

Understanding Paediatricians and Their Role In Learning Difficulties

How best to work together

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Contents

- the role of the Paediatrician
- Paediatric Services in Auckland
- how best to work together with clients/patients
- how to work with Paediatricians to improve communication



A Typical Referral

7 year old boy
Presents to GP with problems at school
Trouble with learning to read-is making progress but behind other children his age
Parents frustrated- they try to read his homework books with him but they report he will know a word one day but then not the next
Tries to distract his parents when they try to read with him
Now miserable at school, doesn't want to go, says he has a sore tummy



- Mother has tried speaking with his teacher but reports she was told he might be in a small group class for literacy next term but didn't feel her concerns addressed
- Mother know something "isn't right" and wants to know "what is wrong" so it can be fixed
- What should happen next?



Problems with managing this

- What is the role of a Paediatrician?
- What do the parents, teacher, GP, other professionals think is the role of the Paediatrician?
- Often not a priority for the health system
- The more you ask, the more you get



Other problems

- often limited time to see child
- may or may not have additional information
- may or may not have specific training in this area
- may or may not have good community contacts



Who Is Involved?

- The child or young person
- Teachers and schools
- Parents
- External tutors
- Educational psychologists
- Clinical psychologists
- Paediatrician
- Child Psychiatrist
- SLT's



So what is our role as Paediatrician?



Is it?

- just answering the question on the referral?



Usually....

- Hearing and vision
- Excluding underlying 'medical' conditions
- Making diagnoses where it will inform the situation
- Diagnosing and treating the ADHD, anxiety, ASD



Also?

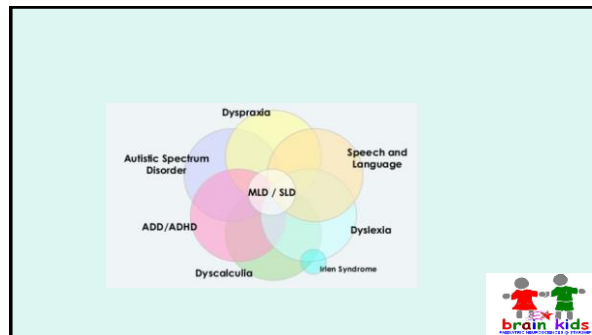
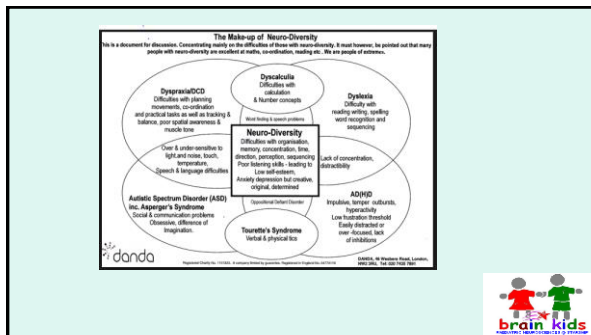
- demistifying the situation= giving a framework
- empowering parents, teachers, children and young people
- debunking myths (esp. those which cost money)
- trying to steer everyone in the right direction



Demistifying the Situation

- Framework to help parents to understand their child
- Always informed by their own experiences and beliefs
- Move parents away from the "something has been missed" or "quick fix" way of thinking





- ### Attention Deficit Hyperactivity Disorder
- Hyperactive /impulsive presentation often well recognised
 - Concentration presentation often less so
 - Frame this so parents know the ADHD is only one part of the picture
 - But often a good place to start

- ### ADHD
- very common, 6% of population
 - worth treating if component
 - need to think "and" not just "or"
 - medication eg. stimulants is very effective and safe
 - easy to do a quick trial and stop if not successful
 - then allows strategies to be put in place
 - discuss primary and secondary outcomes of stimulants
 - decision to start stimulants is a process for most parents

- "chip away" vs. quick fix
- give outcomes
- give timeframes
- as well as, not instead of, the focus on learning difficulties

- ### Specific Learning Disorder
- DSM 5
- difficulties learning and using academic skills
 - >6 m, despite provisions which target those difficulties
 - substantially and quantifiably below chronological age
 - cause significant interference
 - no ID, or other exclusion
 - With impairment in reading, written expression, mathematics

Dyslexia is a spectrum of specific learning difficulties and is evident when accurate and/or fluent reading and writing skills, particularly phonological awareness, develop incompletely or with great difficulty. This may include difficulties with one or more of reading, writing, spelling, numeracy, or musical notation. These difficulties are persistent despite access to learning opportunities that are effective and appropriate for most other children.

