Caring of a child with special needs

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Objectives
On completion of this activity you should be confident in:

- Common presentation of communication disorders.
- Negative effect of screen time on a child behavior.
- DSM5 criteria of autism diagnosis.
- ADHD criteria and how to manage
Case one

*Initial Assessment Visit:*
A 3 years and 7 months old boy.

- limited in focus
- Likes to be alone
- does not mix with other children
- He has certain foods to like (selective eating)
- Used to bang his head against the wall
CASE one ct.

- He does not tolerate loud voices, when another child cries in front of him, he would hit him.
- He is not responding to his name and commands.
- Flapping of hands and going round in circles for long time.
- Mother noticed that he is hyperactive and difficult to control at home.
he likes to play and stay alone, he can say only baba and mama.

he is not toilet trained yet and still unable to feed or dress himself.

Otherwise he has normal pregnancy and neonatal period

No trauma, no serious illness or injuries.

Family hx not significant.

No seizure disorder or other medical problems.

Has had medical work up and hearing test all were normal.

He has not been in any structured or formal rehabilitation in the past.
What else you would like to ask?

- "addictive" to IPAD, TV, and computers games

- He used to stay in front of the screen from 4-6 hours daily mainly watching kids songs channels.
On Examination

- He has no dysmorphic features.
- He is not responding to his name or commands.
- He has no words yet.
- Producing sounds.
- Has repetitive hand movements.
- Has no imaginary or pretended play.
What is the impression

**Main Concerns:**

- lack of social interactions
- communication delay
- repetitive movement
- Hyperactivity
What is the differential diagnosis?

- Autistic Spectrum Disorder
- Intellectual Disability
- Communication disorder
- ADHD
DSM5 criteria for diagnosis of ASD

What is the DSM-5?
The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a book developed by the American Psychiatric Association that classifies and establishes criteria for mental health disorders and conditions.
The American Psychiatric Association published the fifth addition of the manual (DSM-5) in May 2013. Over the course of many months, mental health professionals weighed in on changes to the diagnostic criteria for mental health disorders previously covered in the fourth edition of the manual (DSM-IV).

DSM-IV versus DSM-5
In DSM-IV, autism diagnosis was based on a triad of symptoms, including language delays, social communication deficits, and repetitive or restrictive behaviors. According to the new DSM-5 criteria, autism diagnosis guidelines include two criteria domains:
- Social interaction domain (including language and social communication deficits)
- Repetitive or restrictive behaviors
Most children previously diagnosed with autistic disorder, Asperger’s disorder, pervasive developmental disorder-not
How you will Approach?

Diagnosing an ASD takes two steps:

1. Developmental Screening e.g. MCHAT-R.

AAP and DOH recommend to routinely screen for ASD at 18 months and repeated at age of 24 months.

2. Comprehensive Diagnostic Evaluation e.g. ADOS (Autism Diagnostic Observation Schedule)
Examples of developmental screening tools for ASD.

- Ages and Stages Questionnaires (ASQ)
- Communication and Symbolic Behavior Scales (CSBS)
- Parents’ Evaluation of Developmental Status (PEDS)
- Modified Checklist for Autism in Toddlers (MCHAT)
- Screening Tool for Autism in Toddlers and Young Children (STAT)
Our advice

- Reduce screen time gradually to minimum (as per AAP recommendations)
- Join a structured therapy program including Speech and Occupational Therapy
- Enroll in a nursery
- Re-assessment in 6-12 months.
The American Academy of Pediatrics recommends:

- **NO** screen time for children under 2.
- Limiting screen time to **1-2 hours of QUALITY** programming for children 2+ years old.
- **NO** screen media in the bedroom.
REASSESSMENT seen after ONE year.

- Parents cut the screen time.

- On extensive structural therapy in OT, SLT and behavioral therapy 3 days a week.

- Joined mainstream KG.

- Starts to has around 100 words but still unclear.

- Responding better to his name and orders.
REASSEMENT seen after TWO years.

