



DPT

DEVELOPMENTAL PEDIATRICS TODAY



May 2018

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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Editorial

Emotionally Yours

Academic achievement or otherwise of children has never been on the Pediatricians platter till the last decade. The Poor Scholastic Performance Programme of IAP has meant that it is now left, right and centre of the IAP agenda. The cornerstone of the programme is the understanding that no child will want to perform bad academically. In this issue of the newsletter another dimension of school life is explored. The joy of learning is missing in most contexts in our country. The schools have become conveyor belts where children with ninety percent marks are pushed to achieve centums Rest be damned. Of course this is by no means a generalisation.



Dr. Kelkar in his article on Academic Emotions lays bare the key to a happy school. The Flow states concept provides an excellent framework to analyse the response of children to educational experience. Emotional intelligence is of course the new kid on the block and the article posits it in the context of school education.

Meanwhile the gut never seems to leave the space of etiology for Autistic Disorders and the journal scan so carefully curated by Dr Shambhavi highlights this.

Requesting all members to contribute to the newsletter more generously

Yours emotionally,

Dr. Santhosh Rajagopal

Chief Editor



Chairperson's Message



Dear colleagues,

I must first and foremost THANK all our members in capital letters for the wonderful Autism Week Celebrations conducted all over the country last month. Autism Day or not, it is imperative that we continue our crusade for differently abled children of our country. We will continue to administer only evidence based interventions for these children.

We have inaugurated our 1st Zonal ToT of our Guidelines on Neurodevelopmental and Behavioural Disorders on April 29th at Mumbai. We salute the efficiency and meticulousness of the IAP Mumbai Branch for hosting this West Zone ToT. This IAP Action Plan for 2018-2020 is to be held in all 5 Zones (next South Zone at Kochi on May 27th hosted by IAP Cochin Branch and then East Zone at Kolkata on June 10th and other Zones as and when arranged) followed by 15 local sessions (educational grant from Micro Labs Ltd). It is intended to equip our pediatric colleagues to deal with these ever increasing public health issues with evidence based strategies. Dr Samir Dalwai and his team is hereby applauded for the effort.

Hope DPT is achieving its purpose of creating an army of pediatricians interested in dedicating their life to care of children and their families struggling with caring for their wards.

The Chapter has accredited 2 more institutes of repute for conducting the IAP Fellowship of Neurodevelopmental and Behavioural Disorders. This should help increase our workforce.

The 2nd Annual Examination for candidates appearing for the Fellowship is to be held at CMC Vellore. We profusely thank all the accredited Institutes for conducting the Fellowship training program according to set guidelines and CMC Vellore for hosting this year's exam.

Thanks to Dr Chhaya for coordinating the Fellowship program.

I, on behalf of IAP and the IAP Neurodevelopment Chapter in particular request each and every member to please continue our crusade in full earnest.

Thanking you,

Dr. Jeesson C. Unni

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



Snippets from the Secretary

“Children are not things to be moulded but people to be unfolded”...

Jess Lair



A large part of the child's formative years are spent in school. Yet one wonders whether our education system then and later really moulds an individual. School or medical college alike are full of rote learning more than formative skills or gearing up for later life.

Being in the field of Developmental Pediatrics every other child you see makes you ponder on this fact-

- the child with poor scholastic performance with the tearful and guilt ridden parents after the PTA meeting...
- the child with Borderline intelligence or mild Intellectual Disability who is a misfit in the so called normal schools and the schools for children with special needs...
- the child with limited social communication who faces bullying and teasing by peers...
- and the little one who has been the target of child sexual abuse....

AND they all finally refuse to go to school...

Where will these children go...?

Also if good schools cater to the intelligent and smart in academics...Is school dropout the only answer to children with Learning and Intellectual Disabilities-

Point to ponder upon is--Is holistic education or only rote academics the goal of our education system??

'In a recent survey -92 % of teachers from across the country thought that our education system is exam centric and lower on skill development.'

Not being cynical.. I do agree awareness is on the rise and inclusion is finally happening in a select few schools and regions..But let us be honest we do have a long, long way to go....

It is time all of us working in this field contribute drops to create an ocean of change in this system by guiding parents, advocating for our children and trying our bit to create awareness in the educational professionals to safeguard the interest of our children and help to create holistic learning environments for them to contribute to a better society tomorrow..

“Children are the world's most valuable resource and it's best hope for the future”..

John. F .Kennedy

Dr Leena Srivastava

National Secretary

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The Future of Inclusion - An Inclusive Future!

