

Childhood development **THE EARLY WARNING SIGNS**



Knowledge is power when it comes to your child's development. Here, Professor **Kerryn Phelps** takes you through some of the major childhood developmental problems and gives practical advice about how they can be treated. All children develop at their own pace and it's important for parents not to be alarmed if their child doesn't reach a milestone exactly when a sibling or friend did. However, if you have concerns about your child's behaviour, development or ability to relate to others, it's important to listen to your instincts, act on your concerns and have your child assessed professionally.

SPEECH AND LANGUAGE DIFFICULTIES

Speech and language difficulties is a broad description of communication problems that can affect children. Symptoms differ, but all are treatable. Left untreated, speech and language delay can have a significant effect on a child's educational progress and their intellectual and social development. Language delay or disorder can affect either a child's ability to use words properly (expressive language) or their ability to understand others (receptive language). Both these areas can be affected at the same time and early intervention is important.

CAUSES OF LANGUAGE DELAY

Hearing problem: Hearing loss is often overlooked and a hearing assessment should be the first step in investigating speech and language delay.

Auditory processing disorder: A problem decoding language. This can improve with speech therapy.

Intellectual or learning disability: Speech and language problems are often the earliest sign of a learning disability.

Lack of stimulation: Children who are deprived of stimulation and don't hear people talking will not learn to speak. Also, neurological problems, such as cerebral palsy, can affect the muscles required for speech.

Autism: Receptive and expressive language difficulties are often a marker of autism spectrum disorders.

Elective mutism: This is when a child does not want to talk.

Articulation: This is when a child has problems forming certain sounds. For example, a child with a lisp has trouble saying "s", or may not be able to pronounce "l" or "r". Or some children have so many incorrect sounds or sound patterns that others may have difficulty understanding what they are trying to say.

Stuttering: An interruption in the flow or rhythm of speech, in which the child may repeat sounds or words, or be unable to get a word out at all when they try to speak. While there is no guaranteed "cure" for a stutter, early intervention has proven to be extremely effective.

Effective communication: With any child, it's important to assess not only the specific areas mentioned above, but to notice if your child is able to use their speech and language to ask for what they want, reject what they don't want, comment, ask questions, talk about what they have done and hold conversations with all of the people in their world.

ASSESSMENT

The first step is to see your GP, who will do a medical assessment and arrange any necessary referrals. A child with suspected



WHAT TO EXPECT BY ...
3-4 MONTHS: Random babbling.

12-15 MONTHS: Is able to say simple words and understand simple instructions.

18 MONTHS: Can use five to 20 words, including names.

2 YEARS: Uses two-word sentences; vocabulary growing; uses words to indicate wants.

2-3 YEARS: Vocabulary of around 450 words; identifies body parts; uses short sentences; identifies colours.

3-4 years: Can tell a short story; sentences of four to five words; knows several nursery rhymes.

4-5 YEARS: Vocabulary of 1500 words; identifies colours and shapes; asks many questions.

speech and language delay may be tested for their hearing. A speech pathologist can assess your child's speech and language skills by using a series of tests designed to examine the type of language and range of speech sounds your child uses. They may also examine the muscles in your child's mouth and face, or observe them playing.

If you are concerned about your child's speech and language skills, you can contact a speech pathologist through your local community health centre, or visit www.speechpathologyaustralia.org.au for a list of private therapists in your area.

