Developmental Delay
How do I know when a child needs support?

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This session:
• How to define a delay?
• When is a delay a concern?
• General signs of developmental delay
• Context of developmental delay
• Making sense of checklists
• How do I talk with parents about my concerns?

Developmental delays occur in up to 15% of children under age 5

Global Developmental Delay is diagnosed in approximately 1-3% of children under 5

Diagnosis on average occurs at 3½ years

When is a delay a concern?
• Significant lag behind age expectations
• Impacting on developmental sequence
• Falling to keep up with peers
• Falling further behind peers over time

Delays in:
• Cognition
• Communication
• Fine Motor
• Gross Motor
• Social Interaction
• Behaviour
• Hearing and Vision
Developmental delay or intellectual impairment—what’s the difference?
Do most children with a global developmental delay develop intellectual impairments?

Global Developmental Delay

Children under 5

Too young to participate in assessment

Unable to engage in systematic assessment

Requires reassessment

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Intellectual disability (onset in developmental period)

Most children with GDD will be later diagnosed with an intellectual impairment


Cognition

Plays like a younger child

Takes longer to learn new skills

May need many repetitions

Difficulty attending to task

Changing activity frequently in unstructured situations

Gives up quickly on problem-solving tasks

(Difficulties with cause-and-effect after 18 months)

(Difficulties with object permanence after about 9 months)

Gross motor

Fast floppy or still to hold

Dislikes being moved from one position to another

Lacks movement variety or doesn’t move much

Difficulties lifting head after 3 months

Difference in movement skills between sides of the body after 4 months

Not sitting by 10 months, not walking by 18 months

Scooting or crossing feet in standing position

Walking constantly on toes

Clumsy for their age
Social interaction
- Does not look at faces
- Rarely makes eye contact
- Doesn’t seem to enjoy interacting with familiar people
- Doesn’t initiate actions
- Limited or no spontaneous play
- Excessively aggressive or withdrawn with peers

Communication
- Limited or no babbling
- Significant lag in words and word combinations
- Repeated echoing of others’ speech
- Reliance on visual cues
- Frustration/aggressive behaviour combined with poor speech development for age

Fine motor
- Not banging blocks together and engaging in hand-mouth activities after 8 months
- Early presence of unilateral dominance or handedness in a child less than 15 months of age
- Persistently uses only one hand in play
- Delay in touching parts of the body (not touching feet after 6 months)
- Having trouble holding or moving an object eg managing a cup or scribbling with a crayon

Play
- Preference for rough and tumble play
- ? Meets sensory needs
- ? Does not demand fine motor/cognitive skills
- ? Can participate and succeed
- Object exploration (basic sensory motor play) continues beyond 3 years when other children are developing more skillful play forms
- Interest in pretend play does not emerge until older

Behaviour
- Limited range of emotions
- Poor emotional regulation
- Not responding to parents’ requests
- Not persistent with any activities
- Showing little pleasure in achievements
- Uninterested/confident in most situations
- Obsessions with unusual objects or movement
- Repeating same simple play activity for long periods of time
- Engagement in repetitive movements

Behaviour and Global Developmental Delay
- 42% of parents reported behaviour problems
- 25% of the children scored in the borderline range or above on the total score
- 2-year old children with developmental delay exhibit similar rates of behaviour problems as children without developmental delay
- However, there were ‘sub-clinical’ level which suggested specific risk in 2-year old children
- 2-year old children with developmental delay had fewer behaviour problems than children aged 4 years and older with developmental delay
The period from birth to 5 years is critical for the development of language, cognitive, emotional, social, behavioral, and physical skills. Early childhood is the most effective time to ensure that all children develop their full potential. Developmental disorders in children range from subtle learning disabilities to severe cognitive/motor impairment. Early recognition of developmental problems is important for timely intervention. However, only 30% of such cases are identified before they begin school.

Establishing the presence of developmental delay can be challenging. Typical variation is wide ranging. Reticence about discussing fears and confront the painful reality. Natural reluctance accounts for the common pitfall of overreliance on normal variation as an explanation. Use the phrase “They’ll grow out of it” or “It’s just a phase” with caution.

