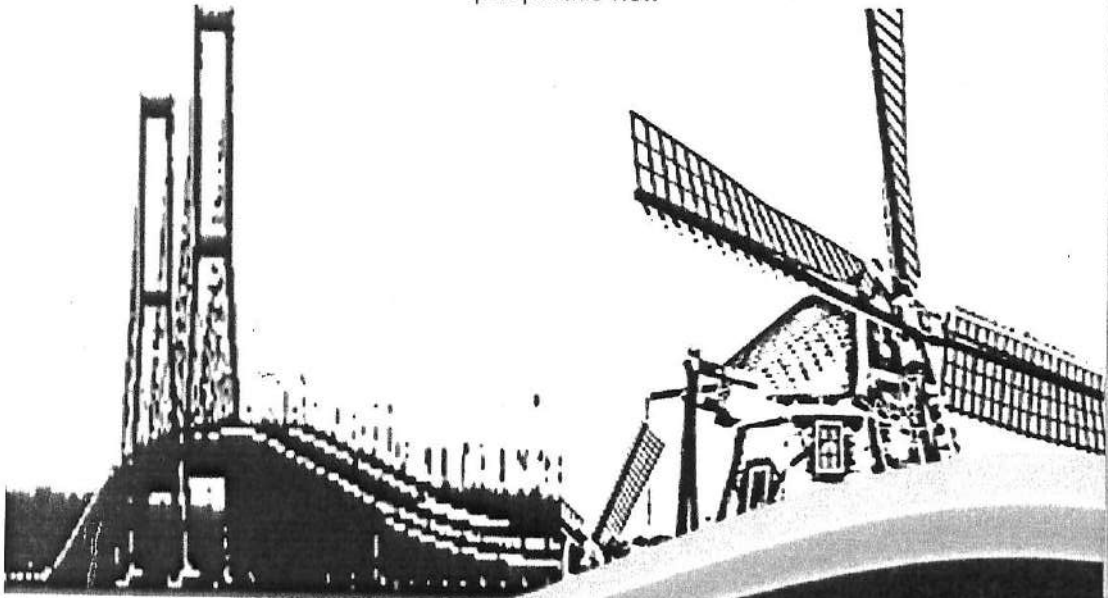




The Book of Pediatric Neuro-developmental

Analyze and overcome pediatric neuro-developmental problem in novel
perspective view



Editor:
Darto Saharso
Prastiya Indra Gunawan

Department of Child Health
Faculty of Medicine Airlangga University - Dr. Soetomo Hospital, Surabaya-Indonesia
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Children With Special Needs: Psychiatric Perspective

Yunias Setiawati

Medical Staff Psychiatric Department of Dr. Soetomo General Hospital Lecturer in Airlangga
University

Abstract

Every child is his or her parents' hope, since during pregnancy until they become adults. Children with special needs require special attention from their parents because lack of parents knowledge and the stigma or even rejection from environment can lead to inferiority and social isolation which can cause many mental and emotional disorder in childhood and also cause treatment delay in early childhood. Kubler-Ross in one of her book titled *Death and Dying* said that there are many reactions or responses coming out from parents due to their child's condition or disability. Those responses include denial, angry, bargaining, depression, and acceptance, but other literature mentioned that parents' responses are vary depend on how well the parents understood about and on the severity of their child's condition. Ulrich and Bauer (2003) propose 4 levels of parents' adjustment about their child's disability, which are the ostrich phase, special designation, normalization, self-actualization. Many treatment

had been done to children with special needs, but the focus were just about physical health and intelligence improvement, such as prevention and treatment of disease, and nutritional improvement, while there are only a few interest on efforts to improve mental development nowadays. Parents role are very helpful in children's development. These are the most common child problem/disorder found in RSUD Dr. Soetomo Psychiatric day care: childhood autism, attention deficit hyperactivity disorder, mental retardation, conduct disorder, learning disorder, mental organic illness with mental disorder comorbidity. Treatments in day care include pharmacotherapy, behavioral modification, play therapy, remedial teaching, and integrated inter discipliner treatment. Integrated treatment in a mental health team, that appropriate with child's impairment is very needed.

