

## STANDARD TREATMENT WORKFLOW (STW)

# Children with Developmental Problems

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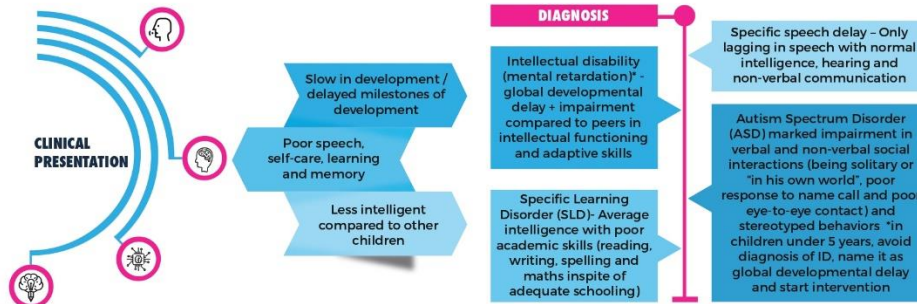
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## Standard Treatment Workflow (STW) for the Management of CHILDREN WITH DEVELOPMENTAL PROBLEMS ICD10-F70-89



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ASSESSMENT			
<b>DETAILED DEVELOPMENTAL ASSESSMENT:</b> <ul style="list-style-type: none"> <li>Assess if child is lagging behind in developmental attainments compared to same-age children</li> <li>Ask mother to estimate the mental age of child</li> <li>Ascertain if delay is global (all milestones) or restricted to one area (motor or speech)</li> </ul>	<b>PHYSICAL EXAMINATION:</b> <ul style="list-style-type: none"> <li>Height and weight,</li> <li>Head circumference,</li> <li>Vision and hearing</li> <li>Any noticeable physical anomalies (club-foot) or unusual facial appearance</li> <li>Motor abnormalities (stiffness / spasticity or weakness of limbs, unsteady gait)</li> <li>Any other problems (heart murmurs, organomegaly)</li> </ul>	<b>BEHAVIOURAL PROBLEMS:</b> <ul style="list-style-type: none"> <li>Hyperactive</li> <li>Impulsive behaviors</li> <li>Sleeping and feeding problems</li> <li>Aggression</li> </ul> <b>EMOTIONAL PROBLEMS:</b> <ul style="list-style-type: none"> <li>Excessive crying</li> <li>Irritability</li> <li>Shyness and fears</li> </ul>	<b>OTHERS:</b> <ul style="list-style-type: none"> <li>Family situation</li> <li>Parents' awareness of the child's problems</li> <li>Quality of attention and care being given to the child,</li> <li>Past consultations and treatment educational history</li> </ul>
MANAGEMENT			
<b>PSYCHO-EDUCATION OF PARENTS</b> <ul style="list-style-type: none"> <li>Normal - reassure parents</li> <li>Mild delay ("at risk") - early intervention and follow-up</li> <li>Explain causation due to some damage to brain before, during or after birth</li> <li>No medication can improve intelligence</li> <li>Teaching and training to improve skills and gaining independence</li> <li>Systematic, persistent and repetitive training as per the child's ability</li> <li>Treatment of associated problems (vitamin or mineral deficiency or epilepsy, ADHD, vision/hearing issues,)- refer to appropriate STW</li> <li>Avoid overprotection, overindulgence and understimulation</li> </ul>	<b>EARLY INTERVENTION / SENSORY-MOTOR STIMULATION FOR YOUNG CHILDREN – UNDER 3 YEARS</b> <ul style="list-style-type: none"> <li>Create opportunities for the child to learn with interest and attention</li> <li>Engaging and spending time with child in activities</li> <li>Offer appreciation</li> <li>Engage the child to use eyes and ears (different types of sounds and sights), touch (eg, tickling, stroking, gentle massaging), movements (gentle movement of limbs, gentle bouncing, range of movement exercises) and improving hand functions (taking, holding, giving, pushing, pulling)</li> <li>Use play materials-rattles, paper balls, rubber balls, clay, soft dough, water play, soap bubbles, vegetables.</li> <li>Parallel vocalization to improve utterances (making the same sound as the child immediately).</li> <li>Improve conceptual skills by classifying, arranging, sorting, and recognizing and naming activities (for eg., vegetable sorting, grain sorting, arranging vessels by their size and shape)</li> </ul>	<b>HOME-BASED PARENT MEDIATED SKILLS TRAINING</b> <ul style="list-style-type: none"> <li>Develop and maintain regular, stimulating daily routines</li> <li>Teach parent to teach child : simple imitation, pointing, pretend-play, self-help skills (eating, toilet training, bathing, dressing), doing simple household chores (washing utensils, helping in cleaning house), social skills – skills of interaction, simple academic skills, simple vocational skills, helping in kitchen under supervision, self-protection</li> <li>Find current level of adaptive abilities of the child and choose a target skill</li> <li>Tell and show how to do things (modelling), make the tasks simpler, break activities in simple steps and teach one step at a time, notice and praise even minor efforts and improvements (rewarding or reinforcing), using hand-on-hand techniques (keeping your hand on the child's hand and making them do the activity)</li> </ul>	
<b>EDUCATION AND TRAINING</b> <ul style="list-style-type: none"> <li>Liaise with schools and ensure child attends school that is most appropriate</li> <li>Assist in enrolment to special school</li> <li>Consider training in vocational skills (informal and formal) for older adolescents</li> </ul>	<b>SOCIAL WELFARE / LIAISON MEASURES</b> <ul style="list-style-type: none"> <li>IQ testing and certification for social welfare benefits</li> <li>Help parents to link with other agencies/services that deal with such children such as CBR programs or parent associations</li> </ul>		