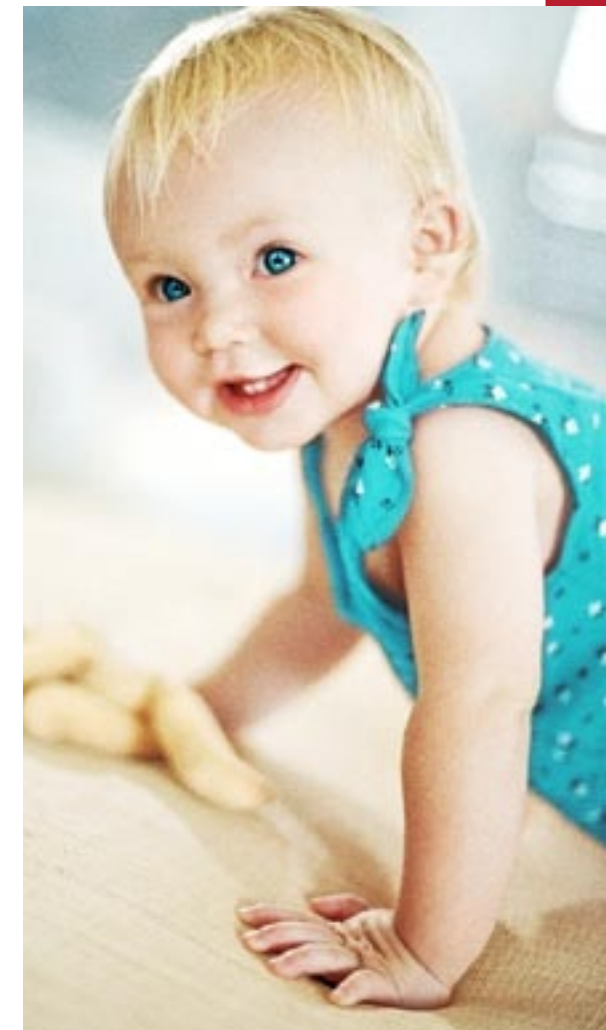
THERAPY

Therapy will depend on the underlying cause and the type of speech and language problems that are diagnosed. It can be offered on an individual or group basis.

As much as possible, all the people in the child's life should be involved in the implementation of any necessary therapy, so that the techniques being used at home are the same as those being used at school. Therapy always aims to be effective as well as making it as much fun as possible for the child. >>>

HEALTHY DEVELOPMENTAL MILESTONES

EXPECTED BY THE END OF 12 MONTHS	SPEAK TO YOUR DOCTOR IF YOUR CHILD ...
Watches faces intently; responds to other people's expressions of emotion.	Does not pay attention to, or is frightened, of new faces.
Smiles, imitates some facial expressions, follows moving object with eyes.	Does not smile, does not follow moving object with eyes.
Begins to babble, imitates sounds and words; brings hand to mouth.	Does not babble or laugh and has difficulty bringing hand or other objects to the mouth.
Has single words such as "Dada"; repeats sounds or gestures to get attention.	Has no words.
Turns head toward direction of sound and responds to own name.	Does not turn head in order to locate sounds and appears not to respond to loud noises.
Pushes down on legs when feet placed on a firm surface; raises head and chest when lying on stomach.	Does not push down on legs when feet placed on a firm surface.
Smiles at the mother's or primary care-giver's voice and prefers them above all others.	Does not show affection to mother or primary care-giver and seems to dislike being cuddled.
Can sit up without assistance, can pull self up to stand; is able to walk holding on to furniture.	Does not crawl and cannot stand when supported.
Waves "bye-bye" and points to objects.	Does not use hand gestures such as waving or pointing.



By the age of two, you can expect your little one to be able to walk unaided, push, pull and carry toys while walking, and enjoy being in the company of other children.



EXPECTED BY THE END OF 24 MONTHS	SPEAK TO YOUR DOCTOR IF YOUR CHILD ...
Walks alone; can negotiate stairs and furniture with support, carries and pulls toys while walking.	Cannot walk by 18 months or walks only on the toes; cannot push along a wheeled toy.
Has several single words by 15 to 18 months and uses simple phrases by 24 months.	Does not speak, does not imitate actions, cannot follow simple instructions.
Imitates behaviour of others; is excited about company of other children.	Does not appear to know the function of common household objects, such as a telephone, by 15 months.

EXPECTED BY THE END OF 36 MONTHS	SPEAK TO YOUR DOCTOR IF YOUR CHILD ...
Uses four- to five-word sentences; understands most sentences and instructions.	Has very limited speech; does not use short phrases; has difficulty in understanding simple instructions.
Imitates adults and playmates; expresses affection openly; separates easily from parents.	Has little interest in other children and has difficulty separating from mother or primary care-giver.
Sorts objects by shape and colour.	Has difficulty manipulating small objects.
Plays make-believe.	Has little interest in make-believe play.
Climbs well, runs, kicks a ball, negotiates stairs unaided.	Frequently falls over; has difficulty with stairs.



ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD is the most commonly diagnosed behavioural disorder of childhood, estimated to affect between 2 and 5 per cent of school-aged children. ADHD has two main components. The first is impulsive, poorly self-monitored behaviour and the second is problems with learning, attention and short-term memory. A child with ADHD may have one or both of these components.

SYMPTOMS

Inattention: At school, the child may be disruptive, easily distracted and need constant attention. They may take a long time to settle down to a task, don't appear to listen to instructions and may not be able to stay focused on a task. They may appear to be in a constant dream world, easily distracted and disorganised.