Where to from here?
Using checklists
- Tell us what children can and cannot do
- Use milestones as measures
- Compare children to their same-aged peers

Consider alongside
- Observations across time and settings
- Some milestones are more critical to overall than others
- We can trace the effects of one aspect of development on another
- Development needs to be considered in context of everyday situations and family culture
- Overall profile of the child

Talking with parents
When you have a concern about a child’s development

Take home messages

Socioeconomic factors of the family have a greater effect than biological factors on the children’s development up to age 5 years.

The socioeconomic and biological risk factors for developmental delay in early childhood
Ozkan, Marpare; Senel, Safa; Arslan, Emel; Akbas; Karacan, Can
It can be difficult to raise concerns!

- How the parents will react
- Family is already stressed
- Uncertain as to exactly what is going on for the child
- Our own anxiety
- Finding the right time/place
- Where to refer the family too?

Parents’ experiences pre-diagnosis

- Unable to articulate concerns to health professionals
- Lack of engagement with their concerns
- Concerns with labelling
- Fears of social isolation and rejection
- Influence of negative public views
- Concerns about medicating

‘So yes, sometimes there are little signs there. Sometimes when you have got a busy life and, you know, you work full time and you know you don’t have as much time with the children as you would like [um] you don’t always pick up on the signals early enough but intuitively I felt there was something that wasn’t quite as it should be but I really couldn’t put my finger on it.’

‘Just watching him play with the other children, you realised that something wasn’t right […] But because we were new parents, we didn’t know, we never knew there was anything wrong.’

Then [er] he moved to another … a nursery school and so I took him to my GP and said, “You know the nursery school have suggested I bring him to you because he won’t rest in the afternoon.” And she was, “Like oh well my daughter is four, and she won’t rest in the afternoon either”.

‘When he was 10 months I remember going to the health visitor because he was nipping and biting and he was really hard going. He pulled the stair gates off the wall. He could launch himself over it. He climbed up furniture. He was really, really dangerous. But the health visitor just said, "No, you know what boys are like".’

Reassurance can be counter productive

- Lost opportunities for Early Intervention
- Distress and uncertainty
- Feeling isolated and alone

‘The paediatric provider’s willingness to share that uncertainty with families is critically important to preserve and strengthen the relationship between family and clinician.’

The importance of "knowing"
Understanding the cause for the disability
Gaining knowledge about future expectations
To discover appropriate interventions
Gaining access to funding or specific services

Family needs:
- Empathy
- Privacy
- Time
- Support person
- Information
- Trust

Be aware of your limitations in making a diagnosis

Diagnosis
- Diagnosis is a formal and comprehensive process
- Differentials need to be considered
- Many developmental diagnosis include similar symptoms (they can look the same)

James is a 4 year old boy attending your centre 3 days a week. He is a bright boy with lots of energy. He enjoys coming to your centre! He has some good communication skills but has difficulties using them in social situations. He seems competitive and gets upset if he doesn’t get to be first. He has difficulty with eye contact. James mostly has a short attention span for his age but can concentrate for longer periods if it’s an activity he likes. He is competitive and likes to be first. He is robust and usually doesn’t have any difficulties with physical activities but has difficulty with fine motor skills, he has trouble with his pencil grip and so he avoids drawing, preferring gross motor activities instead.

You can:
- Comment knowledgeably about typical development
- Identify a child’s strengths
- Recognise areas in which a child may not be achieving expected milestones
- Share your observations
- Explain how you are supporting a child

Time for case study!

You can:
- Affirm a parents’ competency and love for their child
- Highlight the parents’ knowledge of their child
- Be nonjudgmental about a parent’s response
- Provide information
- Keep lines of communication open
- Offer practical supports
Nothing you have told me makes me worried that your child has a problem but I can see that you are concerned. Why don’t we meet in 4 weeks and meanwhile we can keep a note of … You might also like to talk with your GP about your concerns.”

When you have not observed any concerns in a child’s development:

- Focus on strengths as well as needs
- Affirm parent’s concerns
- Use active listening
- Open ended questions
- Reflect back to the parent whether you agree or disagree
- Talk about how you can help a child
- Offer information

Thoughts to keep in mind…. 