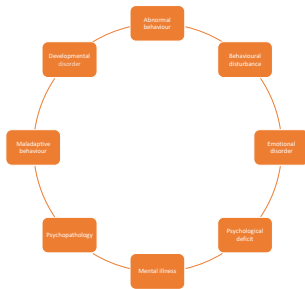




Atypical Development

ECAP4007

1



2

When that behaviour is atypical (APA, 2000)



"A clinically significant behavioural or psychological pattern that occurs in an individual and that is associated with distress, impairment, or increased risk of death, pain, disability, or important loss of freedom" (p. 24).



Cause of atypical behaviour resides within the individual and interferes with adaptation (nature)



Or may be viewed as an individual's reaction to circumstances (nurture)

3

Developmental Standards



4

Areas to Consider When Assessing Young Children

- Developmental Levels of Infant or Child
- Quality of Important Relationships
- Parent Status
- Family Situations



5

Ways development can be atypical

Global delays in development



Inconsistent development

Atypical, unusual behaviours (red flags)



6

Red Flags in 6 Month Olds:

- Inability to Read Signals
- Persistent Sleep Problems
- Lack of Predictability
- Failure to Imitate Sounds and Gestures
- No Affect, Range of Feelings
- Lack of Stranger Anxiety (8 months)

Red Flags in 18 Months to 3 Year olds

- Eating Problems
- Non-speaking
- Extreme Shyness
- Lack Autonomy
- No Enjoyment in Play
- Poor Problem Solving
- Total Lack of Self Control
- Chaotic Behaviour

Red Flags 12-18 Month Olds:

- No Words
- Persistent Sleep problems
- Withdrawn
- Excessive Rocking
- Prolonged Fears
- No Separation Distress
- Immobile, Low Activity
- No Social Engagement
- Predominant Anger and Outbursts

7

All children go through rough times at school, with friends, or in their families

Most common problems, such as sadness after a family move, clear up with time and maturity

- **Frequency:** how often does the student exhibit the symptoms?
- **Duration:** how long do they last?
- **Intensity:** how severe are the symptoms?

Consider three things if you suspect someone may be experiencing an emotional problem:

Behaviours or moods that:



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_Advice_for_Schools_160316.pdf

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Cultural relevance and the appropriateness of diagnosis



9



Assessment Methods

- Standardised assessment
- Developmental history
- Observation
- Play-based assessment

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Disorders of Development

Developmental delay
Developmental disorder
Learning disabilities (e.g., dyslexia, dyscalculia, dysgraphia, dyspraxia, auditory processing disorder & visual processing disorder)
Attention deficit & hyperactivity disorder (ADHD)
Autistic spectrum disorders (communication, social interaction & flexibility in thoughts)
Neurodevelopmental disorders (Rett syndrome, CDD)
Genetic disorders (e.g., Down's syndrome, Turner syndrome)
Speech and language disorders

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Attention-deficit/hyperactivity disorder involves...



ADHD is characterized by a pattern of behaviour, present in multiple settings (e.g., school and home), that can result in performance issues in social, home, or educational settings.



Two categories ...

- **Inattention** and **hyperactivity and impulsivity** that include behaviours like failure to pay close attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.

DSM-IV, APA (2013)

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ADHD Classification

International Classification of Mental and Behavioural Disorders 10th revision (ICD-10)	Attention-deficit hyperactivity disorder, unspecified type	...originating in childhood in which the essential features are signs of developmentally inappropriate inattention, impulsivity, and hyperactivity. At least some of the symptoms must be present before the age of 7 years.
Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5)	attention-deficit hyperactivity disorder (ADHD)	"a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development"