Keywords: children with special needs, nurturing factor, psychiatric aspects, mental health team

A special child is not a curse, but a gift ... a gift which challenges us to respond with enormous energy and dedication. Finding a way to help that child, to be there in the most loving, supportive and facilitating way is possible, in effect, to express the most powerful and human part of ourselves. Such a process is a daily, moment-to-moment treasure for all of us.

Background

The lack of attention to children and adolescents mental health may lead to mental disorders with lifelong consequences, ruins compliance with health regimens, and reduces the capacity of societies to be safe and productive.

About 20% of American children-one youngster in five--suffers from "development disability". This is a surprising figure. We have inflicted it on ourselves. "Development disabilities" are nearly always generated by encephalitis. And the primary cause of encephalitis in the USA and other industrialized countries is the *childhood vaccination program*. To be specific, a large proportion of the millions of US children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia, and other shoots or branches of the hydra-headed entity called "development disabilities", owe their disorders to one or another of the vaccines against childhood diseases. (Harris Coulter, Ph.D.)

Parents can recognize child disabilities during early pregnancy, childbirth and in the beginning of school age. The initial response depends on the child's age, parental education, severity and sociocultural factors. According to Kubler-Ross (1969) described in her classic book, *On Death and Dying* stated there are four phases of parental acceptance, includes denial, anger, bargaining, depression and acceptance. Initially the parents refused, disappointed and angry when they discovered the child disability, while the process of acceptance of the child's

condition can take many years. In the beginning, the parents are often looking for information to other parents who have the same fate and ended in disappointment before finally deciding to get therapy according to the children's impairment.

Ulrich and Bauer (2003) stated there are 4 phases in the child acceptance process:

1. The ostrich phase.

Parents do not deny a disability but do not fully realize the impact. For example, a parent may say, "He's like all boys. He just doesn't like to sit still and read a book."

2. Special designation.

Parents begin to realize that their child has a special need and seek help or ask for special services.

3. Normalization.

Parents try to make the differences between their child and children without disabilities less apparent and may actually request a decrease in services and more regular classroom time.

4. Self-actualization.

Parents do not view being different as better or worse, just different. They support their child in learning about his or her disability, including how to be a self-advocate. When parents learn that their child has a disability or a chronic illness, they begin a journey that takes them into a life that is

often filled with strong emotion, difficult choices, interactions with many different professionals and specialists, and an ongoing need for information and services. Initially, parents may feel isolated and alone, and not know where to begin their search for information, assistance, understanding, and support.

Children experiencing complex disabilities are often diagnosed at or soon after birth, as are children with specific conditions such as Down syndrome, or even later, when their child enters a child care program in a home or classroom setting. Although a family's reaction to the news that their child has a special need may depend upon the child's age, the severity of the disability, and the family's cultural view of disabilities (Muscott 2002). Acceptance of the diagnosis can take years, as frequent reminders of the disability cause families to reexperience the grief.

One of the first reactions is denial—"This cannot be happening to me, to my child, to our family." Denial rapidly merges with anger, which may be directed toward the medical personnel who were involved in providing the information about the child's problem. Anger can also color communication between husband and wife or with grandparents or significant others in the family. Early on, it seems that the anger is so intense that it touches almost anyone, because it is triggered by the feelings of grief and

inexplicable loss that one does not know how to explain or deal with. Their problem. Listening to families is key in working with them as partners in supporting the learning and development of their child with special needs.

Three Factors of Support that Help Parents to Cope

The results of the research indicate three sources of support and central factors which favorably affect the parents' ability to cope and to reduce feelings of hardship and stress and contribute to successful functioning:

- 1). Cooperation, discussion and consultation of parents with family, friends and professionals contribute to strengthening parental functioning;
- 2). A positive bond between parents which supports and strengthens them;
- 3). Utilizing the various services available for diagnosis, treatment, counseling and training, whether assistance is directed to the child or to the family.

