

Recognizing Developmental Red Flags Using Books as Surveillance Tools When and Where do I Refer? Providing Resources for Families

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**Reach
Out and
Read**

Objectives

- **Looking at Developmental Milestones**
- **Identifying red flags of concern in the development of a young child.**
- **Discuss using books as tools for developmental surveillance during a primary care well child visit.**
- **Discuss early identification and referral.**
- **Address resources for families with children identified with developmental concerns or diagnosed with disabilities.**

Developmental Milestones

- **Gross Motor: Locomotion/Posture**
- **Fine Motor**
- **Visual Motor/Problem Solving:
Manipulation & Analysis of Objects**
- **Verbal & Nonverbal Communication:
Receptive/Expressive**
- **Social**
- **Self Care**

Streams of Development:

Tasks of Infancy and Childhood Spanning The Continuum of Development

- **Attachment/Separation**
- **Sleeping**
- **Feeding**
- **Discipline**
- **Cognitive Development**
- **Socialization/Play**

MOTOR DELAY: Red Flags

- **Fisting > 3 months**
- **Unusual Spontaneous Postures:
Frog leg, W Sitting, Scissoring**
- **Persistence of Primitive Responses**
- **Delayed Appearance of Postural Reactions**
- **Early Rolling (1-2 months)**
- **Pulling Directly to Stand (4 months)**
- **Persistent Toe Walking**
- **Hand Preference before 18 Months**

LANGUAGE DELAY: Red Flags

- Lack of babbling at 6 months and not responding when name is called: hearing loss
- Delays in the emergence of single words, phrases, and sentences.
- Not following directions: 1-3 step.
- Atypical Language: Echolalia
- Lack of imitation, pointing: Autism

PSYCHOSOCIAL DEVELOPMENT: Red Flags

- Absent social smile at 3 months
- Absent stranger anxiety at 9 months
- Lack of social relatedness at 18 months
- Lack of make believe play at 2 years

Identifying Red Flags: Empowering the Parent/Caregiver to Advocate and Become Part of Their Child's Healthcare Team

Center for Disease Control: Learn the Signs. Act Early.

www.cdc.gov/actearly

Your Baby at 6 Months

Child's Name _____ **Child's Age** _____ **Today's Date** _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most babies do at this age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (babbling with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Strings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

Act early by talking to your child's doctor if your child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah," "eh," "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/actearly or call 1-800-CDC-INFO.

Adapted from CAREY FOR YOUR BABY AND YOUR CHILD: 150 WAYS TO ADD 15 MORE MINUTES, written by Steven Dinkes and Tanya Heuser Wilson © 1995, 1998, 1999, 2004, 2009 by the American Academy of Pediatrics and SHIRLEY TORRES, M.D., M.P.H., DIRECTOR OF HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, THIS EDITION, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

www.cdc.gov/actearly | 1-800-CDC-INFO

Learn the Signs. Act Early.

Milestone Moments

Learn the Signs. Act Early.

www.cdc.gov/milestones
1-800-CDC-INFO



Learn the Signs. Act Early.

You can follow your child's development by watching how he or she plays, learns, speaks, and acts. Look inside for milestones to watch for in your child and how you can help your child learn and grow.

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Learn the Signs. Act Early. Centers for Disease Control and Prevention. www.cdc.gov/milestones 1-800-CDC-INFO

Reach Out and Read

Utilizing Books as Tools for Developmental Surveillance

The following can be observed during an examination, dependent on the age and developmental level of the child:

- **Assess eye contact:** normal, brief, sustained
- **Assess attention to task as well as joint attention and focus**
- **Observe the child bringing items for shared enjoyment**
- **Assess language development:**
 - Expressive: verbal (babbling, words, phrases, rhyming, spontaneous conversation), nonverbal (gestures, pointing)
 - Receptive: understanding directions, pointing to pictures
 - Pragmatics: the social context of language
 - Atypical Language: echolalia (immediate and delayed)
- **Observe fine motor skills:** holding the book, turning pages, pointing, tactile abilities, and preferences
- **Observe the presence of turn-taking between the adult and child**

Case Study:

Rosanna is a 24 month old girl accompanied to her pediatric visit by her mother and grandmother. The family recently moved to the Bronx, but Rosanna had previously been followed by the same health care provider since she was 6 months of age. You have seen her for the first time during a brief sick visit two weeks prior to this appointment.