Impulsivity: The child may act before they think. At pre-school age, they may have a low tolerance for frustration, with surprising outbursts of temper, and may be violent towards other children. They may also be accident-prone.

Over-activity: The child may be fidgety, run around or climb in situations where sitting is expected, has difficulty engaging in quiet activities, talks excessively and interrupts others.

Although many children without the disorder occasionally have difficulty sitting still, paying attention, or controlling impulsive behaviour, these behaviours are so persistent in children with ADHD

that they interfere with daily life and the child's ability to learn.

Diagnosis can be difficult – there is no single test – but early treatment can substantially alter the course of a child's educational and social development.

It's important to rule out treatable causes of ADHD symptoms, such as nutritional deficiencies, allergies or food intolerances. You also need to rule out sleep disorders, such as sleep apnoea (sometimes seen in children who snore because of enlarged tonsils and adenoids).

NUTRITION

A well-balanced diet rich in micronutrients is an essential starting point for managing a child with behavioural problems.

The nutritional aspects of child behavioural problems are often neglected. For example, iron deficiency in childhood is common and this in itself can lead to poor concentration and behavioural problems. Likewise, symptoms of magnesium deficiency (common even in well-nourished

children) include irritability, decreased attention span and mental confusion.

There is increasing evidence that many children with behavioural problems are sensitive to one or more food components that can negatively affect their behaviour. Food additives, refined sugars, food sensitivities or allergies and essential fatty acid (EFA) deficiencies have all been linked to ADHD.

Assessing children for food allergies or intolerances, then eliminating these foods from the diet, may improve symptoms of ADHD in some children. For example, children with gluten sensitivity may respond to a trial gluten-free diet. However, elimination diets should only be used under the supervision of a registered dietician because of the potential risk of malnutrition.

BEHAVIOURAL STRATEGIES

It's important to recognise that a child with ADHD is not being difficult intentionally. Neither is ADHD the result of poor

parenting. In fact, exceptional parenting is required to continue to maintain the child's self-esteem and their motivation to succeed.

Establishing sound and consistent rules of behaviour in the home and at school can assist the child to monitor and accept responsibility for their behaviour.

For behavioural change to be effective, rules need to be clear and simple, with only one or two instructions given at a time. It is also important to recognise and praise these children when they are behaving appropriately. They will also need to be closely supervised to avoid injury from accidents.

MEDICATION

Some children will respond to stimulant medication combined with appropriate behavioural therapies, as well as social skills' training and parental education.

COMPANION DISORDERS

There are several disorders that may occur with ADHD, including the following:

Conduct disorder

All children are capable of an occasional anti-social act. Yet if the child's behaviour is often characterised by such things as destroying the property of others, cruelly violating the rights of others, including

inflicting pain, lying, cheating, stealing and threatening violence, then they may have a conduct disorder.

Children (and, indeed, adults) who have a conduct disorder can act maliciously and without apparent regret. If conduct disorder is left untreated, this can have a profound effect on adult life. Children who have an untreated conduct disorder are at increased risk of developing a range of physical and psychological problems during their adult years, including substance abuse, personality disorders and mental illnesses.

Parents who suspect a conduct disorder should seek the advice of their doctor, who may offer a referral to a child psychologist or psychiatrist.

Oppositional defiant disorder

All children are recalcitrant from time to time, but a child who is constantly challenging, defiant, unco-operative and hostile, and whose behaviour affects their family, school or social life, may be diagnosed with oppositional defiant disorder (ODD). The child may constantly disobey all the rules set by their parents and be perfect angels for other people.

Around half of the children with ADHD also have ODD. The combination of a child acting impulsively and defiantly provides enormous challenges for parents. The child with ODD feels no remorse for

their behaviour, but rather that it is justified. The behaviour may sometimes include violence. It may be described as angry, indignant defiance that blames everyone except themselves.

The treatment for ODD is simply good behavioural management. Ensuring sound nutrition is again essential and, as with ADHD, exceptional parenting can make a huge difference to the management and outcomes of a child with ODD. Strategies such as rewarding good behaviour and building self-esteem, while taking care to avoid outbursts and confrontation, will eventually pay dividends.