Dr. Samir Dalwai

Prejudice is a basic instinct. It is deep rooted, beyond consciousness, driven deep by the power of evolution. Thus, to discriminate is natural.

To resist discrimination requires someone to question these beliefs for you, induce analytical inquisition and enable critical introspection within. It may seem to mimic indoctrination. But indoctrination enhances prejudice. Whereas the former overcomes prejudice by freeing your mind from ingrained and preformed biases. We see this battle being fought in human society since the beginning of civilization. While the former wins, we see an inclusive society. When the latter has the upper hand, we see divisiveness and exclusion.

Prejudice is the mother of exclusion. Inclusion is the child of civilization.

To be civilized is not merely the use of manners and sophistication. It is the cultivated thought and thereby the ability to analyse prejudices within ourself that seemingly set us apart from others. And the ability to resist from opinions and act on these perceived differences.

Let me put forth a simple example. I am able to use my legs for walking from a place to another. I come across someone who cannot walk due to some damage to her legs. Naturally, I see her as different from me -different from my ability not just for locomotion, but, thence, also to lead her life. That's just one prejudice leading to another. If this person has a wheelchair, her ability to go from one place to another is not really different from mine. But I have already presumed her entire life to be different from mine! I was already sympathising with her and thinking of her life as compromised and how then would I deal with her. Another example is about a person who has "impaired" vision in terms of a refractive error. Well, if you give him a pair of glasses, the problem is solved. We don't even consider that a disability!

Isn't the limiting factor the ability to invent and supply a wheelchair or a pair of glasses? Isn't the important ability to have that which requires one to invent a wheelchair or glasses - that which the two lack? Isn't disability that which prevents us from supplying these two with a wheelchair and glasses? Doesn't the ability/disability exist then in my mind, not their legs or eyes?



The Future of Inclusion - An Inclusive Future!

Dr. Samir Dalwai

This kind of thought doesn't come easy. It comes with cultivation. It needs somebody to make us aware. Unlike that which makes us aware of impairments. The latter is "obvious", it's easy to have. The former needs to be cultivated. By society. To be civilized. To treat all its citizens equitably. Not equally. To treat all equally would mean either wheelchairs and glasses for all or for no one. Isn't that rather stupid?

Treating citizens equitably is giving each one what s/he needs to do better. We are standing at a fence and there's a cricket match on the other side. We can see above the fence because we are a little taller than the fence. How would our child see? Well, we can place him on a small stand. While we stand on our own feet on the ground. That way, we can all enjoy the cricket - without being the same height. That's equity. What if we have a "standardized" stand that is not tall enough? We may place our child on it but that may not be enough. Well, then we need to get him the right stand or pick him up in our arms or put him on our head, if need be. That's equity. It's not attempting to do the standard stuff. It's attempting to resolve another's problem. And not giving up (or patting ourselves on the back) unless the outcome is ensured. It's not putting a disabled child in a classroom with other "normal" children, nor just handing out a hearing aid or special shoes that aren't calibrated. It's individualising what is needed for each child to do better.

Thus, inclusion is an attitude, not a right. Equity is the right.

Inclusion is not the attempt. Inclusion is the outcome.

Inclusion is not the battle for others. Inclusion is the struggle with ourselves and our prejudice that stops us from achieving the best outcome for others. Inclusion is not endowment for others. Inclusion is evolution for ourselves. Inclusion is not about disability others may have. It's about ability - ours.

Darwin envisaged the evolution of Species as the survival of the fittest. The weak had no future in the jungle. The evolution of Mankind will depend on the choices we make. Whether we choose to live like in the jungle or like a civilized nation.

The future of inclusion is not important. That's in the present already. It depends on our mindset - the choices we make today. What is important is the attitude. Our attitude will shape the future. Hopefully, it will be inclusive. An Inclusive Future.



Journal Scan

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1. Targeting gut microbiome : A novel and potential therapy for Autism. Yang et al. Published in Life Sciences February 2018, Vol. 194, pg 111-119

Children with neurodevelopmental disorder, including ASD, are regularly affected by gastrointestinal problems and dysbiosis of gut microbiota. On the other hand, humans live in a co-evolutionary association with plenty of microorganisms that resident on the exposed and internal surfaces of our bodies. A large body of preclinical literature indicates that gut microbiome plays an important role in the bidirectional gut-brain axis that communicates between the gut and central nervous system. The present review introduces the increasing evidence suggesting the reciprocal interaction network among microbiome, gut and brain. It also discusses the possible mechanisms by which gut microbiome influences the etiology of ASD via altering gut-brain axis. Most importantly, it highlights the new findings of targeting gut microbiome, including probiotic treatment and fecal microbiota transplant, as novel and potential therapeutics for ASD diseases.

