Developmental Disorders

in Children 6 to 12 Years Old



FAST FACTS

1 in 6

children 3 to 17 years old have a developmental disability

1 in 36

children in the United States is on the autism spectrum

WHEN TO REFER

Refer to:

- Audiology if there are speech/ language concerns.
- A suitable therapist (OT/PT/ speech) for assessment of area(s) of developmental concern.
- Behavioral Medicine and Clinical Psychology (BMCP) or community mental health to address frequently disruptive behavior.
- Neurology if there are motor/ tone abnormalities or concerns for cerebral palsy.
- Genetics if there is concern about a specific genetic disorder.

The Department of Developmental and Behavioral Pediatrics (DDBP) does not offer clinical evaluation for new patients ages 6 and older. Please see the next page for a list of organizations that provide support, resources and information for these children and their families.

For urgent issues or to speak with a provider on call 24/7, call the Physician Priority Link® at 1-888-987-7997.

Developmental disorders cause physical, behavioral, learning or language impairments, leading to functional limitations in major life activities. These lifelong limitations are apparent by age 22. Children with these disorders benefit from targeted educational services and supplemental community therapies. Developmental disorders are sometimes referred to as intellectual and developmental disabilities.

ASSESSMENT

Perform a medical, developmental and emotional/behavioral history and a physical exam. Consider using a behavioral measure (e.g., Vanderbilt) as clinically indicated

Review growth (including head circumference) and newborn metabolic screening.

- Consider brain MRI for motor/tone issues.
- Consider screening for Duchenne Muscular Dystrophy with creatine kinase (CK) and for hypo/hyperthyroidism with thyroid stimulating hormone (TSH) if there are concerns for low tone and gross motor abnormalities or neuromuscular weakness. If CK elevated or TSH abnormal, consider consultation/referral to appropriate specialist.

CONCERNS ON HISTORY AND PHYSICAL EXAM

- · Previous referral to (or engagement with) early intervention services
- Current receipt of special education services such as an individualized education program (IEP)
- Frequent or intense outbursts or meltdowns, especially with harm to self or others
- Risk factors including a family history of autism spectrum disorder, intellectual
 disabilities or other learning issues; perinatal complications such as prematurity or
 substance exposure; congenital neurologic disorders or heart disease; genetic or
 chronic conditions; adverse childhood events
- Characteristics of autism: communication difficulties; intense obsessive interests and rituals; limited peer relationships or limited quality relationships; repetitive behaviors or speech patterns (e.g., echolalia or scripting)

MANAGEMENT/TREATMENT OF DEVELOPMENTAL DISORDERS

If any concerns are present:

- Encourage the parent or caregiver to ask their local school district for an evaluation to determine if the child has a disability
- Encourage participation in caregiver education programs specific to children with developmental disorders

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Developmental Disorders

Referral Pathways for Children 6 to 12 Years Old

The Department of Developmental and Behavioral Pediatrics (DDBP) offers ongoing care for children ages 6 and older who have previously been diagnosed with DD in DDBP or the community.

DDBP does not offer clinical evaluation for diagnostic question of DD for new patients ages 6 and older. The following organizations provide support, resources and information for these children and their families.

Intellectual & Learning Disabilities

Options for Evaluation

- Local school system
 - Family should request school evaluation and support in writing. Visit <u>understood.org</u> to learn how.
- · Community psychologist or developmental-behavioral pediatrician

Options for Treatment While Awaiting Evaluation

- · For speech/language concerns:
 - · Cincinnati Children's Speech-Language Pathology
 - · Community speech/language therapy
- · For fine motor or sensory concerns:
 - · Cincinnati Children's Occupational and Physical Therapy
 - · Community occupational therapy
- · For mental health/behavioral therapy:
 - · Community behavioral/mental health provider

Options for Academic Supports

- Community learning disability/academic programs (e.g. Langsford, Children's Dyslexia Centers of Cincinnati)
- Cincinnati Children's Reading and Literacy Discovery Center— Can evaluate reading and written expression skills

Possible Complex ADHD

(ADHD complicated by other mental health conditions such as anxiety, depression, aggression)

Options for Evaluation and Behavioral Treatment

- · Cincinnati Children's Behavioral Medicine & Clinical Psychology
- · Community psychologist or developmental-behavioral pediatrician

Options for Medication Treatment

- · Cincinnati Children's Child and Adolescent Psychiatry
- · Community psychiatrist

Autism Spectrum Disorder (ASD)

Options for Evaluation

- Local school system
 Family should request school evaluation and support in writing.
 Visit understood.org to learn how.
- · Community psychologist or developmental-behavioral pediatrician

Options for Treatment While Awaiting Evaluation

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