



# DPT



## DEVELOPMENTAL PEDIATRICS TODAY

August 2018

### Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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## Inside

Editorial .....	2
Charipersons Message .....	3
Snippets from the Secretary.....	4
Journal Scan .....	5
Usefulness of the primitive reflexes .....	8
in examination of infants	
Parent's Guide .....	9
Autism Workshop.....	13
Events across the country .....	14



## Editorial

### Societal recognition of needs of the differently abled

As I write this millions of fellow citizens in my home state of Kerala are faced with unprecedented floods and the attendant misery. With social media inundated with help requests some pleas on behalf of people with different abilities have also come.



Disasters are difficult times for societies . The support mechanisms that make life possible for the so called normal people are torn asunder. Even under normal circumstances our society is not tuned to the needs of the diffabled. From simple things like ramps to social acceptance of differences we have a long way to go. The tragedy brought on by disasters therefore affects the vulnerable population disproportionately .

The individuals and organizations and the authorties engaged in rescue and relief should make pointed efforts to make it easy for children and adults with special needs to come out of the tragedy . Sensitivity to their needs including social and medical is of paramount importance .

Post rescue , the psychological trauma of this population needs special care. Professional counselling services should be made available and our chapter and academy I'm sure will lead the way .

Hoping that the long night will end soon

**Dr. Santhosh Rajagopal**

Chief Editor



## Chairperson's Message



Dear friends,

Greetings!!

Activities of the Chapter are in full swing.

We have done 4 zonal ToTs of the NDD Guidelines as part of the IAP President's Action Plan and the North Zone ToT is scheduled to be held at Chandigarh on Sept 16th. Dr Samir, Dr Leena Deshpande, Dr Leena Srivastava and all our members need special mention for enlightening and training pediatricians to spread the information detailed in the Guidelines. We need to encourage those whom we have trained to conduct programs locally and create a log book of out reach programs conducted.

The selection of candidates for the IAP FELLOWSHIP IN NEURODEVELOPMENTAL AND BEHAVIOURAL DISORDERS for the 2018-19 batch has been completed and 10 students have made the grade. Kudos to all the institutes where this prestigious fellowship is being offered. We thank them all for their efforts in maintaining international standards in conducting the Fellowship. The program is developing into a much sought after additional qualification for pediatricians of our country and through them we hope to create a team of qualified developmental pediatricians to care for the differently abled children of our nation. The annual examination of candidates who have completed the 1 year Fellowship course is scheduled to be held at CMC Vellore 22nd, 23rd and 24th August. We thank CMC Vellore and the examiners Dr Deepthi Jain, Dr Nandini Mundkur, Dr Seetaraman and Dr Beena Koshy for offering to conduct the examinations. We must specially appreciate Dr Chhaya for her efforts in carrying forward this important initiative of the Chapter.

Dr Samir is planning the Guidelines Update meeting for the year and we hope it will be possible to work out the program in the near future. Dr Himabindhu Singh is working hard towards the organisation of the National Conference of the Chapter along with PATSCON in Hyderabad.

Requesting all members to kindly contribute articles for DPT and photos and cover stories of programs conducted.

Thanking you all for working for the children with special needs.

Sincerely yours,

**Dr. Jeason C. Unni**

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



## Snippets from the Secretary

Dear seniors and friends,

**Ask not what your country can do for you  
Ask what you can do for your country  
- Jawaharlal Nehru**



Come the month of August and the spirit of Independence is in the air.

HAPPY INDEPENDENCE DAY!

The tricolour flying high brings a feeling of both pride and joy to each of us. Nothing can beat the feeling of being free but it does bring with it a deeper sense of responsibility. Let us use this feeling of independence more conscientiously in every field of life. Personal and professional freedom should oblige us to make responsible decisions weighing the pros and cons and not misusing even an iota of the freedom entrusted on us.

Whether it be the freedom given by a country to its citizen, a leader to his followers, a senior to a junior at work or a parent to a child at home ...freedom at every step comes with responsibility.

Let each of us pledge to take a step to use the freedom as a citizen in a better way in some aspect of life that we care about...

You must be the change you want to see in the world.....Mahatma Gandhi

Happy learning friends...