Anxiety

Childhood anxiety often stems from fear of the unknown. It may show itself as separation anxiety, the need for constant reassurance, refusing to go to bed or to school, disruptive "acting out" behaviours, obsessional thinking or avoidance of everyday activities. On the other hand, anxious children may also be quiet and exceptionally well-behaved, so their anxieties go unnoticed. ODD often occurs with children who are excessively anxious and/or depressed.

Many children grow out of their anxiety as they mature, but if a child is so anxious that it interferes with their daily life and family relationships, professional help is advisable. >>>



OBSESSIVE COMPULSIVE DISORDER

Obsessive compulsive disorder (OCD) is a type of anxiety disorder involving two elements: obsessions and compulsions. Obsessions are repetitive, unwanted thoughts and compulsions are time-consuming, repetitive behaviours and rituals.

These may include repeated washing, cleaning, counting, hoarding or putting items in order. The child feels that if they do not complete their rituals, something bad will happen, so it's difficult for them to resist.

There are several approaches to treating OCD and using a combination of these may be the most effective method. **COGNITIVE BEHAVIOUR THERAPY:** A psychologist or other health professional talks with the child about their symptoms and discusses alternative ways to think about and cope with them.

MEDICATION: In some cases, medication may be helpful. A psychiatrist or psychologist will be able to discuss this with you.

AUTISM SPECTRUM DISORDERS

Autism now affects one in 160 children in Australia, according to the Australian Advisory Board on Autism Spectrum Disorders. A diagnosis such as this can strike fear in the heart of any parent, as there is no known cure, yet it can be mixed with a sense of relief that their suspicions about their child's behaviour have been confirmed. Effective early intervention can significantly improve a child's outcomes.



WHAT IS AUTISM?

Autism is a complex neurological disorder that affects a person's ability to communicate and relate to other people and the world around them. It's usually apparent by the age of three.

Some children will have obvious autistic behaviours, such as flapping their hands, no speech at all and be seemingly unaware of those around them. Others will have subtle symptoms, such as severely limited interests and social problems, so may not be diagnosed until they're older. Some children who have associated difficulties may be diagnosed as having autistic tendencies (or traits).

There are several different diagnoses that come under the autism spectrum disorders (ASD) umbrella: autistic disorder (also known as classical autism); Asperger's syndrome; Rett's disorder and childhood disintegrative disorder may have similar symptoms and are sometimes included as an ASD.

All of these conditions share some common areas of concern, namely limited social skills, communication difficulties and restricted and repetitive interests and behaviours. Sometimes, the child may also have an intellectual impairment, but this isn't always the case. Many children with autism are also sensitive to sensory stimuli, such as touch, sound or temperature.

Autism occurs in all racial, ethnic and social groups, and is four times more likely to strike boys than girls.

SYMPTOMS

Autism impairs a person's ability to communicate with and relate to others. It can also be associated with rigid routines and repetitive behaviours, such as obsessively arranging objects or following very specific routines.

The three core symptoms associated with autism include:

- Impaired social interaction
- Flawed communication
- Repetitive behaviour.



Parents are usually the first to notice unusual behaviour in their child, or their child's failure to reach age-appropriate developmental milestones. Some parents describe a child who seemed "different" from birth, while others describe one who was developing normally, then lost certain skills.

If they feel there's a problem, parents need to ensure they have their child assessed because experience shows that early detection and intervention will maximise a child's potential.

The newly published *Australian Autism Handbook*, by Benison O'Reilly and Seana Smith (Macmillan, rrp \$35), describes some early signs that can be cause for concern in toddlers:

- Lack of babbling or pointing by 12 months
- No shared interest in objects or activities with another person
- No single words by 16 months, or no two-word phrases by 24 months
- Flat facial expression and vocal tone
- Repetition of heard words or phrases
- Lack of eye contact

On their own, these signs may not indicate autism, but they should be sufficient to see your doctor about a referral for a developmental assessment immediately.

Following the initial assessment, the child's development can be monitored and, if necessary, early intervention commenced. In general, most diagnoses are made between the ages of two and three. Visit www.firstsigns.org for more information.

Autism cannot be detected by a blood or urine test. Rather, several screening

checklists are used which rely on parent interviews and direct observations of the child. The checklists take into account such things as imitation and pretend play, speech, sensory difficulties, repetitive behaviours, restricted interests and so on.

