

You're Invited

**Thursday,
March 6th, 2014**

Aloft Hotel
1900 E. Speedway
Tucson, Arizona 85719
Room: Tactic 2

5:30 PM to 7:45 PM
Presentation Starts
at: 6:00 PM

Common, but Dangerous, Developmental Derailers that Professionals Often Miss

Presented by:
Thomas M. Brunner, Ph.D.
Julia Grover, OTR/L, CHT



Please RSVP by March 3, 2014 to:
Mari@CentralHandTherapy.com
or Call: (520) 321-1495
www.centralhandtherapy.com

Common but Dangerous Developmental Derailers that Professionals Often Miss

Thomas M. Brunner, PhD
Psychologist
Clinical, Forensic & Consulting Psychology
solutions@doctorbrunner.com

Julia Grover OTR/L, CHT
Occupational Therapist
Central Hand Therapy, PC/SACOTA
julia@centralhandtherapy.com



S.P.D.?

S.I.D.?

A.S.D.?

L.D.?

E.D.?

A.D.D.?

A.D.H.D.?

O.C.D.?

P.D.D.?

N.V.L.D.?

P.T.S.D.?

B.P.D.?

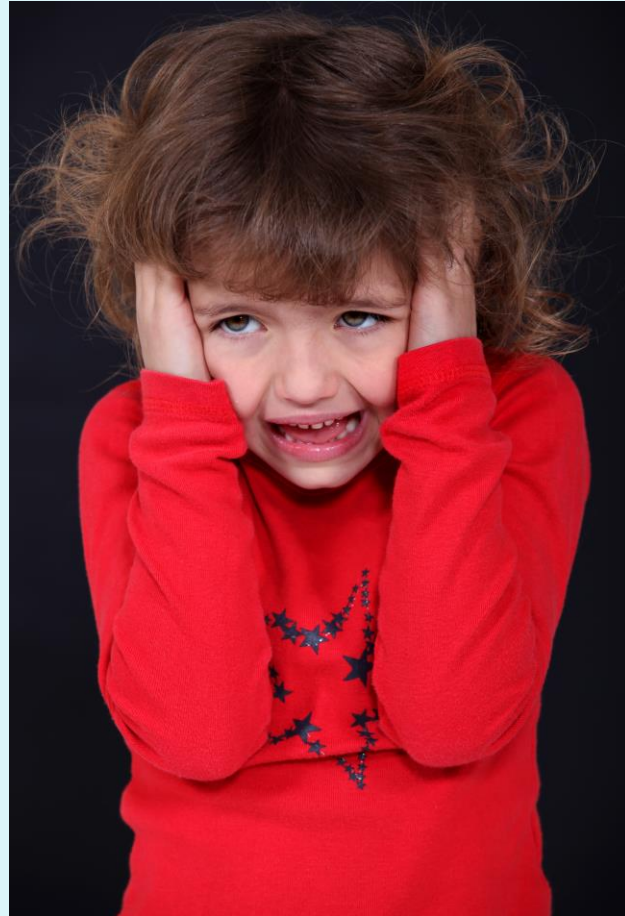
M.C.D.?

The Goals of this Session:

1. Discuss red flag profiles
2. Highlight developmental derailers
3. Make intervention recommendations
4. Model integrative professional approach















Community Observations

- Mostly crisis/ chronic problem (1-10 yrs late)
- Common labels: ADHD/LD/SID
- Medication as 1st line treatment
- Dramatic assessment variance
- Pattern: “Solo practitioners in silos”

Common mistakes made with UFO's or elusive/shadowy phenomena?

- Generic categories:
 - P.D.D./A.D.H.D./L.D./SID
- “They’ll grow out of it!”
- “Let’s revisit this”



The Newborn: Possible Warning Signs



1. More often cesarean section.
2. Mechanical issues with sucking/feeding.
3. Colic, gut issues and skin irritations.
4. Difficult to soothe.
5. Difficulty transitioning to solids.
6. Lack of rhythmic sleep cycle.
7. Avoidance of tummy time.
8. Poor eye contact with caregiver.

Toddler: Possible Warning Signs



1. Late to achieve milestones.
2. Problematic sleep to wake transitions.
3. Narrow diet and/or hypersensitivities.
4. May overstuff mouth and glug liquids.
5. Atypical reactions to physical contact.
6. Hygienic related battles.
7. Chronic ear infections.
8. Playground difficulties.
9. Highly anxious or fearful.
10. Reckless/injury prone.
11. Abnormally intense tantrums.

