

Emotional/Educational, Behavioral & Developmental [EBD] Problems in Children - Nursing Opportunities

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Introduction

Biopsychosocial Model of multifactorial causation of diseases are increasingly understood by the care providers for children (Figure 1 adopted from Nelsons Textbook of Pediatrics [1,2] below).

Global burden of Emotional/Educational, Behavioral and Developmental [EBD] problems are said to be in the order of 1 in 4 to 1 in 5 children (prevalence rate) [3].

75% of all such children present in Primary Care Setting and accounts for 50% of all Pediatric consultations. Despite being in the privileged gatekeeping position, Primary Care Physicians were found to be only less than 20% efficient in identifying such problems [3].

Opportunity must be similarly missed by other healthcare providers both in the community setting as well as hospital in-patients and out-patient departments.

Neuro-developmental problems like Autism, ADHD (Attention Deficit Hyperactivity Disorder), DCD (Developmental Coordination Disorders), Dyslexia and Emotional and Psychosocial Disorders like Low Mood, Low Self Esteem, Frozen Watchfulness, Inappropriate Affect need to be spotted and reported early (Early Detection) and addressed expertly promptly (Early Intervention) as we know that delay leads to downward spiral with lasting morbidity through adolescence and adulthood [3].

We know that the School Nurses are better at such a role [4]. But there are disheartening reports on identification and effective prevention for conditions like obesity despite of their involvements [5].

Missed opportunities of reporting EBD concerns must be one of the important determinants of such morbidity. Opportunities may be missed due to –

- Lack of awareness of their existence
- Inadequate learning to aid spotting them
- Inter-observer variations, bias, prejudices
- Brushing off subtle concerns as “may be, I am being silly”
- Lack of trained supervision and vetting skills in health professionals
- Acknowledging that this is a concern and yet not knowing how to go about it

There is enough science for all healthcare providers to take up leadership role in their day to day practices to try to halt the menacing march of these ballooning biopsychosocial problems, should there be clear cut guidelines to act for them.

Planners and Policy Makers have the daunting task of balancing the act of rationing healthcare [6] *vis a vis* address public health hazards.

Notwithstanding their dilemma, the cost-effectiveness [7] must be justifiable, when measured not only in the terms of an individual but

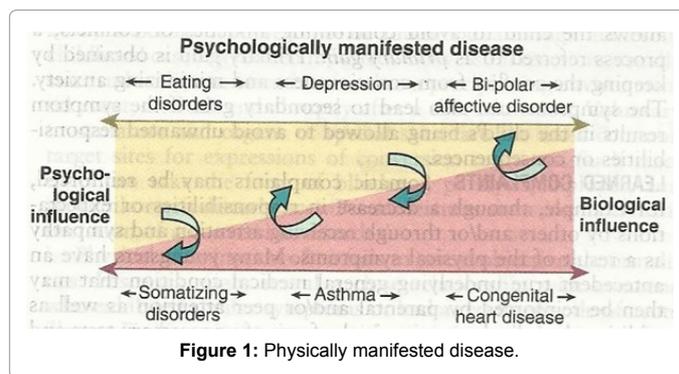


Figure 1: Physically manifested disease.

also in cost reduction through family's health and lost work, if not that of the society at large in the long run.

Hence, Early “Red Flag” Signs must be identified and acted up on. Nurses in all walks of their profession, are in similar privileged role of a “gatekeeper” to pick up ‘subclinical’ and ‘sub threshold’ early features and help them nip it in the bud. The basic issues to remember are as follows:

Try to follow standardized and validated Screening Tools wherever possible (see below: a combination of Pediatric Symptom Checklist of Bright Futures (PSC) and M-CHAT of Diana Robins has the potential to be user friendly and good yield in healthcare set ups) (Figure 2a and 2b).

- ‘Breaking News’ skills [8-10] must be mandatory skill development for all healthcare professionals. I propose OSCE styled competency based learning modules for all healthcare professionals worldwide
- Avoid ‘Anticipatory Decision Regret’ [11] in care givers through such skill development
- Prompt (same day) referral to Child Development Centre or Early Start Centre [IDEA in the States]

Developmental Pediatricians are appropriate resources to Care Coordinate EBD problems, including prompting a CAMHS (Child and Adolescent Mental Health Services) referral. Care Coordination involving Health, Education and Social Services is an expert domain