Sometimes, a child with Asperger's syndrome or high-functioning autism may not be diagnosed until they're much older. This is because they have a normal to high IQ and develop language normally. Although their symptoms are much more subtle, these children still experience enormous difficulties with social interaction, as they are unable to read social cues and body language, and can talk incessantly on a limited range of subjects, or speak like a "little professor". The problems they have fitting in can meet with little understanding, which causes them anxiety and stress.

DIAGNOSIS

If you have concerns about your child's behavioural development, your first stop should be your GP. If he or she shares your concern, you can get a referral to a developmental paediatrician, who can arrange a series of tests or refer you to a multi-disciplinary assessment centre.

Once you have an accurate diagnosis, you will know what's behind the concerning behaviours and be able to target early interventions accordingly. There can be long waiting lists for some assessment centres, so if you or your doctor suspect an autism spectrum disorder, don't delay starting treatment.

TREATMENT

The first thing parents need to do when confronted with a diagnosis of autism is to get as much information as possible about the condition, interventions and available resources. The *Australian Autism Handbook* is helpful, as is the website www.autismawareness.com.au.

While there is no known "cure" as such, there is a considerable and growing body of evidence that shows significant improvement in the functioning of autistic children who receive effective early treatment.

Some well-established intervention models have a lot of evidence behind them, but others have less independent research to back them up. Parents will need to read up on which treatments are best supported by research. Speech pathology and occupational therapy, and special education techniques may feature as part of the intervention program.

The intervention program needs to be intensive – between 20 and 40 hours per week is necessary for young children to make major gains. Unfortunately, a good intensive intervention program can be expensive, as they're provided by private agencies, but there are non-intensive government-funded programs available.

When a child receives a diagnosis of autism, parents need to get busy and stay positive. With quality early intervention, children can make considerable gains. Older children, too, can still make gains that will make a significant difference to their lives and those of their families. >>>

COMMON QUESTIONS



Q My daughter is very happy with her own company. She doesn't play with her siblings or with other children. Could she just be shy or is it something more serious?

A She could just be shy, but even shy children are able to have meaningful interactions with their siblings and can participate in activities that require joint attention. She may lack the language and play skills to really get involved with other children. Start off with play-dates with just one other child and see how she progresses. If she continues to avoid social interaction, make an appointment with your paediatrician.

Q My son is two-and-a-half, but isn't talking yet. Should I be worried? My mother tells me not to worry, as my siblings and I were all late talkers.

A Well-meaning family and friends may want to reassure you. Refer to the Healthy Developmental Milestones chart on page 5. Speak to your doctor or have an assessment with a speech therapist. If there is a problem, it's better to be treated early.

Q My two-year-old has tantrums when things don't go his way. I know toddlers are renowned for this, but his seem to be getting worse and are happening more

often, and for no apparent reason. What should I do?

A There are many positive behavioural strategies parents can learn to help them successfully manage their child's behaviour and teach the child more appropriate ways to communicate. There could be underlying causes contributing to the problem. These can be language or developmentally based delays.

Q The teachers at my daughter's pre-school say she is disruptive and aggressive towards other children. I think they are over-reacting, as we don't see anything like this at home. Could there be a problem?

A Pre-school staff are trained in child development and usually would not bring this to your attention unless they had a legitimate concern. She may be having difficulty adjusting to a pre-school environment. Organise a meeting with staff to discuss their concerns and formulate a positive behaviour management plan for your daughter. They may also suggest additional referrals if required.

Q My son is two and rarely responds to his name being called. Could this be hearing loss?

A The easiest way to eliminate other concerns is for him to have a hearing test. If the result is within a normal range

and you still have concerns, make an appointment with your doctor. It may be he has an underlying attention or language deficit preventing him from responding.

Q Will hearing problems affect speech and language development?

A Yes. The first years of life are particularly important for learning speech and language. Even mild hearing losses may cause children to miss much of the speech and language around them, and result in delays in their development. Parents should ensure that their child has a regular hearing evaluation from an audiologist, particularly if there is a history of ear infections, frequent colds, or other upper respiratory infections or allergies.

Q. My little boy used to babble along with nursery rhymes and clap his hands, yet he seems to have forgotten or lost interest because he just ignores me when I try to sing with him now. Is this just a "stage"?

A Any indicators that a child may have lost skills should be investigated. Your doctor will be able to look at all areas of development to see whether further referrals are necessary.

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Information for the Healthy Developmental Milestones chart in this report was compiled from the Learn The Signs. Act Early. campaign of the Centers for Disease Control and Prevention in the US. For more information on autism, visit www.autismawareness.com.au.

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