Mental Disorder

Is clinical syndrome recognized with significant impairment in emotion and behavioral regulation due to psychology, biology, cognition, and developmental disfunctions. Mental disorder is common in children with developmental disorder due to stigma causing low self esteem in the children and isolated from the surrounding environment.

Psychiatric Children Day care center in Dr. Soetomo General Hospital, which initiated on 1976 by Prof. dr. Endang Warsiki Gozali, SpKJ (K), is a place where children and adolescents mental disorder could be observed and treated.

In Dr. Soetomo General Hospital Day Care Center, visiting numbers of the new cases of special needs children quite varied. In number orders are childhood autism, attention deficit hyperactivity disorder, mental retardation, conduct disorder, learning disorder mental organic illness with mental disorder comorbidity.

Most common cases in Day Care Center Child Psychiatry Department of Dr. Soetomo General Hospital :

1). Autism

Is a lifelong neurological disorder that severely impairs one's ability to communicate and interact socially with others. The condition appears before age three. Children with autism generally display little interest in the world or the people around them. They often repeat behaviors over long periods of time, such as banging their heads or rocking. They are also at increased risk of having other mental disorders.

2). Attention and Deficit Hyperactivity Disorders (ADHD)

The symptoms are often have difficulty concentrating in school, can be impulsive and distractible, and have problems getting along with—and being liked by—their peers. About 3 to 5 percent of children are estimated to have ADHD.

3). Mental Retardation

is a condition diagnosed before age 18, usually in infancy or prior to birth, that includes below-average general intellectual function, and a lack of the skills necessary for daily living. Intelligence level as determined by individual standard assessment is below 70, and the ability to adapt to the demands of normal life is impaired. Children with intellectual disabilities can and do learn new skills, but they learn them more slowly.

4). Conduct Disorder

Conduct disorder with a group of symptoms is anti-social behavior or behavior that is not socially acceptable which is settled or cause damage to the property of others or aggressiveness towards others and not responsive to control or authority in general, so can cause behavioral problems such as conduct oppose or impulsivity, drug abuse or criminal activity such as theft, robbery and sexual assault.

5). Organic Mental Disorder (OMD)

OMD also known as organic brain syndrome or chronic organic brain syndrome, is a form of decreased mental function due to a medical or physical disease, rather than a psychiatric illness. While mental or behavioral abnormalities related to the dysfunction can be permanent, treating the disease early may prevent permanent damage in addition to fully restoring

mental functions. An organic cause to brain dysfunction is suspected when there is no indication of a clearly defined psychiatric or "inorganic" cause, such as a mood disorder. Child Psychiatrists collaborate with other departments. For hearing illness cases, we collaborate with ENT department, speech and language disorders given speech therapy at the Physic Rehabilitation Medicine, children with a history of epilepsy referred to neurology and other organic disorders referred to the pediatric section

Managements of these cases in Day Care Center are pharmacotherapy, behavioral therapy, play therapy, cognitive behavior therapy, remedial teaching, and parent education

Pharmacotherapy is given to overcome child and adolescent mental and emotional disorder, characterized with tantrum behavior, uncooperative, and other behavior impairments.

Behavior therapy is given to eliminate or to decrease maladaptive behavior and to bring up adaptive behavior so child can be accepted by the environment.

Remedial teaching is given to increase level of concentration and child's learning achievement, and to improve child's and adolescent's socialization.

Play therapy is one mean of psychotherapy in children and adolescents that uses play technique, which aimed to

identify the psychodynamic of emotional disorder and to identify children and adolescents' intelligence level.

Family psychoeducation is aimed to teach an ideal nurturing technique to parents, that appropriate with child's condition and to improve interaction pattern between family member to support children and adolescents' optimal development.

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