People with dyslexia can be found across the achievement spectrum and sometimes have a number of associated secondary characteristics which may also need to be addressed, such as difficulties with auditory and/or visual perception; planning and organising; short-term memory; motor skills or social interaction.

People with dyslexia often develop compensatory strategies and these can disguise their difficulties. People with dyslexia can also develop compensatory strengths which can provide an opportunity to further advance their learning.

Early identification followed by a systematic and sustained process of highly individualised, skilled teaching primarily focused on written language, with specialist support, is critical to enable learners to participate in the full range of social, academic, and other learning opportunities across all areas of the curriculum.



Intellectual Disability

- given limited psychologist access, when to consider?
- detailed school report
- 50% guide
- 70% guide
- functional assessment eg. ABAS



Why Diagnose?

- disability supports
- future planning/prognosis
- may be harder to diagnose as an adult



What Parents Should Know About Schools

Class teacher – first port of call

SENCO - Special Education Needs Coordinator
- usually the Associate Principal
- oversees all children with additional learning needs

RTL B - Resource Teacher of Learning and Behaviour
- supports a cluster of schools

Other services - 8+ support team, LLI
- Intensive Wrap Around Service

ORS funding- significant disability support including allied health, teacher aide, modified curriculum



How Schools Work

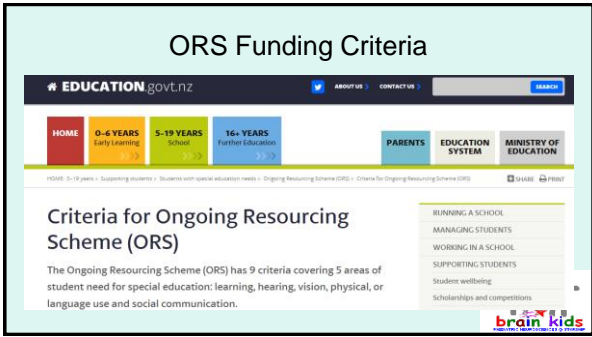
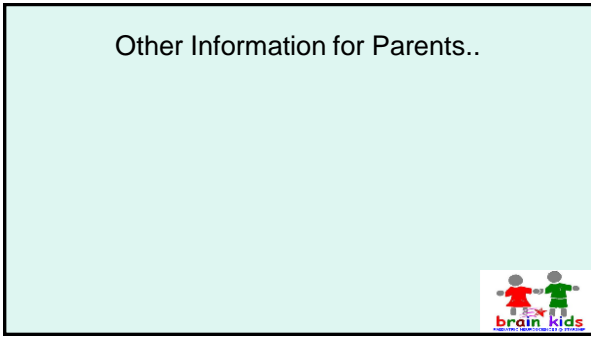
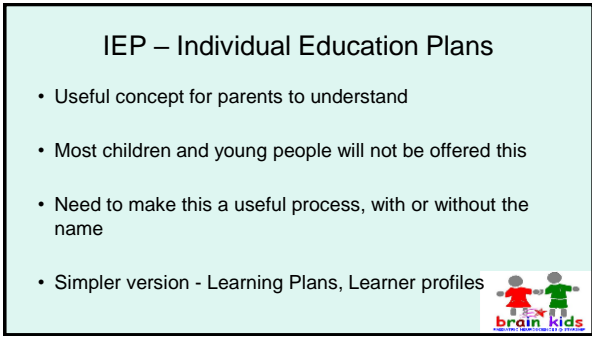
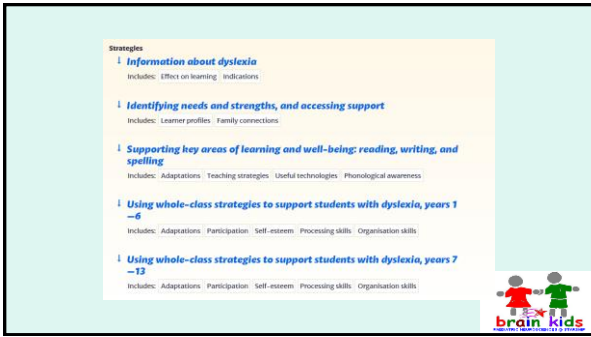
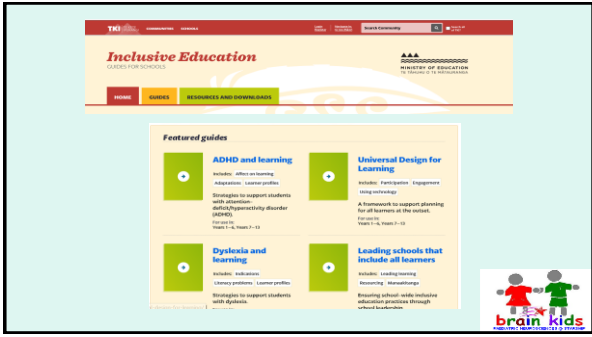
- Often first 2 years of school, range of children with range of levels
- Often refer age 7-8
- Behaviour impacts are noticed and referred more readily