**Dr Leena Srivastava**

National Secretary

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## Journal Scan

Dr Shambhavi Seth

Developmental Pediatrician

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**1. Early Childhood Learning and the Pediatrician: A Qualitative Study Among Diverse, Low-Income Caregivers;** Steinberg et al; Journal of Developmental & Behavioral Pediatrics: June 2018 - Volume 39 - Issue 5 - p 376-386

School readiness by kindergarten entry is associated with increased high school graduation, decreased juvenile arrest, and better long-term health. Inadequate early childhood learning (ECL) disproportionately affects low-income children. Pediatricians have near-universal access to children younger than 5 years but remain an underused ECL resource. This study examined caregivers' perceptions of ECL, the role of the pediatrician and pediatric office, and the use of community-based ECL resources among diverse, low-income caregivers whose children were not enrolled in preschool. Using community-engaged strategies, caregivers were recruited to participate in in-depth focus groups (FGs). Demographic and FG data were collected in English, Spanish, and Vietnamese. Qualitative data were analyzed with iterative transcript-based coding and theme analysis.

Results: From June 2015 to August 2015, 69 low-income mothers (n = 46), fathers (n = 8), and grandparents (n = 15) from African-American (33%), Latino (32%), and Vietnamese (35%) communities participated in 12 FGs. Caregivers across groups wanted pediatricians to act as ECL experts and to provide ECL services. Caregivers valued ECL, especially when delivered by trusted sources. Utilization and perception of community ECL resources varied among groups. The greatest variation included different preferences for resource setting, accessibility, and acceptability, especially cultural acceptability. Each individual and groups' unique, and occasionally adverse, experiences and financial and logistical considerations informed ECL preferences.

Conclusion: This exploratory study brings forth diverse caregivers' perspectives regarding the role of pediatricians in ECL and their desire for pediatricians to be an access point for high-quality, affordable ECL services. Caregivers' preferences regarding ECL programming may inform clinic-based pediatric ECL programming.

Reviewer's viewpoint: This study was conducted by Stanford University School of Medicine. If we draw parallels to our country from this study we are close on two criteria, India being a culturally diverse land and pediatrician being the first point of contact with the families. So the results from the study can be extrapolated and development of ECL (early childhood learning) as a part of pediatric clinical practice subhead is worth considering.



## Journal Scan

### **2. Association Between Changes in Caregiver Depressive Symptoms and Child Attention-Deficit/Hyperactivity Disorder Symptoms; Walls, Morgan et al; Journal of Developmental & Behavioral Pediatrics: June 2018 - Volume 39 - Issue 5 - p 387-394**

Depression is highly prevalent among caregivers of children with attention-deficit/hyperactivity disorder (ADHD). This study examined the association between caregiver depressive symptom trajectories and changes in child ADHD symptoms. The study analyzed data from a randomized trial of 2 ADHD care management systems for children aged 6 to 12 years and their caregivers (n = 156). Child ADHD symptoms were measured using the Swanson, Nolan, and Pelham rating scale (SNAP-IV). Caregiver depressive symptoms were measured using the Quick Inventory of Depressive Symptomatology (QIDS). Measures were assessed at baseline, 6 months, and 12 months. Multivariable models to examine associations between changes in caregiver depressive symptoms and changes in child ADHD symptoms were used.

**Results:** From baseline to 12 months, children of caregivers with improved depressive symptoms had significantly greater reductions in SNAP-IV scores (change score: -1.43) compared with those whose depressive symptoms did not change (change score: -0.97) or worsened (change score: -0.23,  $p = 0.003$ ). In adjusted models, improved caregiver depressive symptoms were associated with greater reductions in SNAP-IV scores over the 12-month period. Compared with those with worsening caregiver depressive symptoms, children whose caregivers showed no significant changes in depressive symptoms had a -0.78 point (95% confidence interval [CI]: -1.40 to -0.17) greater reduction in the SNAP-IV score, and those children whose caregiver depressive symptoms improved had a -1.31 point greater reduction in the SNAP-IV score (95% CI: -1.97 to -0.66).

**Conclusion:** Given the longitudinal association between caregiver depressive symptom and child ADHD symptom trajectories, interventions that address the behavioral health needs of the family unit may offer promise for urban children with ADHD.



## Journal Scan

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### **3. Raising Children with Autism Spectrum Disorders in Monolingual vs Bilingual Homes: A Scoping Review; Wang, Michelle et al; Journal of Developmental & Behavioral Pediatrics: June 2018 - Volume 39 - Issue 5 - p 434-446**

#### **Review Article**

Current recommendations for typically developing children are to encourage and support bilingual exposure in the home; however, there are no specific guidelines for families of children with autism spectrum disorders (ASDs), a disorder in which communication deficits are considered a hallmark feature.