2. How do Parents Manage Irritability, Challenging Behaviour, Non Compliance and Anxiety in Children with Autism Spectrum Disorders? A Meta-Synthesis. Elizabeth O’Nions, Francesca Happé, Kris Evers, Hannah Boonenllse Noens; Journal of Autism and Developmental Disorders (2018) 48:1272–1286

Problem behaviour in ASD includes particularly troublesome features, such as self-injury, running away, aggression, property damage, and inappropriate behaviour in public (often termed “challenging behaviour”). Extreme irritability (e.g., anger, frustration, distress, meltdowns), and persistent non-compliance with everyday demands also present considerable challenges.

The aim of this study was to capitalise on the extant literature from qualitative, observational and case studies to identify how parents and caregivers spontaneously manage problem behaviour in ASD.

In total, nine higher order concepts were identified: (1) Accommodating the child; (2) modifying the environment; (3) providing structure, routine and occupation; (4) supervision and monitoring; (5) managing non-compliance with everyday tasks and activities; (6) responding to problem behaviour; (7) managing distress; (8) maintaining safety and (9) analysing and planning.

A strength of this study is its broad focus. Wide number of studies spanning multiple dimensions of problem behaviour in ASD were included, and a range of ages and clinical profiles.



Journal Scan

Particularly striking in these data is the extent to which parents manage the child's propensity for outbursts or problem behaviour by adapting situations, demands, requirements etc. to suit the child, and avoiding direct challenge. This suggests a need for considerably more intervention and support to promote compliance and reduce difficult behaviour than that which appears to be routinely available to parents.

3. Differential Effects of the Single-Family Room Neonatal Intensive Care Unit on 18- to 24-Month Bayley Scores of Preterm Infants

Betty Vohr, Elisabeth McGowan, Leslie McKinley, Richard Tucker, Lenore Keszler, Barbara Alksninis, (Brown university)

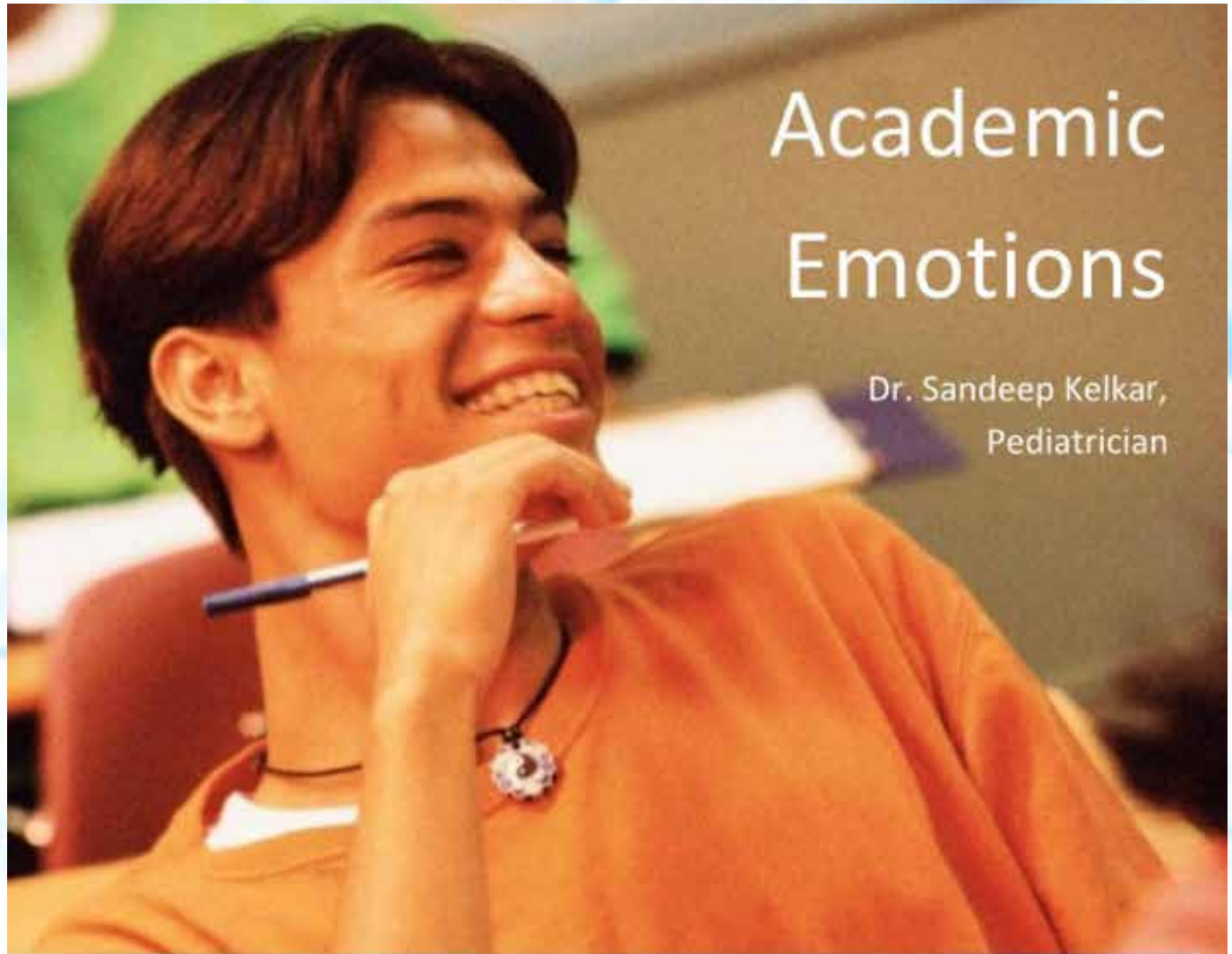
Published in The Journal of Pediatrics, June 2017, Vol 185, Pg 42-48