Rosanna's mother is 18 years old, lives with her extended, supportive Puerto Rican family. Rosanna is spoken to primarily in Spanish, though she does hear English in the home and watches cartoons in English.

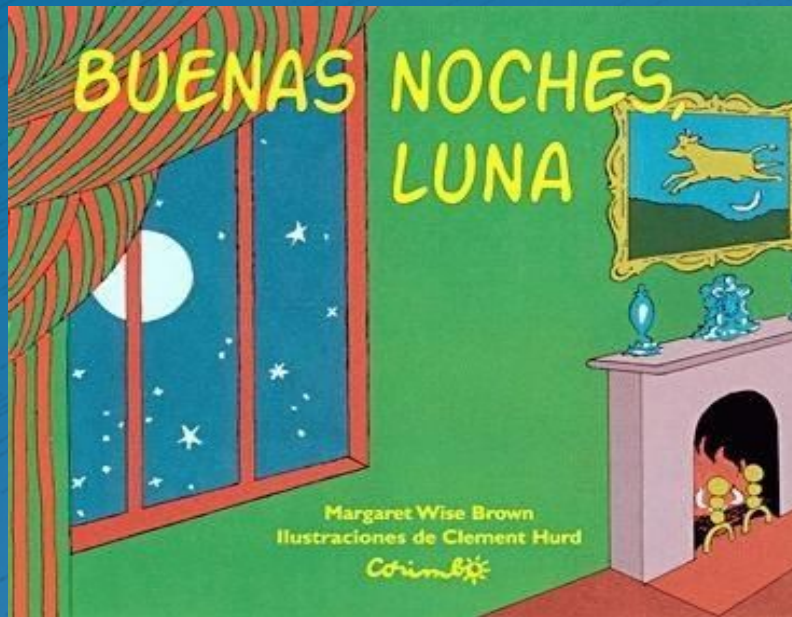
The last time Rosanna was seen by her previous primary care provider was for her 15 month checkup, for which you have a brief summary:

- Her mother did not express any concerns about Rosanna's development. She reported that at home Rosanna has good eye contact with the family and other familiar people, says a specific "mama" and milk, and points.
- She was babbling, had no single words, did not look at the examiner, and did not point.
- Concern was expressed to her mother about aspects of Rosanna's development, and that Rosanna would be evaluated again at her next appointment in 3 months (18 month checkup).
- The family missed Rosanna's 18 month checkup because they were on an extended visit to relatives in Puerto Rico.

Rosanna's grandmother expresses several concerns about Rosanna's development:

- ❖ **Her delayed language development. She mentions that she repeats words she hears on TV.**
- ❖ **Picky eating.**
- ❖ **Lack of interest in other children.**
- ❖ **She likes to always carry a toy in her hand.**
- ❖ **She rarely has tantrums, but when she does, her grandmother notices she flaps her hands.**
- ❖ **She has to fall asleep covered by her favorite blanket and tucked under her mother's arm.**

You try to engage Rosanna and ask her mother whether they read books together. They try, but Rosanna wants to turn the pages very quickly and more than one page at a time. Grandmother says that *Goodnight Moon* is her favorite book and they read it every night. She loves the bunny.