SECONDARY CARE (DISTRICT HOSPITAL)
<ul style="list-style-type: none"> <li>Psychological testing for ID, SLD and diagnosis of ASD</li> <li>Basic management of ASD - home-based parent-mediated training in social, communicative, and self-help skills</li> <li>Appropriate management of behavior problems with medication / psychosocial or behavioral intervention (see relevant STW's)</li> <li>Help parents access relevant services such as District Early intervention centres (DEIC's), parent organizations, and benefits</li> </ul>

TERTIARY CARE (MEDICAL COLLEGE / REGIONAL REFERRAL CENTRE)
<ul style="list-style-type: none"> <li>Evaluate and manage children with severe IDD, ASD, multiple disabilities, and those with severe comorbid disorders such as ADHD, aggression, bipolar disorder, and psychotic disorders through multi-disciplinary approach</li> <li>Investigate for the cause - review tests already done: imaging, genetic tests, metabolic tests (as per requirement); arrange for genetic counselling</li> <li>Manage treatable disorders (like hypothyroidism and inherited metabolic disorders)</li> <li>Manage comorbid physical health problems (like epilepsy, visual/hearing impairment, locomotor/orthopaedic problems)</li> <li>Assessment and management for SLD - psychoeducation of the child and parents, liaison with school, teaching basic remediation techniques to parents, helping parents access relevant organizations, issue of exemption certificates, and decisions about further schooling such as open schooling</li> </ul>

REFERENCES
<ul style="list-style-type: none"> <li>World Health Organization. <i>mhGAP Intervention Guide—Version 2.0 for mental, neurological and substance use disorders in non-specialized health settings</i>. Geneva: WHO, 2016.</li> <li>Szymanski L, King BH. Practice parameters for the assessment and treatment of children, adolescents, and adults with mental retardation and comorbid mental disorders. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i>. 1999 Dec;38(12):55-315.</li> <li>Chitambar SC (2008) <i>Clinical Practice Guidelines for the Diagnosis and Management of Children With Mental Retardation</i>. Retrieved from <a href="http://www.indianpsychiatry.org/cpg/cpg2008/CPC-CAP_05.pdf">www.indianpsychiatry.org/cpg/cpg2008/CPC-CAP_05.pdf</a></li> </ul>

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.

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