Developmental Delay In Children

Special Focus on Autism and Foster Children

USC School of Social Work
Objectives

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Statistics

• 1 in 6 (~15%) U.S. children, according to the CDC, is diagnosed with Developmental Delay/Disability (DD)
  • Around 1/68-150 with Autism Spectrum Disorder (ASD)
• 17% growth between 1997-2008 d/t increased cases of Autism, ADHD and Global Delay (GD)
• Despite research leaning towards the effectiveness of Early Intervention (EI), only 2-3% of the 15% diagnosed with DD, receive public EI
• Only about 1/3 of the 2-3% were even identified for screening by MD/Preschool/Parents
Definitions

- There are differences in how symptoms are expressed when assessing and analyzing developmental delays so let’s define some.

Delays versus Deviances from average milestones - Deviating from a milestone is expected but significant delays, especially global, are concerning.

Surveillance of developmental milestones versus Screening for delays – Surveying behaviors is a passive review of observable milestones while screening is done through research proven tools aimed at a clinical diagnosis.

Assessing on Streams versus Domains - For example when doing behavioral surveillance, assess based on streams or checklists but DSM diagnosing will need screening based on developmental domains.

- Gesell & Amatruda, (1947) developed an equation to measure developmental progression of developmental streams, on a scale that comparatively graphs development between child populations.

\[ DQ = \frac{\text{Developmental Age}}{\text{Chronological age}} \times 100 \]
Causes

- Research hypothesizes some contributory factors
  - Older parent conception
  - Premature births
  - Increase in use of fertility treatments
  - Toxic environmental factors
  - Genetic predisposition then activation of genes
  - Some hypothesize about the role of vaccination but a link has not been found

- As of yet, no clear answers
BioPsychoSocial Streams and Red Flags

- Family History, Functional Delays or Loss/Regression of Skills, first need rule out of physiological, genetic, medical, neurobiological, infection and Autism roots
  - Biological
    - Medical Conditions
    - Gross/Fine Motor
  - Psychological
    - Language versus Speech
    - Critical Thinking, Executive Decision Making and Problem Solving Skills
  - Social
    - Solitary, Parallel and Group Play/Interaction
    - Maintaining reciprocal social interaction
Autism/DD First Signs

• Lack of:
  • Coordination of non-verbal communication with access = pointing and grabbing
  • Sharing of interests with others
  • Appropriate eye contact
  • Response to name
  • Emotional expression appropriate to events around them (joint attention skills)
  • Verbal vocalization in attempts to communicate
  • Problem solving skills (evidence of global general DD)

• Increased:
  • Fixation on objects
  • Repetitive movements
  • Self-stimulatory behaviors such as hand flapping, fixating on the same movie scenes, seemingly OCD related behaviors/fixations
  • Anxiety and aggression
DSM-5 ASD Domain Changes

• Autism Spectrum Disorders (ASD)
  • Include Autism, Asperger's, PDD-NOS (Not Otherwise Specified) and Child Disintegrative Disorder (CDD)
  • Focus on:
    • Social/Communication Deficits
    • Restricted, repetitive patterns of behaviors/interests/activities, including sensory issues
    • Persistent deficits in social communication and interaction across contexts (outside of those affected by DD)
    • Must be present in early childhood and impair everyday functioning

• Do not confuse with:
  • ADHD, Anxiety or OCD
  • Learning Disabilities and Cognitive/Developmental Delay
Early Intervention (EI)/Screening

• The Individuals with Disabilities Education Act (IDEA) mandates early identification and intervention
• Pediatricians are Primary Professionals, after parents, who notice deficits first
• Identify and Screen Early for Best Results
  • Under 5 years old usually assessed at Regional Centers or part of preschool/Headstart
  • Over 5 years old usually assessed at Public Schools as they are mandated
  • Reference Developmental Milestones checklists often
General Interventions with Focus on ASD

• The main focus is on EARLY INTERVENTION through multidisciplinary assessment
• Multidisciplinary approaches however, should not only focus on diagnosis but also intervention
• Occupational Therapy and Sensory Integration
• Speech/Language Pathologist Therapy
• Behavioral Management
• Systemic Approaches that target all aspects of a child’s life including medical, home and educational realms among others
DD and Foster Youth