To determine the effects of human milk and social/environmental disparities on developmental outcomes of infants born preterm cared for in a single-family room (SFR) neonatal intensive care unit (NICU).

Outcomes were compared between infants weighing ≤ 1250 g cared for in an open-bay NICU (n = 394) and an SFR NICU (n = 297). Human milk provision at 1 week, 4 weeks and discharge, and 4 week volume (mL/kg/day) were analyzed. At 18-24 months of age, the Bayley III was administered. Group differences were evaluated and multiple linear regression analyses were run.

Infants cared for in the SFR NICU had higher Bayley III cognitive and language scores, higher rates of human milk provision at 1 and 4 weeks, and higher human milk volume at 4 weeks. Infants born preterm cared for in the SFR NICU have higher Bayley language and cognitive scores and receive more human milk. Independent effects on outcomes were derived from SFR NICU, provision of human milk, and social and environmental factors.

Discussion: A comment on the big picture of care for preterm infants seems warranted. The concept of optimizing sensory-development with parent-engaged care of preterm babies as reported in the study is just the humane thing to do. These interventions may optimize brain developmental plasticity in very positive ways. The biology of prematurity, injury, and socioeconomic status are the recurrent big players in poor neurodevelopmental outcomes. The great majority of deaths from prematurity are in low and middle income countries. Often no neonatal care is available, much less high level SFR NICUs. We need to learn from SFR NICUs (such as that at Brown) which elements of care optimize outcomes. Those lessons then can be applied as cost effective interventions in low and middle income countries, hopefully with great benefit to large numbers of premature infants.



Academic Emotions

Dr. Sandeep Kelkar,
Pediatrician

One evening, as I sat in my clinic seeing my regular OPD patients, one kids' T-Shirt grabbed my attention. It was not the colour or trendy style, but what was printed on its front that caught on my eyes. In big bold letters it was written....

'I LOVE MY SCHOOL.'

I was thrilled for a moment to see one of the kids in early teens flaunting publicly his probable feelings for his school, a refreshingly rare sight to find in this education unfriendly environment. But alas! My excitement was short lived as my eyes spotted the next line ... written in a smaller not so bold script...

'WHEN IT IS CLOSED'

Jokes apart, for some time after this episode I was brooding over these questions...What would make kids love school (in spite of it being open!!!)? Why is it that only a few are



really motivated but so many children are neither interested, nor are they very attentive in school? Does the problem lie with the child or the school system for not creating the right climate? I began reflecting on these issues and the possible solutions.

Later on, as I was researching about this issue, I came across some alarming statistics about kids all over world not just 'Not Loving School' but going as far as 'Leaving School' in their early years. These vast number of school dropouts were apparently not for reasons of financial inability to sustain schooling but shockingly for more grave reasons related to Feeling of Disinterest, Feeling left alone, Feeling afraid and anxious, Feeling bored, Feeling threatened etc which was sadly the cause of their early plight from the agony of schooling.

