

Developmental Pediatricians: Who we are and how we can help

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Leadership Education in Neurodevelopmental & Related Disabilities

Primary Objective: To support interdisciplinary training on disability to graduate and post-graduate level fellows from diverse healthcare disciplines



- 1) Behavior Analysis and Therapy
- 2) Pediatrics
- 3) Disability Studies
- 4) Family
- 5) Self-Advocacy
- 6) Nursing
- 7) Nutrition
- 8) Occupational Therapy
- 9) Physical Therapy
- 10) Psychology
- 11) Public Health
- 12) Social Work
- 13) Special Education
- 14) Speech-Language Pathology

- ❑ Current policies in health and education promote ***collaboration and partnership*** between professionals, families, and self-advocates
- ❑ Family and Self-Advocate discipline trainees provide interdisciplinary teams with an ***invaluable perspective***
- ❑ The experience of being a family member or self-advocate ***cannot be learned in any university course***
- ❑ ***Applications available Nov 2023***



- The role of a developmental pediatrician
- Evaluations and what they may involve
- How a diagnosis could be helpful
- Types of therapies and ages served

Who cares for children with disabilities in healthcare?

- Variety of providers make up health care team
- Physicians- neurologist, developmental pediatrician (DBP), general pediatrician, neurodevelopmental pediatrician, physiatrist, psychiatrist
- Nurse, Psychologist, Speech language therapist, Physical therapist, Occupational Therapist, Dentist, Social worker

- Developmental Behavioral Pediatrician (DBP)
- Physician (DO/MD)
- Specialty training
- Board certification in Developmental and Behavioral Pediatrics
- Do not provide family or individual counseling/therapy

- Attention and behavioral disorders (ADHD, ODD, anxiety, depression)
- Regulatory disorders [sleep disorders, feeding problems, enuresis (bedwetting)]
- Developmental disabilities (cerebral palsy, spina bifida, intellectual disability, autism spectrum disorders)
- Tics and Tourette syndrome
- Learning disorders
- Delayed development in speech, language, motor skills, and thinking ability
- Behavioral and developmental problems complicating the full range of pediatric chronic illnesses (i.e. genetic disorders, epilepsy, prematurity, diabetes, asthma, cancer)