The aim of this study is to present a scoping review of studies that compare cognitive, linguistic, and behavioral outcomes for children with ASDs raised in monolingual vs bilingual homes. A systematic search of 6 databases for peer-reviewed literature and gray literature search through dissertation databases, conference archives, and reference lists of pertinent studies was conducted.

Results: Nine studies were included. No consistent differences were observed in the categories of core ASDs behaviors, cognitive function, or language. The studies suggest a potential bilingual advantage on nonverbal intelligence quotient scores, adaptive functioning, and expressive vocabulary.

Conclusion: There is no evidence of a detrimental effect of raising children with ASDs in a bilingual home.

Reviewer's viewpoint: In our country where lingual diversity exists all over the country this review study forms an important guide in counseling parents of children with ASD living in a bilingual household.



## Usefulness of the primitive reflexes in examination of infants

Dr Jeesson C Unni

The primitive reflexes and the postural reactions comprise one of the earliest, simplest, and most frequently used tools among child neurologists to assess the central nervous system integrity of infants and young children. Infants with cerebral palsy have been known to manifest persistence or delay in the disappearance of primitive reflexes and pathologic or absent postural reactions. The clinical significance of asymmetric tonic neck reflex, Moro, palmar grasp, plantar grasp, Galant, Babinski, Rossolimo, crossed extensor, suprapubic extensor, and heel reflex, alone or in combination, as well as their contribution to the early diagnosis and differential diagnosis of cerebral palsy, have been demonstrated in a number of studies. Moreover, infants with 5 or more abnormal postural reactions have developed either cerebral palsy or developmental retardation as reported in a number of studies. Although a comprehensive neurologic examination in the context of a motor assessment instrument is preferable to an informal list of items, the combined examination of primitive reflexes and postural reactions should be considered by the child neurologist, as a simple but predictive screening test for the early identification of infants at risk for cerebral palsy. It is quick and easy to perform, both in nonhospital environments and in underdeveloped countries, where time and specific recourses are limited. The combined examination is also useful in developed countries because many developmental disorders such as cerebral palsy appear in nonrisk groups whereas others are not detected by metabolic screening programs

We will discuss one primitive reflex in each issue of DPT. The asymmetrical tonic neck reflex (ATNR) in a two-week-old female, with extension of the left extremities and flexion of the right.

The asymmetrical tonic neck reflex (ATNR) is a primitive reflex found in newborn humans that normally vanishes around three months of age.

It is also known as the "fencing reflex" because of the characteristic position of the infant's arms and head, which resembles that of a classically trained fencer.



When the face is turned to one side, the arm and leg on the side to which the face is turned extend and the arm and leg on the opposite side flex.

The presence of the ATNR, as well as other primitive reflexes, such as the tonic labyrinthine reflex (TLR), beyond the first six months of life may indicate that the child has developmental delays, at which point the reflex is atypical or abnormal. For example, in children with cerebral palsy, the reflexes may persist and even be more pronounced. As abnormal reflexes, both the ATNR and the TLR can cause problems for the growing child. The ATNR and TLR both hinder functional activities such as rolling, bringing the hands together, or even bringing the hands to the mouth. Over time, both the ATNR and TLR can cause serious damage to the growing child's joints and bones. The ATNR can cause the spine to curve (scoliosis). Both the ATNR and TLR can cause subluxation of the femoral head or dislocation of the femoral head as it completely moves out of the hip socket. When abnormal reflexes persist in a child, evidence suggests early intervention involving extensive physical therapy as the most beneficial course of treatment.

The fencing response occurs in adults as a result of mechanical forces applied to the head, typically associated with contact sports. The Fencing Response is transient and indicates moderate forces applied to the brainstem, resulting in a traumatic brain injury.



## PARENT'S GUIDE

**'Understanding The Concerns Of Parents Of Children With Developmental Disorders and Guiding them to Provide the Right Stimulation in the Home Environment**

**[Based on the experience at the Child Development Centre, Chandigarh]**

**Dr Chhaya Prasad**

**(Developmental & Behavioral Pediatrician, Adolescent Health Expert, Child Rights Expert)  
Director, Asha, Centre for Autism & Intellectual Developmental Disorders, Chandigarh  
Senior Consultant, Max Super Speciality Hospital, Mohali  
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**Parental Acceptance / Responsiveness refers to “the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands” (Baumrind, 1991).**

Currently around 10 per cent of the total world’s population, or roughly 650 million people, live with a disability. With all the scientific research done over the years in the subject of Early Identification and Early Interventions and with availability of Evidence Based therapeutic interventions, we know that the degree of disabilities in children can be reduced to a great extent. The children can be made functionally independent and their intelligence can be used to carry out meaningful day to day activities. We can help bring out the Best Potential in each child and also enhance the development of cognitive abilities.