Focus on Feelings

The obvious question that crops up here is "Are we giving enough attention to kids' Emotional States in schools as much as we are giving to their Academic Learning?" And the answer you will agree with me, is an assertive 'NO'. Feelings experienced by children in context to their schooling more aptly termed as Academic Emotions, have so much to impact on their actual learning. But unfortunately all over the world in a typical classroom setup we hardly give attention to this close connection between Learning and Emotions.

The reasons might be many ranging from, teachers not having sufficient time to address these issues, being bogged down by more pressing demands to complete the syllabus, or to attend to many children in a class, or to not being sufficiently equipped themselves to deal with the emotional states of children. It is

because we do not have time and energy to attend to academic emotions, we end up either ignoring them altogether, or by denying their very existence or by convincing ourselves that emotions are 'irrelevant' to be pushed aside for the more important work of study and exam preparation. Kids, as a result end up being treated somehow as Robots who come to school to fill their brains with academic matters, and are the unintended victims of this attitude suffer the most at the end.

For one thing, if we do not acknowledge and accept the power of emotions in the learning process, we risk pouring much of our teaching energy down the drain. As the Research has amply proven that the Academic Emotions influence a wide range of student outcomes such as Motivation, Cognition, Achievement and most importantly Physical and Psychological health. Although all these are fundamental phenomena that form the basis of all school learning, we somehow treat them as separate entities, though in reality they are inseparable. For example, a child who is withdrawn in a class, resistant to learning, or simply labeled 'Hyper' or 'Aggressive' in the class may have been driven to these behaviors due to his underlying basic emotions of anger, guilt, shame, sadness etc which are never even acknowledged in the class, leave alone being accepted. This leads to his being unable to learn, poorly motivated and hence with poor achievement. This starts as a vicious cycle the culmination of which is of school agony. The world-renowned psychologist and neuroscientist Antonio Damasio, in one of his papers had made a very strong point regarding Emotions and Learning, he said

"Instead of looking at emotion as toddler who upsets the glassware in a shop, we should be



looking at it as the shelf upon which the glassware rests!!”

Damasio also mentions in his research findings that learning and reasoning involves Emotion Processing System in the brain, which truly is an eye-opener for all of the educators & child care givers for giving Emotions their due importance in school settings.

Let us take our cue from what Damasio has pointed out about ‘Making Emotions the Shelves” and do a small exercise to start with. You may pen down a list of Academic Emotions children typically experience in different school settings e.g. while doing school activity, attending class, studying, doing homework,

facing exam, facing peer group or facing exam results, etc. Now after having done that, mark those emotions which are purely related classroom activity (Learning) and those related to performance, tests, achievement etc.. What do you notice? Which emotion is predominant? In a study done by psychologist Reinhard Pekrun and his colleagues in schools in Germany. Students were asked to describe emotions during various school settings. Following were the emotions typically described by students Anxiety, Boredom, Frustration, Shame, Guilt, Hopelessness, Anger, Enjoyment, Hope, Pride, Relief, Excitement.

An enormous number of studies have been done (as shown in the following figure) to find

Literature Search 1974–2000: Studies Linking Emotions to Learning and Achievement

Emotion	1974-1990	1991-2000
Joy	32	29
Enthusiasm Hope	9	7
Relief	0	9
Pride	2	1
Gratitude e	17	10
Admiration	2	1
Sadness	0	0
Anger	10	5
Anxiety	31	33
Hopelessness	> 700	> 500
Shame and guilt	2	12
Disappointment	24	20
Boredom		
Envy	2	0
Contempt Surprise	27	16
	5	1
	0	0
	6	1

Most number of studies, as seen from the literature search, are done on Finding link between



the links between Academic Emotions and Learning & Achievement.

Two interesting findings were revealed from all these studies... Firstly, Anxiety is the emotion with the commonest (around 15-25%) occurrence in school settings and secondly most strikingly many of the emotions generated in children were related to performance, achievement and competition in school and not to learning!! This provides perfect evidence of the fact that school has become a place of performance more than learning.

Rest of this article having been sensitized to this problem we will now focus mainly on "How we can create optimal learning environment so that all kids will enjoy the learning process".

Let us first see what is the link between academic emotions and optimal learning?