<http://www.adhd-institute.com/assessment-diagnosis/diagnosis/ICD10DSM5.pdf>

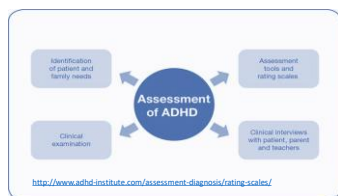
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Presentation of ADHD		
Combined	Inattentive	Hyperactive/impulsive
All three core features are present and ADHD is diagnosed when 26 symptoms of hyperactivity/impulsivity and 26 symptoms of inattention have been observed for 26 months	Diagnosed if 26 symptoms of inattention (but <6 symptoms of hyperactivity/impulsivity) have persisted for 26 months	Diagnosed if 26 symptoms of hyperactivity/impulsivity (but <6 symptoms of inattention) have been present for 26 months
Current severity of ADHD		
Mild	Moderate	Severe
Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or educational functioning	Symptoms or functional impairment between "mild" and "severe" are present	Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present or the symptoms result in marked impairment in social or educational functioning

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There is currently no single available tool for the diagnosis



Formal diagnosis is made using evidence accumulated from the initial clinical assessment and medical classification systems

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Brain structure differences

- Smaller cortex in ADHD – thoughts and actions
Diminished size usually occurs in the frontal lobe
 - impulse control
 - socialisation
 - reason
 - judgement

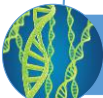


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Genetics



Adoption studies in children and adolescents have also indicated that rates of ADHD are significantly higher between biological relatives (parent-child or sibling) compared with adoptive relatives (Sprich et al. 2000)



In addition, results from a genome-wide association study of pooled DNA from adults with ADHD suggested that a genetic component was likely to contribute to the persistence of ADHD from childhood into adulthood (Lesch et al. 2008)

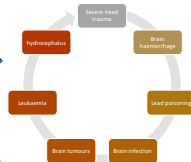
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Non-genetic causes

Any condition that causes sufficient damage to the frontal lobes can cause ADHD



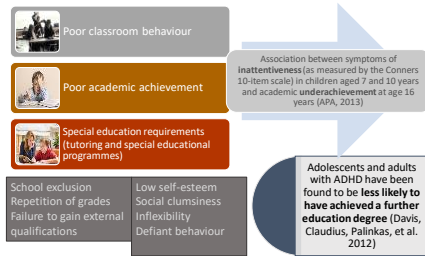
Some environmental conditions interact with a genetic susceptibility to ADHD



Low birth weight
Smoking during pregnancy
Alcohol abuse during pregnancy

18

Impact of ADHD on School Performance



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Associated Problems

- Peer problems**
- Inattentive symptoms → ignored
 - Hyperactive/impulsive symptoms → actively rejected
 - Not deficient in social reasoning/understanding, but rather the execution of appropriate social behaviour
- Family dysfunction/parental issues**
- No clear causal relationship between family problems and ADHD
 - Family problems can impact the severity and developmental course/outcomes of ADHD
- Self-esteem**
- Inflated: Positive illusory bias (Hoza)
 - Low self esteem associated with comorbid depression

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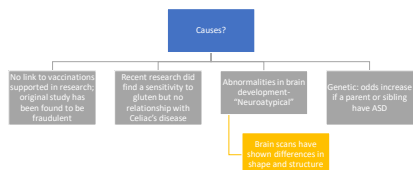
Therapy Options

- Behavioural treatment
- Medication management
- Combining medication/behavioural treatment
- Educating parents/patient about ADHD
- Educational support services

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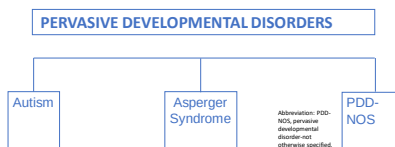
What is an Autism Spectrum Disorder?

A neurodevelopmental disorder characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviours.