Early Childhood: Possible Warnings



1. Sleep issues.
2. Poor expressive/receptive language
3. Food issues continue.
4. No hand dominance.
5. Toileting issues.
6. Lacking coordination.
7. Low frustration tolerance.
8. Atypical tantrums.
9. Repetitive behaviors/themes.
10. Task avoidance.

School Aged Child: Possible Warnings



1. Poor attention/focus.
2. Academics may be fine.
3. Difficulty staying seated.
4. Poor seated posture.
5. Avoidance of writing tasks.
6. Poor handwriting.
7. Awkward, per parents.
8. May or may not like team sports.
9. Toileting issues.
10. Social issues.
11. Difficulty with task completion.
12. Inconsistency with instructions.
13. Delayed motor development.

math - higher order (algebra)

poor social, academic, strong learner

Skill Imbalance

cog sluggish / slow processing

Obsessive & compulsive (subtle)

poor eye contact / sensory irregularity

poor coordinated (clumsy) / slow

Intense anger / rages - emotional dysregulation
anger outbursts / breakdowns

visual / handwriting / lost in space

Executive Functions

only complaints in hand

functional

intention

lack of interhemispheric integration - sensory processing, motor coordination

Retained Primitive Reflexes ATNR, STNR, etc.

poor proprioceptive system processing 2nd to 6th developmental stages

poor internal locus of control controlled by environmental stimuli (ADHD)

poor auditory processing lacks awareness of self

The List:

Philosophy & Framework

- Under the radar but prevalent (UFO's)
- “Groupings” best term?
- May be better names or redundancy/overlap
- Goal ultimately dimensional vs categorical

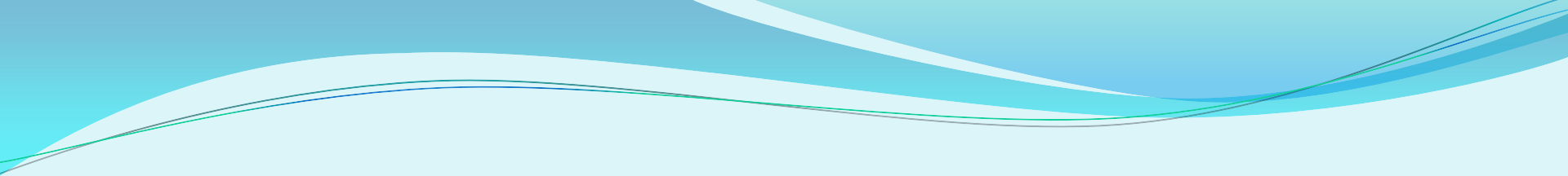


12 Commonly Missed or Ignored Derailers

1. Abnormalities in neurochemistry and neurocircuitry.
2. Retained primitive reflexes.
3. Lack of full inter-hemispheric integration.
4. Deficient proprioceptive, auditory and/or ocular motor processing.
5. Core weakness and postural muscle imbalance.
6. Lacks internal locus of control.
7. Impaired executive function.
8. Emotional dysregulation.
9. Verbal and behavioral pre-occupation/themes.
10. Social awkwardness.
11. Trauma.
12. Familial dysfunction.

*Prelude to **specifics***

- Role of handout – Features/Labels/Decisions
- What would you most likely....
 - Miss/ignore
 - Think they will grow out of
- Who **most reminiscent** of each grouping?



Abnormalities in neurochemistry and/or neuro-circuitry

Retained primitive reflexes



Lack of full inter-hemispheric integration



**Deficient proprioceptive, auditory and/or
ocular motor processing**

Core weakness and postural muscle imbalance



Lacks internal locus of control



Impaired executive function.

Emotional dysregulation



Verbal and behavioral pre-occupation/themes

Social awkwardness

Trauma

Familial dysfunction

Multidisciplinary case study: “KC”

Lessons Learned:

- More experience=more Humility
- Truly Integrative=frequent communication
 - Team orientation=quicker resolution
 - Co-assessment
 - Avoid “speaking in tongues”
- Skills focused, not categorically focused
 - Thick skin
 - Open to being challenged

Final Recommendations:

- Watch for UFO's
- Seek out information from other professionals
 - Recognize when medication helpful vs problematic
- Ultimate question: **what skill (s) missing?**

Is there one child you can work with more effectively now?



THANK YOU!