Role of ACADEMIC EMOTIONS in MOTIVATION & OPTIMAL LEARNING

Researchers have found that the sense of engagement in any activity in school, more recently termed as 'Feeling of Flow' is an important ingredient of optimal learning experience. This feeling where the child enjoys the learning process from within, is self-motivated and absolutely focused on what he is doing, is essential for a quality learning experience. Now the question is what



Flow States. Graphic adapted by Six Seconds from Mihaly Csikszentmihalyi



“You may never know what results come of your action, but if you do nothing there will be no result.” - Mahatma Gandhi

contributes to this 'Feeling of Flow' in children? Academic Emotions like Enjoyment, Frustration, Boredom Anxiety-- are also extremely important as they are deeply connected with feelings of involvement and engagement in learning. How? To answer this let us see four different scenarios for child's learning experience and Academic Emotions (as shown in the diagram on previous page) in any classroom activity.

Apathy

As seen in the lower left quadrant, if the challenges faced are Low and Skills of the child are also low, the child will experience a feeling of apathy.

Anxiety

As against this, in the left upper quadrant, if challenges are High but the skills are low the child experiences a feeling of Anxiety. For example, this can happen in a child who is having low Maths skills and faces higher challenges of doing some maths exercise, he will feel anxious or even feel scared of the Maths class.

Boredom

Now if we take the right Lower quadrant, if the challenges are low and skills are high, the child will feel Bored, as happens when a smart boy is given very ordinary non-challenging exercise.

Engagement

As against that if we see the right upper quadrant, the challenges faced by the child

doing the task are high and his skills are also high. In such scenarios challenges match with the skills, the child is fully engaged and experiences what is called as 'State of Flow'. Essentially, learning is most enjoyed when there is a match between individual's skills level and the challenge level of the activity. As a corollary, this implies that children at all ability levels can enjoy learning!! So our challenge as care givers and educators is to explore novel strategies to give more students with this 'Right Match' between ability and challenge.

The Space for Learning

As we discern the important link between Academic Emotions and Optimal learning, the next question is how can we create an effective, supportive educational environment which will address the issues of Academic Emotions in schools in a more holistic way?

Many schools across the world are taking this mission of bringing Emotions to Schools literally 'Schooling The Emotions'. One of the programmes that we found truly fascinating is **Self-Science**. It is one of the pioneering Emotional Intelligence curricula, designed by Six Seconds, and being implemented for almost three decades with amazing results. We were inspired by this programme and have started infusing EQ skills through our institute called 'Equipkids' (www.equipkids.net) in India.



The key objectives of all these interventions are

- To foster Emotional Literacy in children so that they become more aware and competent to deal with Emotions (Including academic emotions). This will help children make these emotions work for them rather than against them.
- To Infuse Emotional Intelligence skills like Emotional Self awareness, Empathy, Emotion Management ,Impulse control and Relationship skills in children through the EQ curriculum or SEL (Social-Emotional Learning sessions) which runs parallel to the Academic Curriculum. These Emotional Lessons help children become better equipped to face the daily challenges of life and in turn become more resilient.
- To build caring school community where cooperative learning and caring relationships take precedence over competition and performance evaluation.
- To integrate the NEW 3 R's OF EDUCATION-- Reflection, Relationships and Resilience. This helps foster Emotional Health in children.
- To enhance skills of children for dealing with school-related stressors. Teaching them Relaxation techniques, Meditation, Imagery to counter the effects of stress.
- To train teachers, parents and school leaders in the concept of Emotional Intelligence. This helps create a school climate where children thrive well emotionally and physically too!!

Team Equipkids has been getting encouraging results from these EQ interventions in school. We strongly feel that bringing EQ to schools and families with these objectives will address kids' emotions in a more holistic way. The time is ripe for us to start acting now to ensure that the generations to come emerge better equipped to face the challenges of life.

I end with a quote from Mahatma Gandhi: "You may never know what results come of your action, but if you do nothing there will be no result"



About the Author

Dr.Sandeep Kelkar MD.Dch is a pediatrician and Founding Chairman of Equipkids (India), the Emotional Intelligence Research and Training Institute. Author of a book on 'Parenting with Emotional Intelligence' and Certified EQ trainer from Six Seconds.

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Variables which effect Learning Outcomes in a 2 year old boy with Autism

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The body of evidences on Early Interventions for children with Autism propose, ABA (Applied Behavior Analysis) being a scientific discipline aids in bringing convincing, observable and measurable changes in behaviors. With the help of Applied Behavioral Analysis educators or educational team can begin to develop a comprehensive plan for increasing the learning rate by analyzing and manipulating the independent variables that directly or indirectly having an effect on the learning.