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Autistic Spectrum Disorders

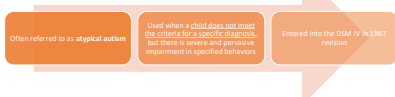


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Asperger's Disorder

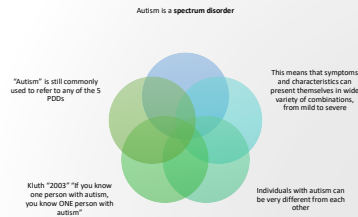
- Impairments in social interactions, and presence of restricted interests and activities
- No clinically significant general delay in language
- Average to above average intelligence
- Hans Asperger – a Viennese medical student – 1944 – his work not translated into English until 1981 and entered into the DSM IV in 1994

Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)



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Autism



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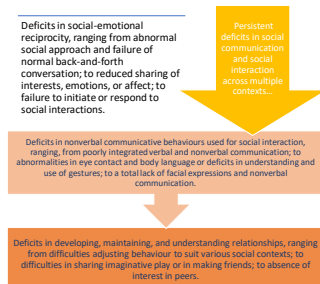
Autism in the UK

There are around 700,000 people in the UK living with autism - that's more than 1 in 1000. If you include their families, autism touches the lives of 2.8 million people every day (Brugha et al., 2012).

- 34% of children on the autism spectrum say that the worst thing about being at school is being **picked on** (Reid, 2011).
- 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them (Reid, 2011).
- 17% of autistic children have been **suspended** from school; 48% of these had been suspended three or more times; 4% had been expelled from one or more schools (Reid, 2011).
- Seventy per cent of autistic adults say that they are not getting the help they need from social services. Seventy per cent of autistic adults also told us that with **more support they would feel less isolated** (Bancroft et al, 2012).
- At least one in three autistic adults are experiencing severe **mental health difficulties due to a lack of support** (Rosenblatt, 2008).
- Only 15% of autistic adults in the UK are in **full-time paid employment** (Redman, et al. 2009).
- Only 10% of autistic adults receive employment support but 53% say they want it (Bancroft et al, 2012).

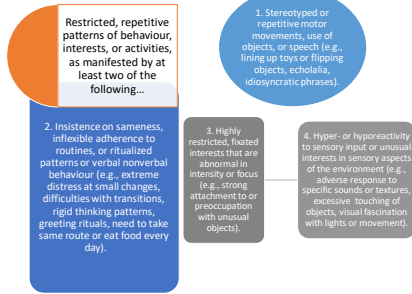
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DSM V -Autism Spectrum Disorder



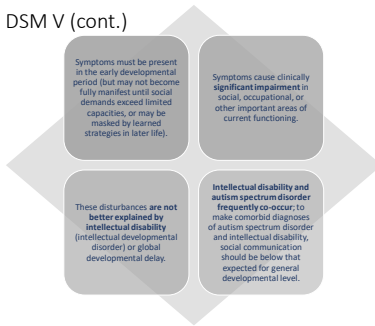
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DSM V (cont.)



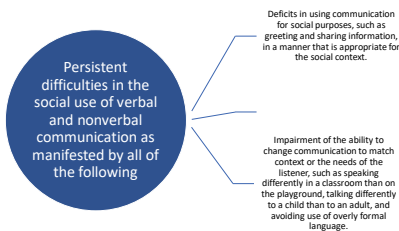
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DSM V (cont.)



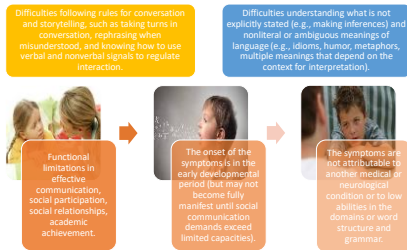
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Social Communication Disorder



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Social Communication Disorder (cont.)



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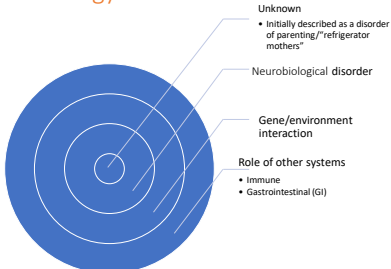
When can Autism be diagnosed?

Research has shown that ASD can be diagnosed as early as 1 year of age

- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles or other facial expressions by nine months
- No babbling by 12 months
- No back-and-forth gestures such as pointing, showing, reaching or waving by 12 months
- No words by 16 months
- No meaningful, two-word phrases (not including imitating or repeating) by 24 months
- Any loss of speech, babbling or social skills at any age

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Etiology



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Treatment: Getting Started