Concepts in Management

- Strengths and difficulties
- Islands of competence
- Some skills you remediate, others you work around
- Developmental trajectory- when starts to diverge from other children





Psychologists

- Educational psychologists
 - diagnosis
 - development of strategies
 - very very limited access in education system
 - not in health system
- Clinical psychologist
 - limited access in health system



When is an Educational Psychology Assessment Useful?

- When the school and parents feel additional information and strategies will be useful
- In practice, often age of 7 or above
- In the year before NCEA, if requesting special examination conditions



NCEA Special Examination Conditions

- Need to organise the year before
- Strict criteria
- Need up to date assessments
- Usually reader-writer, technology or extra time
- Need to learn and practice remedial conditions



Tutors

- Kids need to be kids and enjoy life!
- Kids need to be involved in things they enjoy and are good at
- If learning is hard, school is even more tiring for you
- May be a role, for a specific goal, at a specific time, preferably in conjunction with the school



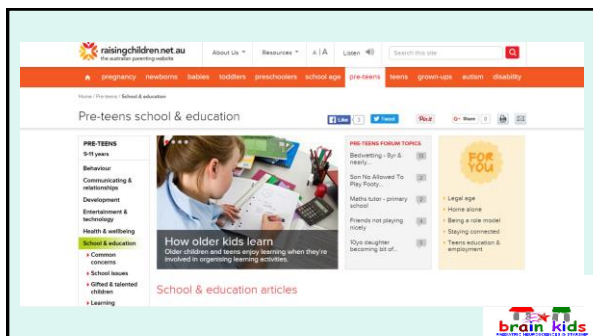
Other Programmes

- There are no magic solutions (except Ritalin!)
- There is minimal evidence base for most other approaches or programmes, particularly generalisability
- Be cautious
- Remember the big picture




The screenshot shows the website for The Royal Children's Hospital Melbourne. The page is titled "ADHD - an overview" and is part of the "Kids Health Info" section. The text on the page discusses ADHD as a developmental disorder that affects children's ability to focus, pay attention, and control their behavior. It mentions that ADHD is a chronic condition that can last into adulthood and that it is important to seek help if a child has symptoms. The page also includes a "Symptoms and diagnosis" section and a "Contact us" link.






Health System

- Best at diagnosing or managing comorbid conditions
- Paediatric services
- CAMHS services (Child and Adolescent Mental Health Services)
- Varying degrees of engagement
- Different DHB's have different referral pathways



Primary Practice Points

- Test vision and hearing
- Encourage parent to engage with the school
 - plan will be better if done in conjunction with school
- Consider comorbid conditions
 - mood disorders and ASD
 - ADHD
- Educational Psychology likely to be helpful
 - choose the optimal time
- Paediatric or CAMHS involvement may assist with comorbid conditions or coordinating services
- No good evidence for many of the programmes on offer- be cautious and selective




Paediatric Health Services

- General Paediatrics
- Developmental Paediatrics
- Gateway assessments
- CYMHS (Kari Centre, Whirinaki, Marinoto)
- RYFS




How Best To Work Together

- often dependant on relationships
- share information wherever possible
- attend appointments where possible
- reinforce each other's ideas



Paediatricians and Communication

- in training, lots of focus on listening skills and empathetic communication
- no focus on simplifying or tailoring communication
- learn about using visuals in ASD, but many clinicians won't have a good knowledge of what that means in practice



How Can We Best Work Together?

