

childPSYCH News

A newsletter for professionals and parents

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Special points of interest:

- At *childpsych* only psychologists who are registered teachers and/or Educational Psychologists will write the report on learning difficulties
- All *childpsych* psychologists are trained as specialist psychologists
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

The Needs of Children Born Premature

By Lisa Lynn MAPS, staff Psychologist at *childpsych*

Although the rate of premature births is not high, numbers are increasing due to more older first-time mothers, the use of assisted reproductive technologies, and changes to resuscitation and intervention policies. Advances in maternal and neonatal care have dramatically improved survival rates for even the most vulnerable of infants born prematurely; however, children born very preterm may have ongoing health concerns, slower overall growth, and be more predisposed to infections.

Very preterm infants are born before the brain is mature, and current research has not yet clarified how development of the brain outside of the womb compares with development within the uterine environment. For example, development of the auditory system may be incomplete for children born before 30 weeks, and the differential effect of auditory development within the noisy environment of the neonatal intensive care unit is unknown. Despite recent studies that have found these children have cognitive abilities (IQ scores) within the average range, their scores are generally lower than those of children born at full-term.

Children born very prematurely also begin life with an increased susceptibility to a range of both short-term and long-term neurodevelopmental difficulties such as visual motor deficits, delays in language development,



More than half of children with Very Low Birth Weight...have need of later learning support at school..that persists into adolescence

attention problems, working memory disturbances, and executive functioning difficulties that contribute to later learning problems. Even subtle deficits in functioning may become more apparent as the cognitive, emotional, and behavioural demands of life increase as children born very preterm grow older. More than half of those children born with VLBW (very low birth weight, less than 1500g) and 60-70% of children born with ELBW (extremely low birth weight, less than 1000g) have need of later learning support at school, and these difficulties with learning have been documented as persisting into adolescence.

Executive functions most commonly describe a collection of interrelated psychological processes involved in the intentional management of action and thought that contribute to cognitive performance, behaviour, emotional expression, and

social relations. These individual processes include: planning, strategy use, cognitive flexibility, management of attention, inhibitory control, and also involve an awareness of which strategies to employ to perform a task, and the ability to use self-regulatory skills to evaluate task completion. Executive functions become even more important to students in the middle school years for managing the completion of long-term projects, to sustain attention during classes, and to set goals for the future. Children born with VLBW or ELBW are two to three times more likely to experience disruptions in executive functioning, and these disruptions are usually observed as behavioural problems in the classroom.

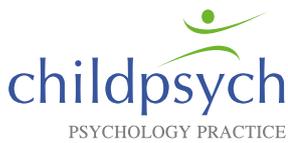
Other problems experienced by children born very preterm that become evident in the school setting include visuospatial problems, poor postural control, and weak sensorimotor coordination. This common pattern of difficulties limits the child's ability to stay seated, to follow visually from the blackboard to their desktop, and to manage physical balance and movement. Lower birth weights and frequent infant illnesses also play an important role in determining outcomes for these children, with their opportunities to develop age-appropriate adaptive behaviours limited by smaller physical size, and different parental expecta-

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4 / 671 Sherwood Road
Sherwood Q 4075

DIRECTOR: PHILIP O. GOSSCHALK MAPS

Phone: 07 3716 0445
Email: admin@childpsych.net.au



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Effects of prematurity con't

tions. Adaptive behaviours are those things that a child can do for themselves and by themselves, and include self-care, community use, health and safety skills, and self-direction. Children who have limited adaptive behaviours may struggle to keep up with their peers in the school environment.

How can parents help a child born very preterm compensate for these difficulties? Deficits in specific executive functions may be addressed by helping the child to develop skills in self-regulation such as self-monitoring, management of behaviour, attention and emotions, and learning to delay gratification. The development of self-regulation begins in infancy, where behaviour is regulated according to states of stimulation, and the caregiver assists the infant to soothe. In the next stage, occurring between the ages of three and nine months, the infant learns to modify behaviour in accordance with environmental situations such as day/night and meal times. Between nine and 18 months of age, the child becomes more responsive to social demands, and by the end of this period is developing self-control (without external monitoring by others). By the age of three and beyond, the child's growing abilities to use representation and symbolism lead to increasingly flexible and adaptive control of behaviour and greater self-regulation.

As self-regulation begins in the context of infant-carer relationship, the care-giving environment should provide a secure and supportive foundation for the development of self-efficacy, as well as providing appropriate guidance and scaffolding to encourage the child to succeed in self-management of situations in order for the later development of self-regulation. Children should be assisted to experience a range of situations so



that opportunities to practice and develop self-regulatory capacities can occur. As these self-regulatory skills emerge and strengthen, the child develops additional strategies to reach self-imposed standards, and becomes capable of achieving goals and rewards without direct assistance from others.

How parents can help children born very preterm:

- Inform the teachers that your child was born very preterm to increase awareness of potential difficulties
- Use behaviour management techniques to maintain the child's attention to instruction

tions and tasks, and to help with motivation

- Help develop organizational skills to manage tasks
- Ask teachers to modify classwork and assignments to allow for specific learning difficulties
- Teach social skills in family situations
- Increase opportunities for success to help with motivation
- Ask teachers to limit distractions in the classroom
- Remember that rewards must be immediate, achievable and consistent

How *childpsych* can help children born very preterm:

- ✓ Provide comprehensive psycho educational or neuropsychological assessments that can determine cognitive ability, academic achievement, executive functioning, visual-perceptual skills and the presence of specific learning difficulties
- ✓ Create an individualized program for your child to deliver behaviour management strategies and to teach social skills
- ✓ Liaise with school staff to maximize your child's learning environment
- ✓ Provide individual counselling to treat underlying psychological disorders
- ✓ Provide counselling for parents to help with challenging behaviours .

Late Emerging Reading Difficulties

For some children, reading progress may fall behind in the third or fourth grade. About 40% of children with reading problems will be late emergers. Why? Well it does not seem to be because the children were "missed" or "fell through the cracks". Instead, it appears that in grade three and four, different cognitive skills are needed to read

efficiently. These cognitive skills require than just strong ability to "sound out". They include the ability to read speedily and understand what they have read. This makes sense as in the early years recognition of the word, rather than speed of reading and reading comprehension are the focus. Some of these children can be identified by

testing for reading comprehension skills and reading fluency in Grade 3. Secondly it appears how significant a literacy problem is to require an assessment by an educational psychologist is another explanation. Unlike traditional approaches used by psychologists, it is best to send any child for a full literacy assessment even if the delay is mild.