or actual doing to hurt self
with intent)**
- ← **Substance abuse gestures**
- ← **Risky sexual behavior gesture**
- ← **Passive aggressive behavior**
- ← **Psychosomatic complaints
(when not explained by a medical work up)**



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Erik Erikson's "Stages of The Life Cycle"



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Stage 1

**Basic Trust versus Mistrust
Birth to about 1 year of age**



Stage 1

Basic Trust versus Mistrust: Birth to about 1 year of age Task: Trust or not to trust

Successful of Achievement Goal:

- ✓ Affection and loving care from caregiver (mother/father)
(e.g., child's needs: bathing, basic daily care and hygiene)
- ✓ Child learns to trust the immediate world;
begins to perceive an optimum view of family life; can handle being out of sight of caregiver.

Unsuccessful Goal:

- ✓ Inattentive, poorly responsive caregiver
(illness, work, family crisis, etc.)
- ✓ Child learns the immediate world is not trustworthy; basic needs are not met, and results in mistrust and confusion in later life.



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Stage 2

Autonomy versus Shame and Doubt

About 1 to 3 years of age



Stage 2

Autonomy versus Shame and Doubt

About 1 to 3 years of age

Task: Confidence or doubt

Successful Achievement Goal:

Parents permit autonomy; are supportive without being overly protective.

Child gains self-confidence; learning mastery of themselves.

Self-esteem is enhanced

Unsuccessful Goal:

Parents are over-controlling, punishment for being autonomous.

Child feels angry and ashamed; prevailing sense of doubt, loss of self-confidence; may develop loss of self-control and incompetence re: age-appropriate tasks,

e.g., toilet training, muscular skills.



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Stage 3
Initiative versus Guilt
3 to 5 years of age



Stage 3 Initiative versus Guilt 3 to 5 years of age

Successful Achievement Goal:

Children develop physically and intellectually; curiosity and freedom are encouraged.

Child is supported and engaged; encouraged to use their full potential and take initiatives.

'Aggressive' fantasies are managed properly (neither punished or encouraged)

Child develops initiative and ambition

Development of conscience
(moral values: right from wrong)

Unsuccessful Goal:

Parents are over-controlling, punishment for being autonomous.

Excessive punishment can restrict initiative and ambition.

Can lead to rigid strong ego-centric persona; in adulthood can manifest itself in stubborn and a danger towards self and others.



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Stage 4
Industry versus Inferiority
6 to 11 years of age



Stage 4

Industry versus Inferiority

6 to 11 years of age

Successful Achievement Goal:

Parents and teachers encourage creativity and curiosity.

Diligence, productivity and perseverance are demonstrated in difficult tasks, and helps protect against a sense of inferiority.

Productive children take pride in doing something, and completion of work or task is a pleasure.

Unsuccessful Goal:

In excessive emphasis on rules and regulations / 'should' and 'shouldn't', a child can develop a sense of duty, but at the expense of a natural desire to work.

Discrimination in school / non-supportive parents may lead to inferiority.

Over-protection at home, or excessive dependence on family for emotional support, can lead to emotional dysregulation.



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Stage 5
Identity versus Role Confusion
12 to 18 years of age



Stage 5

Identity versus Role Diffusion

12 to 18 years of age

Successful Achievement Goal:

Developing a healthy sense of identity, built on success in passing through earlier stages.

Success in attaining trust, autonomy, initiative and industry

Sense of inner solidarity with ideals of a social group whose moral value may change, but eventually an ethical system is consolidated into a coherent organizational framework.

Unsuccessful Goal:

Identity crises can occur: identity diffusion or role confusion, characterized by not having a sense of self, and by confusion about the adolescent's place in the world.

Can manifest in behavioral abnormalities (e.g., running away, criminality, overt psychosis problem in gender identity)

Adolescents may defend themselves by joining cults, or identifying with folk heroes.



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Erik Erikson's "Stages of The Life Cycle"

Stage 6

**Intimacy versus Self Absorption Isolation
21 to 40 years of age**

Stage 7

**Generativity versus Stagnation
40 to 65 years**

Stage 8

**Integrity versus Despair and Isolation
65 years of age, or older**



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Case Scenarios

Commonly Encountered Childhood Mental Disorder



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Non-Psychiatric Physician

Pediatricians/Physicians urged to screen more closely for mental health problems.



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Pearl of Wisdom

The Eyes Cannot See
What The Mind Does Not Know



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Case Scenario

A 4 year old boy brought for evaluation and to answer questions. Already has been taking Concerta 18 mg and Risperidone 1mg. Started by special interest in children Doctor.



History

- ▶ He had seen physician at 18 month for not speaking and does not make good eye contact, but use repetitive play. A bit hyperactive and does not respond to calling his name.
- ▶ Mother was reassured sent home.



3 years

- ▶ A very hyperactive and aggressive still does not talk. Hit and no eye contact, treat human being as an object and play alone.

- ▶ 1. Child has Oppositional defiant disorder
- ▶ 2. Child has ADHD
- ▶ 3. Refer for further evaluation
- ▶ 4. Continue treatment.



Pediatrician reported 11 year old girl has multiple site pain like belly ache, shoulder pain , headache and throwing up for 2-3 month. All the tests including endoscopy are negative , treatment at present, on 7 medications including Flagyl, muscle relaxant, antacid, H2 blocker, Panadol, Anti-emetic and multivitamins without improvement.

Recent change family moved from North America 3-4 months ago, girl does not like here. Before moving to Dubai she was healthy child.

1. Child is missing home country
2. Child has Anxiety Disorder
3. Look for another physical disorder
4. None of the above



5 year old girl always cling to the mother while taken to the nursery for last 2 weeks, she starts crying for 1-2 hours but later settles no other behavior problem reported.

1. Child has separation anxiety
2. Child should be treated with SSRI
3. Reassure the mother that she will be fine
4. Advice she should do home schooling



Mother of 4 year old report boy is not talking, does not make quality eye contact, plays alone interested in toy parts rather than whole and make unusual noises. Run in circles for long time or other patterns or common in his play.

1. Physician should reassure the mother he will catch up
2. Physician should make the diagnosis of Autism
3. Refer to Child Psychiatrist to get opinion
4. Send the child for speech therapy and social skills training.



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History

At age of 2 years showing excessive temper tantrum and too much running around.



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Continued

Age 5 in the school cannot sit still, easily distracted, and talking to other kids, dropping school supplies on the floor and disturbing class.



Question:

Mother of 10 year old boy reports he is always on the run very smart but can not stay on one task some how plays video games for hours. This hyperactive behavior has been since age of 3-4 years.

1. Child has behavior problem.
2. Child has concentration problem
3. Child has ADHD
4. None of the above



2 year boy is biting and bites 4-5 times/week. Nursery told the mother to take child for treatment or they can not have him.

1. Explore from parents stressful situation at home and ask to spend more time with child playing /behavior training.
2. Child should be seen by Psychiatrist if medically cleared
3. Child should be punished for biting
4. Reassure the parents that he is having new teeth and try to use them.



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Gene (Parent Rich Source)

Environment (Two way street)

Can Make Difference

Therapeutic intervention



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Thank You!



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Figure 1. Typical age ranges for presentation of selected disorders*

Disorder	Age (years)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Attachment																		
Pervasive developmental disorders																		
Disruptive behaviour																		
Mood/ anxiety disorder																		
Substance abuse																		
Adult type psychosis																		

**Note that these ages of onset and termination have wide variations, and are significantly influenced by exposure to risk factors and difficult circumstances.*



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QUESTIONS