Other providers that share the space

Neurodevelopmental Pediatricians

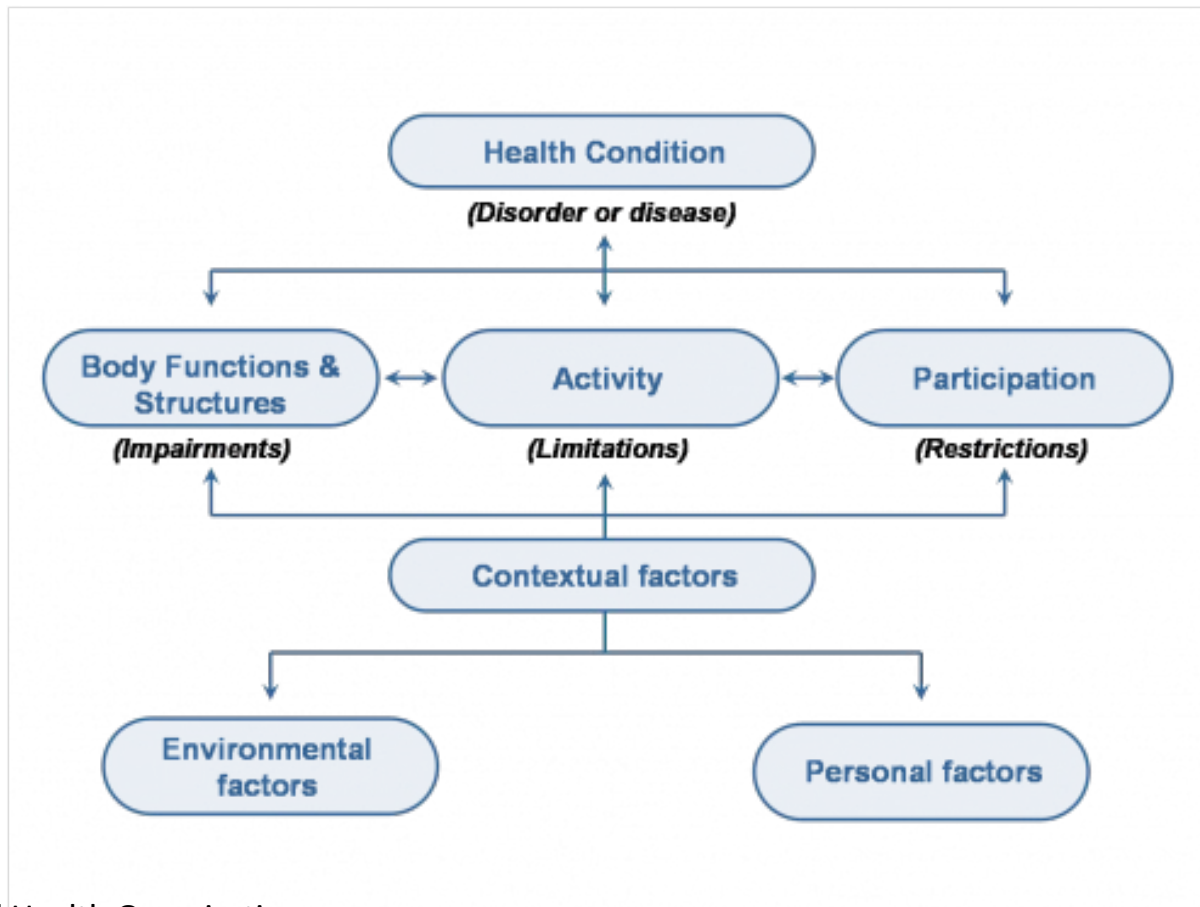
- Training in Neurology

Child Psychiatrist

- Psychopharmacology experts
- Some may not diagnose Autism

Psychologist

- Can diagnose Autism
- Provide therapy



World Health Organization

Systems differ based on age

0-3yo

Early Intervention- IFSP

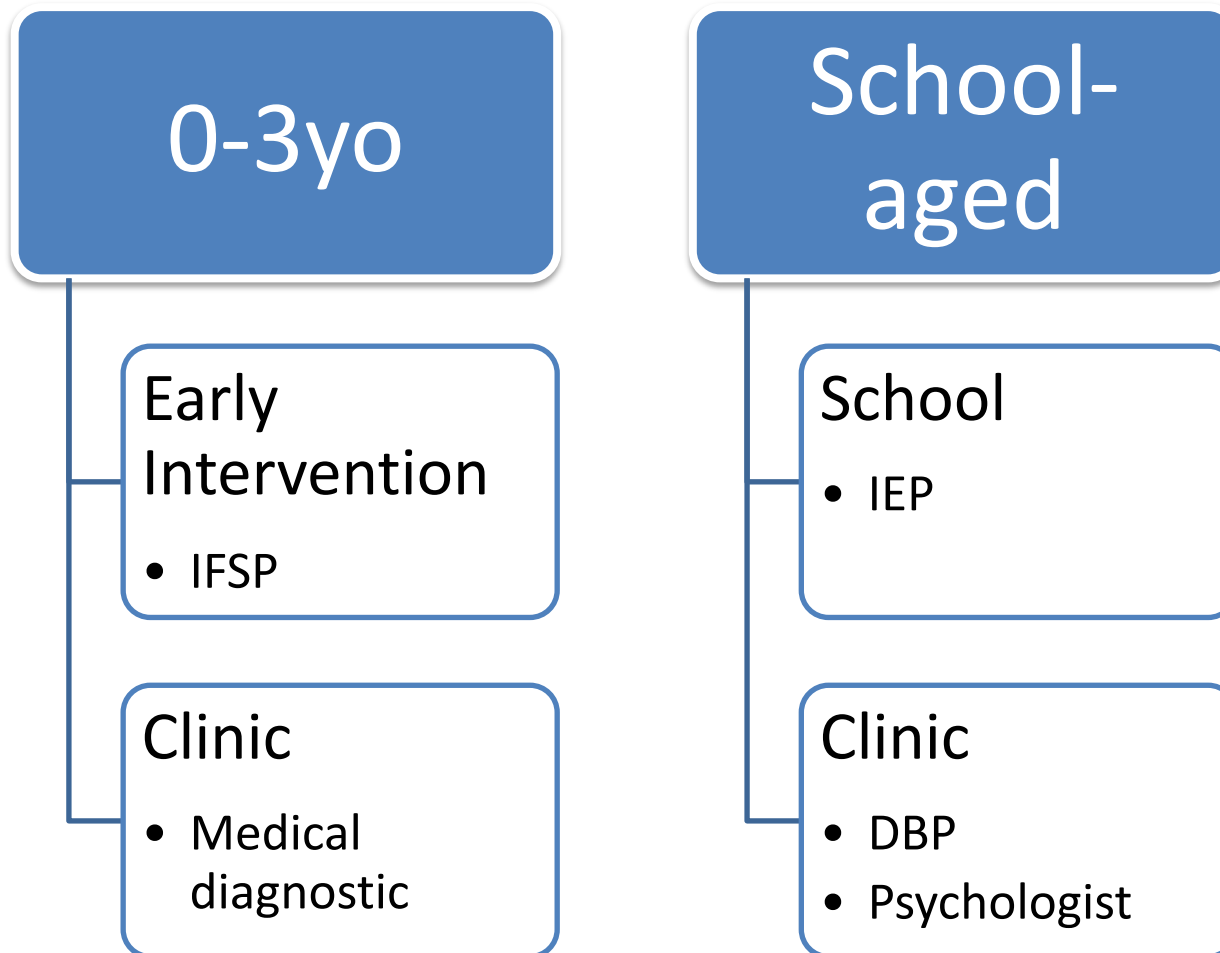
- healthcare

School-aged

School- IEP

- Health care

Systems differ based on age



0-3yo

Developmental
domains

Medical diagnostic

School-aged

Learning

IQ

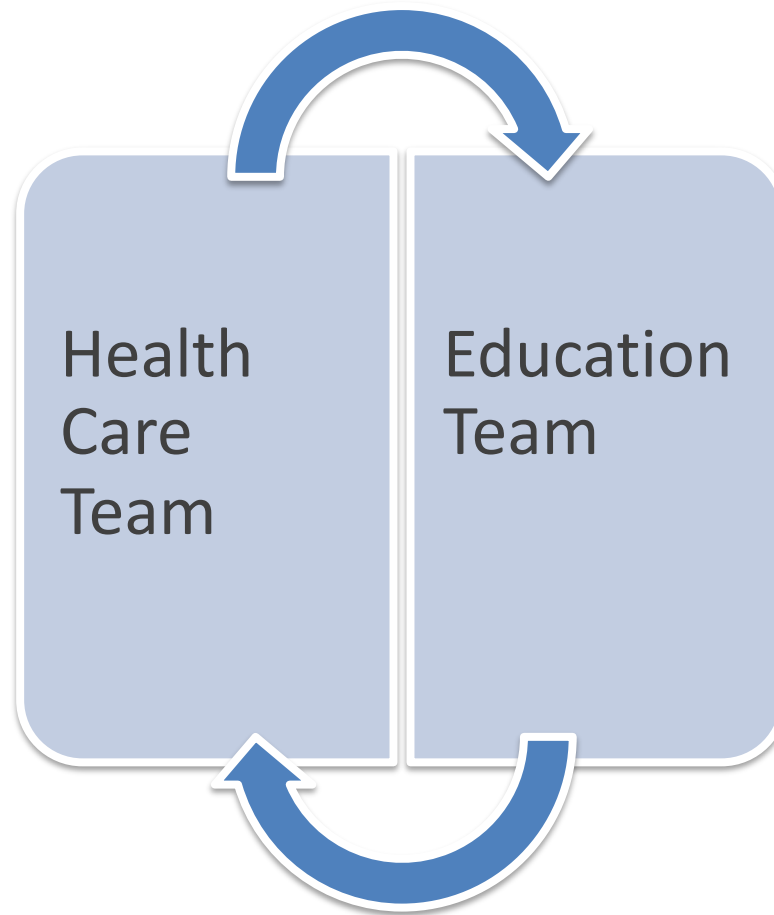
Autism

Self-care

Attention

If more testing needed

- Psychologist
- Neuropsychologist
- Schools- psychoeducational testing



Who cares for children with disabilities in schools?

- Variety of providers make up education team
- Teachers- special education teachers, teaching aides, general education teachers, transition specialists
- Nurse, School psychologist, Speech language therapist, Physical therapist, Occupational Therapist, Social Worker

Your Team: Partnering Providers

- Primary care providers- pediatricians, family doctors, nurse practitioners, nurses
- Social workers
- Psychiatrists / Psychologists
- Neuropsychologist
- Counselors
- Therapists- Occupational, Speech, Physical, Developmental, Behavioral
- School personnel
- Care coordinators

How diagnoses can help?

1. Clarification of etiology
2. Prognosis/Expected clinical course
3. Refined treatment options
4. Avoidance of unnecessary or redundant tests
5. Information about symptom management and surveillance for known problems
6. Condition-specific family support

- Behavioral management- Positive reinforcement, Consistency
- Therapy – school and outside of school
- Medication
- Counseling
- School advocacy
- Parental education

Who should see a DBP?

0-3 → start with PCP and Early Intervention

School-aged → start with PCP

Not every child with IEP needs to see DBP

Refer:

- Concern for Autism, Complicated ADHD, Learning issues with unexpected outcomes
- Condition with known developmental sequelae (ie. Stroke, genetic syndrome)
- Follow up varies