- Language continues to improve
- Has reasonable eye contact, no disturbed behavior or hyperactivity
- No aggressive behavior or self-harming
- Showed marked interest in joint discussion and he is willing to learn
- Was calm and cooperative
What is your impression now?

1. Communication disorder related to excessive screen exposure

2. Autism Spectrum Disorder
The rise of autism in the UAE

With more and more children being diagnosed as autistic in the UAE, parents have to deal with the financial burden of treatment and therapy, as well as the emotional fall-out, discovers Suchitra Bajpai Chaudhary

A child undergoes therapy at the Dubai Autism Centre.

Image Credit: Dennis B. Mallari/GNM
Screen time in early years affects a child’s chances for success in school.

- Healthy brain development, in very young children, depends on emotionally positive, live interactions with adults, other children, and their surroundings.

- Screen media is not live, nor is interactive, therefore brain development can be hindered by screen media.
Autism Facts & Stats

- Autism now affects 1 in 68 children
- Boys are four times more likely to have autism than girls
- About 40% of children with autism do not speak.
- About 25%-30% of children with autism have some words at 12 to 18 months of age and then lose them.
- Others might speak, but not until later in childhood
- Autism greatly varies from person to person (no two people with autism are alike)
Prevalence of autism at UAE

Worldwide the occurrence of autism has been documented as one child in 68 births."

In the UAE, although no official figures are available I can tell you we are on the same track," says Sara Ahmad Baker, head of the community service unit, Dubai Autism Centre.

"Autism is definitely on the rise."
Doctors seeing increasing numbers of children affected by too much screen time

Paediatricians have noted increasing numbers of parents asking for help with their poorly behaved children, many of whom suffer from attention problems in school and some as young as six suffer sleep disorders.
Some parents might worry that the vaccine causes autism. Signs of autism typically appear the same time that children are of receiving the MMR vaccine. Vaccine safety experts, at CDC and (AAP), agree that MMR vaccine is not responsible for increases in the number of children with autism.
Background TV can **interfere** with

- free play time
- quality time with family
- strong language development
- sleep quality

All of which predict **success with learning**.
Benefits of Creative Play
(e.g. drawing, painting, building with Lego and dressing up)

- Sociodramatic opportunities
- Emotional
- Cognitive
- Language development
- Social skills
- Problem solving
What are the negative effects of screens on children?

1- Sleep Deprivation.

2- Obesity.

3- Vision problems.

4- Aches and pains.

5- Lack of social interaction.

6- Aggression.
Too much screen time causes behavioural problems

Parents polled said excessive use of smart devices caused behavioural, concentration, vision, and other problems.

Around 32 per cent of parents surveyed said their children suffered from vision issues due to overuse of electronic devices.

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Staff Report
1 - Sleep Deprivation

- Kids need more sleep than adults.
- The average child needs 10-12 hours of sleep to grow and develop properly.
Sleep deprivation ct.

- Children who *sleep with electronic devices in their bedroom get less sleep* than those who leave the devices in another room at night.

- All *electronics*, including cell phones, tablets, iPads and TVs, *emit a blue light* from the screen.

- Studies have shown that *blue light has a greater effect on the circadian clock and on melatonin suppression*. 
2-Obesity

- use of any device with an electronic screen require the need to sit down while using it.

- combined with ads for high-calorie junk food, often leads to childhood obesity.
3-Vision problems

20-20-20 rule

- long hours working in front of computer screens
- Every 20 minutes look at something 20 feet away for 20 seconds.
- to help prevent eye strain and vision problems.
4- Aches and Pains

- Neck and wrists are often held at odd angles.
- Thumbs are used in ways they were never meant to be.
- Back pain, arthritis, repetitive motion syndrome and migraines may develop in the future.
5-Lack of social interaction

- Devices and have limited face-to-face contact with people.

- No interaction with others, face-to-face, future adult relationships for the child may be impeded.

- Employment, romance, friendships and simple social etiquette will never develops normal social skills during childhood.
6-Aggression

- Lots of video games feature violence.
- Young kids are drawn to games that use weapons.
- The more violent and bloody, the more popular the video game typically becomes.
- Aggressive with siblings and at the school.
Autism and screen time

- Children with autism spectrum disorders.