Abhay was diagnosed with autism and ADHD at the very young age of 1 year and 11 months. Both of his parents were medical doctors that helped in early diagnosis and early intervention. Abhay was initially admitted to a playschool for a few days before his parents sought help for behavior based intervention (ABA). An initial assessment based on Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP Sundberg, 2008) identified his skills and barriers in learning. Abhay demonstrated negligible skills in communication, listener responding and imitation and had no echoic repertoire. His barriers to learning included issues such as instructional control (he did not follow instructions, was not cooperative), he exhibited problem behaviors, had defective scanning, scrolling (giving inconsistent responses), prompt dependency and many more. He exhibited few

play skills and could independently manipulate and explore an object for more than 30 seconds during a 30 minute observation and some social interaction. He was observed to visually track peoples movements at least twice during the observation. Overall his VBMAPP score during the first assessment was 9.5 of a possible 45 at Level 1 as normed for a 0-18 months typically developing child.

Abhay started an Intensive Behavioral Intervention of 25 hours/week at center at the age of 2 years where he learnt across table-chair and natural environment setting. However his rate of learning was very slow. After an assessment, the first variable addressed to increase his rate of learning was, motivation. However this did not demonstrate any improvement in learning rates. A further evaluation identified, intensity of teaching as the key variable to be addressed.

Data on Baseline teaching trials/week were an average 287/week during two 1:1 sessions of 2 hours each/day and he acquired a maximum of 1 target/week. In the baseline period of 3 weeks he mastered only 1.3 targets/week. The intervention included increasing the number of teaching trials interspersed within maintenance trials. Teaching was done at the table and natural environment under high motivation and to ensure teaching intensity was maintained, a self-monitoring checklist was provided to both trainers. Data was



collected on frequency of trials/day to record teaching intensity. Data was also maintained on number of targets achieved/week on a mastery criterion. The mastery criterion for Abhay was, a correct response on the first teaching trial for 3 consecutive days. Teaching targets were selected across various domains such as communication (mands), listener responding such as, One step instructions, identifying body parts, environmental objects, responding to actions with objects, visual performance tasks and imitation targets and adaptive skill goals. Each teaching trial constituted one prompted and prompt-fade trial.

Results suggested intensity of training had a direct correlation with learning rates. A gradual increase in teaching trials from 670 trials/week to 2876 trials/week demonstrated a corresponding increase in mastery/week. In a period of 5 weeks Abhay learnt a maximum 17 targets i.e 3.4 targets/week demonstrating monitoring intensity of teaching can improve learning outcomes in children with autism and other developmental delays. Results also suggest that monitoring teaching intensity also helped in continuous weekly modifications in teaching intensity.



Training of Trainers (TOT) of Neuro Developmental Disorders (NDD)

The Training of Trainers (TOT) of Neuro Developmental Disorders (NDD) was initiated under the IAP Presidential Action Plan. The committee of the TOT of NDD is as follows :

INDIAN ACADEMY OF PEDIATRICS (IAP)

TRAINING OF TRAINERS (TOT) WORKSHOP

For Dissemination and Training On

IAP NATIONAL GUIDELINES FOR NEURO DEVELOPMENTAL DISORDERS (NDD):

Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD),

Learning Disability (LD), Newborn Hearing Screening (NHS).

IAP President 2018 : Dr Santosh Soans	IAP President Elect 2018: Dr Digant Shastri
National Co-ordinator IAP Action Plan:	Dr Bakul Parekh/ Dr Gnanamurthy
National Coordinator for TOT for NDD:	Dr Samir Dalwai
National Scientific Convenor :	Dr Jeeson Unni
Joint National Co-ordinator:	Dr Leena Srivastava / Dr Leena Deshpande
Joint National Convenor:	Dr Kawaljeet Singh Multani / Dr Jyoti Bhatia
South Zone Co-ordinator: Dr D Gunasingh	South Zone Convenor: Dr Somasundaram
East Zone Co-ordinator : Dr Arup Roy	East Zone Convenor : Dr Shabina Ahmed
North Zone Co-ordinator: Dr Harmesh Singh	North Zone Convenor: Dr Sitaraman
Central Zone Co-ordinator : Dr Vineet Saxena	Central Zone Convenor: Dr Zafar Meenai
West Zone Co-ordinator: Dr Kedar Malvatkar	West Zone Convenor: Dr Ketan Bharadava



The TOTs took off to a great start with the West zone TOT held on 29th April 2018 at Mumbai Hinduja healthcare Khar . The day saw good interaction from the delegates and lot of initiative in disseminating the guidelines further in the community in the true spirit of training and sharing knowledge. The other zonal TOTs would soon follow in the next couple of months.