It doesn’t matter for a parent whether the diagnosis is Autism or Intellectual Disability or a Global Developmental Delay. For the Parents what matters is whether their child will walk, talk, communicate and play like other children. For Parents whose children who are suffering from developmental disorders, they need to know how they can best help their child. Disability affects hundreds of millions of families across the world. Developmental experts and therapist may not be available in every place. How can parents equip themselves to learn the right stimulation in the home environment? Parents who take their children to Child Development Centres have great expectations that their child will start walking, talking and communicating immediately as interventions start but what they must also understand is that Parents themselves have a great Role to play in the INTERVENTIONS and that they must support the Therapeutic Interventions by

mediating the program at home and making the adequate changes as suggested by the Developmental Experts.

Children may be at Biologic Risks for developmental disorders when they are born as low birth weights or preterm or have an eventful perinatal period but what puts them at greater risk is when the parents do not provide adequate stimulation for development of skills in the home environment. Lack of stimulation and poor mother child interaction may be caused by factors such as Single Parent, Low literacy level, Uninvolved parenting style etc. Parents understand that a Child is said to have developmental delays when he / she does not attain the specified developmental milestones at the expected time and that the child may or may not perform the motor, social, cognitive, or other activities like other children of his age do. But poor Mother - Child Interaction may lead to a greater delay in the development of already compromised milestones. These are further impaired by early introduction of Media which interferes not only with the centres of speech and language in the Brain but also damages the development of emotional skills.

Parents must be told that Intellectual disability is not the same as a developmental disability. A Developmental disability is an umbrella term that includes intellectual disability as well as physical impairments in the form of visual impairment, hearing impairment, motor impairments etc. Some developmental disabilities can be strictly physical, such as impaired vision since birth. Some children



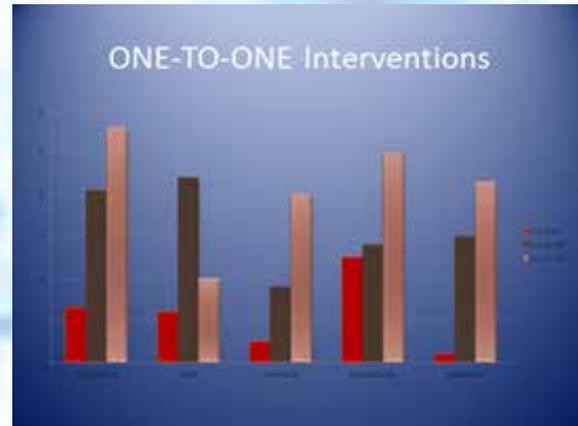
have both physical and intellectual disabilities stemming from genetic or other physical causes (e.g., Down Syndrome, Fetal alcohol syndrome etc.). Sometimes intellectual disabilities can stem from nonphysical causes, such as the level of stimulation and adult responsiveness in the home environment. Parents also need to know that when a child is not attaining the speech and language milestones age appropriately the child is missing out on co-developing skills such as learning to sit in one place and finishing a task; listening to the caregiver and following the instructions; making eye contact with the instructor. Whatever may be the cause, whatever the type of developmental disorder the child may be experiencing; there are some basic pre learning skills that the child must attain before the formal developmental milestones are worked upon. These basic skills can be stimulated in the home environment by parents, siblings and caretakers.

## WHAT PARENTS CAN DO TO HELP IMPROVE DEFICIT SKILLS IN THEIR CHILDREN

Parents must work on improving the Non-Verbal Communication Skills and Pre Academic Skills in their children before expecting verbal skills to develop and before sending them to schools -

1. To work on improving Eye to Eye Gaze
2. To work on improving Sitting Behaviour
3. To work on improving Listening skills
4. To teach skills by Modelling and helping to develop imitative play
5. To work on improving Body Gestures
6. To work on improving Instruction following
7. To adapt a Positive Parenting Attitude
8. To engage in Positive Disciplining Practices

Only when these co- skills are developed in the children, will they start developing the formal milestones such as verbal communication and task persistence and task completion.