- Are uniquely vulnerable to various brain-related impacts of screen time.
These electronic “side effects”

- **Electronic Screen Syndrome**
- and technology **addiction**
- to video games, internet, smartphones, social media, and so on.

Victoria L. Dunckley M.D. By Victoria L. Dunckley M.D.

Pour la traduction française, cliquez sur le lien ci-dessous

Victoria Dunckley des cerveaux particuliers, des risques spécifiques

Dec 31, 2016
Why children with autism more affected by screen time?

1. Children with autism tend to have low melatonin.

2. Prone to arousal regulation issues, exaggerated stress response, emotional dysregulation, over or under-stimulated
CASE TWO

7 years old, 2nd grade student.
very active
Always on the go.
expelled from his first preschool at age 3 years because he was disruptive
wouldn’t sit still for circle time.
CASE 2 CONT.

- Has difficulty completing his class work.

- On occasions, hit teachers or students when he didn’t get his way.

- His mother delayed his starting kindergarten.
Case 2 Cont.

- He couldn’t follow directions well
- Has a short attention span
- Very active
- Difficulties in getting him to sit down to read.
Case 2 Cont.

He will not stay focused on any activity except his Game Boy for more than 15 minutes.

He is frequently loud and destructive when he plays.
What's your impression?

How to approach?
ADHD SCORING

Connors Rating Scales (CRS)

- the only scale that provides normative data.
- preschool children (to age 3 years)
- can be re-administered, which could help monitor treatment response.
Scoring cont.

additional utility in initial assessments, particularly when comorbidities are suspected (Vanderbilt scale serves this function as well).
ADHD Basics

- Currently affects 3-5% of the population
- Neuropsychiatric disorder
- Onset before the age of 7

Problems occur in three basic domains:
- Attention Span
- Hyperactivity
- Impulsivity
Attention Deficit Hyperactivity Disorder

- The impulsive, aggressive child is constantly on the go.
- He runs instead of walks, acts instead of talks.
- These boys and girls jump headlong into new experiences, diving in first and looking later.
If they learn to use their considerable energy in constructive ways:

- they can be energetic, creative, enthusiastic, charismatic

- they become athletes, pilots, soldiers, business entrepreneurs.
Attention Span Criteria

- Pays little attention to details; makes careless mistakes
- Has short attention span
- Does not listen when spoken to directly
- Does not follow instructions; fails to finish tasks
- Has difficulty organizing tasks
- Avoids tasks that require sustained mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities
### Hyperactivity Criteria

- Fidgets; squirms in seat
- Leaves seat in classroom when remaining seated is expected
- Often runs about or climbs excessively at inappropriate times
- Has difficulty playing quietly
- Talks excessively

### Impulsivity Criteria

- Blurts out answers before questions are completed
- Has difficulty awaiting turn
- Often interrupts or intrudes on others
Classroom suitable for ADHD students should...

...be predictable
...be structured
...have shorter work periods
...have a smaller teacher to student ratio
...have more individualized instruction
...have an interesting curriculum
...have more positive reinforcement
Helpful Hints

- It is often helpful for students to be able to spread out or move around to find a more comfortable environment.
- Fidget: piece of clay or large rubber band.
How many children are receiving treatment for ADHD?

Treatment include behavior therapy and medication.

- **Children 6 years and older** (AAP) recommends both behavior therapy and medication as good options.
- **Children (under 6 years of age)**, behavior therapy is recommended as the first line of treatment, before medication is tried.
"Having ADHD is like being put into a dark room with things scattered around to trip you. You don't get a flashlight...but everyone else does. You trip around the room, bumping into things, until you finally learn the layout of the room. Then someone moves you to a new room, and the process starts again."
Take home message

- Autism is definitely on the rise.
- NO screen time for children under 2.
- Limiting screen time to 1-2 hours

Will positively affect the child behavior.

- Early intervention is the key for treatment of ADHD or autistic children.
THANK YOU
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