Talking with Families

- ❖ **Emphasize Rosanna's current skills.**
- ❖ **Acknowledge the strong family support.**
- ❖ **Affirm grandmother's concerns, thanking her for joining her daughter at this checkup. Talk with the mother and grandmother about Rosanna's screening results.**
- ❖ **Introduce your concern that Rosanna may be showing signs of Autism, why you are concerned, and describe what you have noticed in language they can understand.**

Talking with Families

- ❖ Emphasize that the concerns identified on screening are NOT confirmation of an Autism diagnosis, but an indicator of the need to look further.
- ❖ Discuss the importance of further assessment for Rosanna and explain to them how they can make appointments for these evaluations:
 - Hearing and vision assessment
 - Referral for Subspecialty Evaluation
 - Referral for Early Intervention evaluation and services.
- ❖ Explain to the family that Rosanna's next checkup would typically be at 2 ½ years old, but that you are available for questions and that you would like to see her sooner (2 months) to see how Rosanna is doing in Early Intervention.

Summary

- Listen to parent concerns.
- Monitor via ongoing surveillance and pointed screening.
- Consider risk factors.
- Provide parents with an explanation of your concerns that they can understand and with activities for their child and community resources.
- **IF UNSURE, REFER!!**

DEVELOPMENTAL SURVEILLANCE and SCREENING: Early Identification and Referral Providing Resources For Families

Developmental Screening FACT SHEET

What is child development?

A child's growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child's development can be followed by how they play, learn, speak, and behave.

What is a developmental delay? Will my child just grow out of it?

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in playing, learning, speaking, behaving, and moving (crawling, walking, etc.). A developmental delay is when your child does not reach these milestones at the same time as other children the same age. If your child is not developing properly, there are things you can do that may help. Most of the time, a developmental problem is not something your child will "grow out of" on his or her own. But with help, your child could reach his or her full potential!

What is developmental screening?

Doctors and nurses use developmental screening to tell if children are learning basic skills when they should, or if they might have problems. Your child's doctor may ask you questions or talk and play with your child during an exam to see how he or she learns, speaks, behaves, and moves. Since there is no lab or blood test to tell if your child may have a delay, the developmental screening will help tell if your child needs to see a specialist.

Why is developmental screening important?

When a developmental delay is not recognized early, children must wait to get the help they need. This can make it hard for them to learn when they start school. In the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD).

www.cdc.gov/actearly



Learn the Signs. Act Early.

In addition, many children have delays in language or other areas. But, less than half of children with problems are identified before starting school. During this time, the child could have received help for these problems and may even have entered school more ready to learn.

I have concerns that my child could have a developmental delay. Whom can I contact in my state to get a developmental assessment for my child?

Talk to your child's doctor or nurse if you have concerns about how your child is developing. If you or your doctor think there could be a problem, you can take your child to see a developmental pediatrician or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older) for help. To find out who to speak to in your area, you can contact the National Dissemination Center for Children with Disabilities by logging on to www.nichcy.org/states.htm. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families at www.cdc.gov/actearly. If there is a problem, it is very important to get your child help as soon as possible.

How can I help my child's development?

Proper nutrition, exercise, and rest are very important for children's health and development. Providing a safe and loving home and spending time with your child – playing, singing, reading, and even just talking – can also make a big difference in his or her development.

For other ideas of activities to do with your child, and for child safety information, go to www.cdc.gov/ncbddd/child/ and look in the "developmental milestones" section.

Subspecialty Referral and Assessment:

Developmental Behavioral Pediatrician
(Neurodevelopmental Pediatrician)
Child Psychologist/Psychiatrist
Pediatric Neurologist

Evaluation:

Infants and Children 0-3 years of age-
State Early Intervention Program
Children 3 years of age or older-
Public School System

Reach
Out and
Read

Unique Opportunities for Children with Disabilities and Their Families in *Reach Out and Read* Practices

- A ROR practice is already focused on encouraging emergent literacy and geared to distributing books at well child visits.
- 8-15% of children are diagnosed with the spectrum of developmental concerns and disabilities and thus primary care providers are in a unique position to help and encourage families with their child's cognitive progress and suggest approaches to fostering emergent literacy.