Parents must know that each co skill will be fully developed when the child understands that he / she will get a positive reinforcement for each skill developed. The positive reinforcement can be anything from a clap from parents, a smile, a hug to a reward such a small piece of chocolate or toffee. Pediatrician's must convey to Parents the following points in their counselling along with Formal Developmental Assessments:

Children mostly develop behavior disorders and frustration not directly due to the deficit in the speech and language and motor skills but because of the deficits in the parenting skills, non congenial home environment and deficits in the co-developing skills as mentioned below'

a) Social skills—interpersonal skills, social responsibility, self-esteem, social problem solving, and the ability to follow rules/obey laws.

b) Conceptual Skills - Conceptual skills not only include language and literacy but also the comprehension, concepts of time, number; alphabets, self- direction, problem solving skills, comprehending what is heard and responding to it appropriately, etc.

c) Self-help skills - Those skills and behaviors that enable the child to become increasingly more independent in daily living skills such as feeding,





dressing, and personal toileting needs.

d) Communication Domain - Understanding and using language to communicate for various purposes. Behaviors measured include a child's reception and expression of information, thoughts, and ideas through verbal and nonverbal means.

e) Personal-Social Domain - Those abilities and characteristics that facilitate children engaging in positive and meaningful social interactions. The behaviors measured include adult interaction, expression of feelings/affect, self-concept, peer interaction, coping, and social role.

f) Cognitive Domain - Skills and abilities that are conceptual in nature. Abilities measured include perceptual discrimination, memory, and reasoning. Tasks include comparison among objects based on physical features (color, shape, size) and properties (weight); sequencing events; putting together parts of a whole; grouping and sorting similar objects and identifying similarities and differences among objects based on common characteristics

g) Emotional Development is an important part of the developing milestones. An early maternal separation may cause an early onset of anxiety in infants which may go on to become an Anxiety disorder and cause speech and language deficiencies in the form of stuttering, stammering or misarticulations. Feelings of rejection, and punitive and corporal methods of punishment in early childhood years also confuses the child and his/ her emotional development gets impacted negatively.

h) Practical skills—activities of daily living which help in personal care such as toileting needs, hunger needs, wearing clothes/ slippers or shoes to protect our body from weather changes / or any harmful environment etc. Practical skills also include occupational skills, healthcare, travel/transportation; understanding schedules/routines etc. Recognizing family members and differentiating them from strangers or regular

visitors in the home is a great challenge for these children and may also be a cause for safety concern.

i) Ability to adapt to changing environment - Children with varying degrees of developmental disorders finds it very difficult to adapt in changing environment. For them shifting from a home environment to a classroom environment in school can be very challenging. Not only can the intellectual abilities cause these difficulties but also sensory issues and sensory processing disorders in children with developmental disorders.

j) Behaviours Learnt in the Home Environment - Children learn most of their behaviours by getting conditioned to the way Parents respond to their needs. If an infant is made to cry for longer hours till his / her hunger needs are met, then the infant learns that I have to cry harder and longer till my hunger needs will be met. If a parent keeps running behind a child telling him / her 100 times a day "Don't do this, don't do that", the child learns that the only way to attract attention of my parents is to do something wrong, because the parents miss the 'good behaviors' in their children and forget to praise or acknowledge them. Children only look to gaining attention from their parents in whatever way they can, and because they get a lot of attention for their negative behaviors, they learn and get conditioned to act out in an unacceptable manner.

While there is no unique model for 'Effective Parenting' that can be generalized to all societies and situations, research findings clearly point to parenting practices which are associated with more positive outcomes. Based on this thought it is worth highlighting four parenting activities that have been identified as facilitating more positive parenting experiences (Pecnic, 2007).

a) Nurturing Behavior - Nurturing behaviour refers to activities that respond to the child's needs for emotional security, such as the provision of warmth





and sensitivity within the relationship.

b) Modelling Positive Behavior - Structure refers to setting boundaries and guiding the child's behaviour through modelling of positive behaviours, without physical or psychological pressure.

c) Recognition - It refers to the child's need to be respected and acknowledged by parents and to foster the potential for mutual understanding and influence to develop.

d) Empowerment - It refers to combining a sense of personal control with the ability to affect the behaviour of others; this is conceptualized as a process that necessitates on going parental adjustment to the changing developmental tasks of children as they grow older.