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Psychologic Disorders

BRIGHT FUTURES  TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

		Never	Sometimes	Often
1. Complains of aches and pains	1	_____	_____	_____
2. Spends more time alone	2	_____	_____	_____
3. Tires easily, has little energy	3	_____	_____	_____
4. Fidgety, unable to sit still	4	_____	_____	_____
5. Has trouble with teacher	5	_____	_____	_____
6. Less interested in school	6	_____	_____	_____
7. Acts as if driven by a motor	7	_____	_____	_____
8. Daydreams too much	8	_____	_____	_____
9. Distracted easily	9	_____	_____	_____
10. Is afraid of new situations	10	_____	_____	_____
11. Feels sad, unhappy	11	_____	_____	_____
12. Is irritable, angry	12	_____	_____	_____
13. Feels hopeless	13	_____	_____	_____
14. Has trouble concentrating	14	_____	_____	_____
15. Less interested in friends	15	_____	_____	_____
16. Fights with other children	16	_____	_____	_____
17. Absent from school	17	_____	_____	_____
18. School grades dropping	18	_____	_____	_____
19. Is down on him- or herself	19	_____	_____	_____
20. Visits the doctor with doctor finding nothing wrong	20	_____	_____	_____
21. Has trouble sleeping	21	_____	_____	_____
22. Worries a lot	22	_____	_____	_____
23. Wants to be with you more than before	23	_____	_____	_____
24. Feels he or she is bad	24	_____	_____	_____
25. Takes unnecessary risks	25	_____	_____	_____
26. Gets hurt frequently	26	_____	_____	_____
27. Seems to be having less fun	27	_____	_____	_____
28. Acts younger than children his or her age	28	_____	_____	_____
29. Does not listen to rules	29	_____	_____	_____
30. Does not show feelings	30	_____	_____	_____
31. Does not understand other people's feelings	31	_____	_____	_____
32. Teases others	32	_____	_____	_____
33. Blames others for his or her troubles	33	_____	_____	_____
34. Takes things that do not belong to him or her	34	_____	_____	_____
35. Refuses to share	35	_____	_____	_____

Does your child have any emotional or behavioral problems for which she or he needs help? () N () Y
 Are there any services that you would like your child to receive for these problems? () N () Y

If yes, what services? _____

Pediatric Symptom Checklist. (From Green M, Palfrey JS [editors]: *Bright Futures: Guidelines of the Health Supervision of Infants, Children, & Adolescents*. 2nd ed, revised. Arlington, VA, National Center for Education in Maternal and Child Health, 2002.)

Figure 2a: The proposed combined Screening Tool of PSC and M-CHAT.

of a Developmental Pediatrician. Child Development Centers are Resourced Centers for these problems. At the community level a multitude of Early Start Centre under expert professional contribution with overall overview of the Child Development Centre of the catering locality can help prevent snow balling of this health and social menace to the monster that it purports to be.

Care Pathway

A Universal Care Pathway for “Red Flag” Sub-syndromic and Sub-threshold [12] signs and symptoms of Pediatric EBD problems is proposed as follows:

1. Healthcare professionals receiving training in “Red Flag” signs


www.m-chat.org

Child's name _____ Date _____
 Age _____ Relationship to child _____

M-CHAT-R™ (Modified Checklist for Autism in Toddlers Revised)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Yes	No

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Figure 2b: The proposed combined Screening Tool of PSC and M-CHAT.

2. Suspects or observes any “Red Flag” signs in healthcare setting or community
3. Approaches the accompanying adult and establishes identity and carer responsibility, introducing oneself in a competent and professional ease
4. Applies “Breaking News” principles to broach upon the subject without provoking alarm
5. Competently achieves permission for appropriate referral; alternatively hands over information leaflet (which needs to be universally designed that says about why a healthcare professional might approach carer in such a manner and what they are supposed to do once they have “thought about it”, informing them that soon somebody will make a follow up call in a week or two) for parents/carers to ponder about
6. A system of follow-up call is in-built (ideally the same

professional, if possible)

7. A failure to take up three such reminders should qualify for a Social Service referral under, perhaps 'unintentional neglect'!
8. Finally, the child is provided appropriate Early Intervention, nipping the ugly and hydra headed monster of downward spiral of such 'missed opportunity' through proactive and decisive prevention
9. Planners and Policy makers to ensure that such easy but robust preventative tool is put in place
10. Save 'Social Capital' before it sours off!

Such Universal Care Pathway for Preventing "Missed Opportunities" for Early Detection and Early Intervention is now long overdue!

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