Sept 10, 1966

EDUCATIONAL AND EMOTIONAL SCREENING: WHEN AND HOW

for "Health of School Child" (Cont Ed. Course)

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Screening for what?

Mastery of the language skills of reading, spelling and writing is the child's main task in the early grades and is basic for his future progress in school.

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Prerequisites for this task that should be considered in screening:

Child should be able to:

I Sit still
II Attend to incoming stimuli
III Sort visual, auditory and tactile kinesthetic stimuli from the background of distracting sight, noise, and movement in the classroom.
IV Maintain some measure of impulse control
V Tolerate some frustration
VI Wait a reasonable time for a gratification

And:

1. Perceive small differences in spacial relationships in two-dimensional visual symbols. (visual perception)
2. Adequately understand word meanings when he hears a word. (receptive vocabulary)
3. Use the word properly and pronounce it correctly. (productive vocabulary)
4. Perceive small differences in sounds, e.g. "pin" vs. "pen", "lamb" vs. "lamp". (auditory discrimination)
5. Orient himself in space, be aware of small changes in position and have an awareness of left-right direction of symbol sequences.
6. Have the necessary motor coordination to reproduce symbols on paper.
7. Integrate visual, auditory, and tactile kinesthetic sequences.
8. Store these associations in the form of visual, auditory, and/or tactile kinesthetic associations. (memory)

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Factors to be considered in screening the child with a school problem:

1. Unrecognized dull normal intelligence
2. Unrecognized hearing difficulties, especially fluctuating and high frequency losses
3. Unrecognized visual defects
4. Speech and language disorders
5. Cultural factors--language, behavior standards different from school
6. Inadequate nutrition
7. Inadequate rest
8. Frequent changes of school
9. Chronic illness
10. Physical handicaps
11. Unrecognized seizures
12. Maturity--physical and emotional
13. Emotional problems
14. Specific learning disorders

Physicians' index of suspicion for potential school difficulties:

1. Family history of reading, spelling or speech disorder; other neurological deviations, from "general" (e.g. seizures, M.R.) to "specific" (e.g. von Recklinghausen's disease)

2. Events during pregnancy
   a) unusual illness
   b) unusual medication
   c) first trimester bleeding
   d) toxemia
   e) nutrition (?)

3. Birth history
   a) prematurity
   b) multiple births
   c) prolonged labor and delivery
   d) precipitous delivery
   e) unusual position or unusual delivery
   f) placenta praevia
   g) evidence of perinatal anoxia (fetal heart, delayed respiration, etc.)

4. Neonatal course
   a) poor sucking
   b) apathy, excessive sleeping
   c) increased irritability
   d) respiratory difficulty
   e) excessive jaundice

5. Illness or injury
   a) CNS infection - meningitis, encephalitis, or head injury
   b) convulsive state
   c) severe dehydration during infancy
   d) repeated otitis media
   e) chronic illness or physical handicap

6. Development
   a) delayed or deviant speech
   b) delayed large and/or small motor coordination
   c) delayed visual motor coordination

7. Disposition and behavior
   Unusual in comparison to sibs or others at this age.
   a) hyperactivity
   b) short attention span and distractibility
   c) over reactivity
   d) unpredictability
   e) low frustration tolerance
   f) cyclic behavior
   g) temper outbursts

8. Cultural and emotional environment
   a) parental discord and inconsistency
   b) different language or dialect
   c) lack of intellectual (visual, sensory, motor) stimulation
   d) overprotection

f. malnutrition.

Cautions:

1. Labeling the child too early and creating unnecessary parental anxiety. Professionals should bear the burden of watchful waiting--not the parents.
2. Interpreting "lack of readiness" for school to mean do nothing except "let the child mature".
3. Viewing the problem as either "all emotional" or "all organic".
4. Using labels such as "brain damage", "chronic brain syndrome", "neurologically handicapped", "mentally retarded", "schizophrenia" with the greatest care and only after careful study of the child.
5. Blaming - parents, teachers, child. prematurely

Footnotes:

1. "Training the Physician in Evaluation and Management of the Educationally Handicapped Child" - Chapter from Educational Therapy, Volume I , Special Childs Publication, Seattle, Washington -- in publication

2. "Reading Disorders - A Multi-disciplinary Symposium"
   F.A. Davis Company, Philadelphia, Pennsylvania, 1965
   pages 7 - 13

Suggestions for Presenting a Serious Diagnosis

1. Respect the event for both yourself and the family. This is the beginning of an important relationship between this family and the medical profession.

   Plan sufficient un-interrupted time in a private place.

   Have both parents present (and other appropriate family members).

2. Share the diagnosis quickly

   Avoid jargon and lengthy descriptions. Be direct and concise and caring.

3. Be aware of feelings

   Most parents will immediately start the grieving process and be in state of shock and disbelief. Attend and understand these feelings.

   Allow yourself to have and express feelings and to show you care.

   Attend to both feelings and giving medical information - a difficult juggling act which usually need be done at the same time.

4. Encourage the beginning of parents' mutually supporting each other.

Pay attention to how each parent is expressing feelings of shock + disbelief.

Help them be aware of the others feelings.

Give them time to be together alone as soon as appropriate

5. Avoid filling the time with words

Allow and encourage silences. This is not the time for fast thinking and fast talking.

6. Provide family with your support and strength

Your caring presence, your willingness to be sensitive to their feelings and recognize them will provide this.

Resist the temptation to avoid distancing yourself from these painful feelings. Avoid running away

7. Recognize that parents in a state of shock can not absorb much medical information. Dont overload them with it.

Recognize that their questions will be answered after they have had time to deal with the blow they have recived

Recognize that giving the parents a complete understanding of the medical facts of diagnosis, treatment and prognosis will not make them feel better.

8. Remember that you can be effective in this situation but you cant make the parents feel good, nor can you feel good yourself.

Following chronically ill children

From understanding the family as a system a child's chronic illness becomes a family affair — the family truly becomes the patient.

Consider:

Meeting with siblings and other important family relations, baby sitters, friends — maybe even teachers — periodically

Don't leave father out. He should be seen at least once a year.

The parents own experience with a chronic illness or handicap will greatly affect how they see their child's illness.

Don't forget to treat the "whole child" Consider not only his physical illness but also his temperament, his CNS strengths and weaknesses, his

learning style, his coping behavior, his school progress, his socialization

i.e. consider

the child's strengths & weaknesses
the family's " " "
the school's " " "
the community's " " "
your " " "

in dealing with chronic illness.