Based on the interventions provided to more than 200 children with developmental disorders, in the year 2017-18, we were able to enlist that a combination of following activities can help parents to understand the best way to help their children develop deficit skills. These involve following the Evidence Based Therapies in a One to One Therapeutic Intervention manner carried out by a multi-disciplinary team consisting of a Clinical Psychologist, Remedial Special Educator, Speech and Language Audiologist, Physio-Occupational Therapist, all functioning together under the leadership of a developmental pediatrician along side complete involvement of parents and siblings.

1. One to one interventions with a Special Educator / Therapist at a Child Development Center to help improve
  - a) Eye Contact
  - b) Listening Skills
  - c) Instruction Following
  - d) Sitting Behavior
  - e) Attention Span
  - f) Non-verbal Gestures

2. Activities to improve Non Verbal Body Gestures before developing verbal communication
3. Activities to improve Pre Academic Skills before Academic skills can be trained to the children
4. Positive Parenting Style and a Motivating and Encouraging Parenting Attitude
5. Positive Disciplining Methods ( Disciplining methods used by grandparents and siblings as well)
6. Congenial Home Environment
  - a) Quality and Quantity of language used at home
  - b) Relationships between family members
  - c) Use of Media - T.V, Mobile, I Pad at home
  - d) Safety Measures to protect children with hyperactivity / sensory processing disorders
7. To address psychological needs of the child
8. To eliminate barriers of time and space in learning
9. Making child recognize his / her basic learning techniques
10. Designing meaningful learning environment for the child
11. Enhancing active participation in class activities, learning interests and motivation
12. Teaching Use of Peer Support
13. Providing Classroom Intervention Plans to School





## AUTISM WORKSHOP



Parents training workshop on autism organized by Dr Shrutika Sood at SGRIM&HS Dehradun on 12/8/2018. Dr Himani Khanna from Continua kids Gurgaon was a guest speaker in the workshop. The motive of the workshop was giving understandable yet scientific knowledge to the parents about autism. Family centric home based therapy training was given in the form of demonstrations involving the mothers by Dr Himani and her team which was highly appreciated. On request by all parents Dr Shrutika is starting a support group for these parents.



## Events across the country

Dr Shambhavi Seth participated as faculty in CME on Neurodevelopmental Pediatrics organized under the aegis of IAP Haryana by Paras Hospitals, Gurugram in association with Continua Kids team on August 5, 2018. It was well attended by pediatricians from all over the state of Haryana.





## Events across the country

### IAP AGAINST CHILD SEXUAL ABUSE

Dr Chhaya Prasad, National EB Member, Chandigarh, participated in the Providers Training Workshop held by the Indian Academy of Pediatrics I CANCL Group and the International Centre for Missing and Exploited Children (ICMEC) on 12th and 13th May 2018 at New Delhi – The Trainers workshop focused on Child Sexual Abuse Examination Protocol as per POCSO Act and Ministry of Health & Family Welfare Guidelines, organized with able guidance of Dr Rajeev Seth.



Dr Chhaya Prasad and Dr Shabina Ahmed participated as Faculty and advocated for Protection and Rights of children with Developmental Disorders and Disabilities at an Expert Group meeting organized by Indian Academy of Pediatrics, I CANCL Group in partnership with UNICEF for curriculum development on “Prevention & Response to Child Abuse & Neglect by caregivers, front line workers and parents” Meeting took place on 5th and 6th August, 2018 at New Delhi with the able guidance of Chairperson ICANCL Dr Rajeev Seth.





## Events across the country

At an update on holistic management of ADHD at Navi Mumbai targeting Psychiatrists Dr Leena Deshpande delivered an informative session on 5th August 2018. The talk received a good response and was followed by interaction on the comprehensive approach of management. She also introduced the audience to the IAP national consensus guidelines available on the same.



**South Pedicon** was conducted in Trichy by IAP Tamilnadu from 9th -12th August.

**Dr Somasundaram**, Secretary IAP Tamilnadu, gave a talk on “Autism screening and management-Pediatrician’s perspective”.





## Events across the country

Independence day celebrations at Bright Beginnings in Dr Shambhavi Seth's group program -The social skill development program comprised of the following activities -

Social greetings

Concept of waiting

Imitation skills

Following instructions

Recall and learning through rhymes including patriotic rhymes

Development of imaginative, thinking skills and processing speed in group activities

Motor planning activities like commando crawl and obstacle activity

Concept of teamwork and group activity through colouring flag

Learning about Independence Day and colours of the flag.



Independence day celebrations at Dr Lata Bhat's Palak child development centre at Delhi.