IAP Pune - CME for Pediatricians

IAP Pune organised a CME for Pediatricians. Dr Leena Srivastava was the convenor of the same. It was attended by more than 200 Pediatricians and the response was overwhelming. Early identification of developmental disorders was stressed on in the one day CME with situational role plays in each session with a quiz for the audience.





'Mission Cerebral Palsy' Camp

"Mission Cerebral Palsy" a project for diagnosis and intervention support for CP in rural Maharashtra in Satara district carrying out free camps every year by Mukul Madhav foundation with Dr Leena Srivastava and her team from Bharati Vidyapeeth participating with the orthopaedic team from Sancheti hospital and other rehabilitation support from both the hospitals.

This year the project benefitted by the inputs of a team of Neurodevelopmental experts from RCPCCH UK. The team from RCPCCH constituting Pediatricians included Neurodisability specialists - Dr Sebastian Taylor, Dr Arvind Shah, Dr Zaby Bassi, Dr Monica Lakhanpaul . Starting off with a focussed panel discussion in Pune with eminent health care professionals working in the field followed by a three day camp with interactive sessions with the families, RBSK team, the medical officers, the anganwadi workers with discussions for the benefit of systems of management of children with Cerebral Palsy.





Branch Activities

World Downs Syndrome day 2018 - Chandigarh



World Down Syndrome Day 2018 free health check up camp at Centre for Autism and Intellectual Developmental Delay, Asha, Chandigarh

SSA Parent Training Program



Autism Awareness Day programme





Branch Activities



Teachers training program.

Dr Abraham K. Paul giving away billboards depicting pointers to LD to all teachers .



Dr Leena Deshpande was invited to help conduct a workshop for teachers by Maharashtra State Women Commission and Umang Child Trust.



IAP Patna Branch organized a session on counselling of parents of Autistic children in a premier school of Patna. The main speaker was Dr Sameer Dalwai along with Dr N P Narain, Dr Anil Kumar Tiwari, Dr Akhilesh Kumar and Dr Rahul Thakur. It was a well attended session. Later Dr Sameer interacted with pediatricians of Patna on the same topic. The event was a great success.



CONGRATULATIONS to new CDCs opening across the country



New Horizons at Hinduja Healthcare Surgical, Khar, Mumbai was inaugurated by acclaimed film actress Soha Ali Khan. Eminent pediatric neurologist Dr Vrajesh Udani graced the occasion as guest of honour. Praising Dr Samir Dalwai and his team of New Horizons relentless efforts for the betterment of child development. Ms Soha echoed their vision "Every child can do better".



Inauguration of D'Soul Child Development Center in Adyar, Chennai. Dr Somasundaram and his team at the event.



Dr Shambhavi Seth and her team at Bright Beginnings shifted to a new address at New Delhi.



First Announcement

Pediatric Academy of Telangana State PATS & IAP Chapter of Neuro Developmental Pediatrics



4th PATSCON & 15th NCDP 2018

29th & 30th September, 2018

Organised by : Pediatric Academy of Telangana State - PATS

Venue : Park Hyatt, Banjara Hills, Hyderabad

Theme :
Nurture the Nature



Save the Date!

September 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Dr. U. S. Jagdish Chandra
Dr. Sanjay Srirampur
 Organizing Chairman
Dr. Himabindu Singh
 Chief Organizing Secretary
Dr. S. Srikrishna
 Organizing Secretary

Dr. P. Sudershan Reddy
 Chair Scientific Committee
Dr. Ch. Laxman kumar
Dr. Neeli Ramchander
 Chair Reception Committee
Dr. Laxman Garlapati
 Treasurer

Hyderabad - 500027
 E-mail : patssconncdp2018@gmail.com

IAP sub Chapter of Neuro Developmental Pediatrics

Advisors
Dr. S. S. Kamath **Dr. Abraham Paul** **Dr. Samir Dalwai**

Dr. Jeeson Unni **Dr. Leena Shrivastava** **Dr. M. Narayanan**
 Chairperson Hon' Secretary Treasurer

CIAP 2018
Dr Santosh Soans, **Dr Diganth Shastry**, **Dr Remesh kumar**,
 President President Elect Hon. Secretary General