• With constant changes in their lives, having come from neglectful/abusive homes and being placed in foster homes that do not adequately know their histories, they are prone to FALLING THROUGH THE CRACKS

• Prevalence
  • Over 580,000 children in U.S. foster care
  • 30% + are younger than 5 years of age
  • Suffer from poor adherence to mandated screening schedules
  • Around 60% diagnosed with some form of DD
  • 57% exhibiting language delays
  • 33% showing cognitive problems
  • 31% displaying gross motor difficulties
  • 10% experiencing growth problems (FTT)
**Implications**

- Children Social Workers play a predominant role in identifying developmental delay needs in foster children and making referrals to appropriate professionals.
- It is imperative that social workers get to know foster youth and develop a close relationship with their foster parents and community resources and intervene quickly.
  - Implications of not intervening and screening for DD on foster children has a lifetime of negative effect on the children and society as a whole.
  - Social workers should actively and routinely survey for deficits and refer for assessment as needed.
Cultural Competence (things to consider)

• DD is viewed differently across cultures i.e. shameful, punishment, a curse on the family or a failure on the family
• Due to some cultural beliefs and customs, DD may be misinterpreted and diagnosed late, e.g.:
  • Traditional Chinese believe that “maintaining face” means that “shameful” family affairs are not to be shared outside the home, or that direct eye contact is disrespectful and therefore might interpret poor eye contact in ASD as a sign of respect, therefore neglecting proper DD screenings
  • Families in India value conformity to tradition and duty to family customs and an inability to conform due to DD brings shame to the family
  • Mexican and Latin cultures might interpret DD as a curse on the family
  • Jewish families perhaps value personal achievement as a sign of family success and a child with a DD might be seen as a disappointment
Cultural Competence (Reflection)

Since different cultures view DD differently, their approaches to treatment, if any, will also vary. Reflect on your own cultural upbringing:

1. What does your culture call a child’s delay before it is diagnosed?
2. What do they think causes it?
3. What do they think Autism is?
4. Do they feel it is only a childhood phase?
5. How would your culture react if they find out your child has a DD?
6. What are problems your child’s autism/DD will cause in the relationship of your family?
7. What are some of your culture’s treatments for ASD and DD?
8. What do you see the implications are on the child’s development?
Cultural Competence (Vignette)

- A 9 year old male, is referred to you for assessment. He lives with his Hispanic mother who is a full time teacher. Father is a Jewish attorney. Mother and father are divorced. Mother states at time of child’s diagnosis around age 4, father was reluctant to accept it and neglected early intervention help. Father felt culturally this was something you kept private in the home. Mother stated as a teacher she’s had experience with a lot of children and although this was difficult news to hear, she was willing to face it with the help of her extended family by her side. After the divorce father continued to remain uninvolved with the interventions for his child and family, however provides for him financially and with legal protection. Mother remains active in his interventions, however alludes to the idea that Autism comes from the paternal side, therefore she seems resentful at times and regretful of the decisions she’s made marrying him which affects family interactions.
Cultural Competence (Case Discussion)

• Let’s take a few moments to reflect on the vignette

• What would a culturally competent social worker be assessing for? Please discuss all cultural aspects that would affect the therapeutical process as part of a class discussion?
  • Note mother’s cultural influences of having family support
  • Note father’s shame knowing his son will not bring pride to the family
  • Father is still playing a cultural role of providing for his family
  • Mother remains devoted and prideful
  • There are feelings of shame, resentment and regret. Note that these can consciously or unconsciously be projected on the child and affect delivery of intervention to both extremes +/-
  • Keep in mind the implications of cultural factors on early intervention and that because the marriage was under extreme stress, there was a lot of avoidance, neglect and minimizing of symptoms until age 4
References/Resources

• Autism Society of America
• Autism Speaks
• Center for Disease Control and Prevention
• American Academy of Pediatrics
• Lanterman Act (Regional Centers)
• Firstsigns.org
• Healthychildren.org