

12/04/2017

Dear Abby,

Regarding “Little Terror in Texas” (12/02/17), you suggested some wonderful ideas to keep a typical four-year-old occupied during most normal social outings. It was also quite right that you acknowledged the possibility that this child might have an emotional or developmental disability too.

However, please tell your readers that when a child’s behavior is this much ‘out of the ordinary,’ *they must rule out medical conditions too*. Allergies, autoimmune conditions, toxic exposures, nutritional imbalances, symptomatic and non-symptomatic infections, and even poor sleep quality (that can be ruled out with a simple sleep study) are just a few of the many health conditions *that we know* can dramatically affect children’s behavior, attentional skills, and other abilities.

As a learning specialist and researcher who studies the effects of health conditions on learning and behavior, I ask people to remember these two things: 1. The younger the child is, the less able he or she will be to control *any* behaviors that are compromised by illnesses, injuries, or other medical conditions, and 2. Such *outward* behavioral symptoms may be the first (and sometimes, the *only*) clues of an underlying illness.

*Pediatric Acute-onset Psychiatric Syndrome* (PANS) is just one of many medical conditions where onlookers might see the very same symptoms that this aunt describes, including “running around, screaming, throwing food, and not listening.” (Other children with this same syndrome might suddenly have fears of being separated from a loved one, a fear of germs, a new onset of bed wetting, clumsiness, etc.) While it is still tempting for many to view- and to treat- such disturbing behaviors as falling under a larger umbrella of emotional or psychiatric disabilities, medical factors must be ruled out first, certainly before an emotional or developmental disability can be justified. This is also critical because in some instances, untreated medical conditions can go on to pose serious risks to the developing child. With PANS, for example, this otherwise highly treatable condition can result in chronic, and sometimes permanent, damage to the central nervous system. It can also result in inappropriate treatments and disciplinary actions being used in desperate attempts to correct problem behaviors. Without appropriate medical treatment, however, instances of ‘acting out,’ and ‘meltdowns’ may continue on unaffected. Often they can become worse, making the situation more frustrating and stressful for everyone involved.

As loved ones and providers of these children, we can no longer assume that inappropriate behaviors, poor attentional skills, and other *outward* difficulties are solely attributable to character, upbringing, or unexplained “delays.” At four years old, this little boy’s life is stretched out before him. *Perhaps he may be a child* where clearer behavioral expectations, boundary setting, and behavioral consequences *can* facilitate better social interactions and behavior. Such interventions will do little to help this child, however, if at the root of his behavior lies a medical condition that thwarts the very abilities he needs to make such changes and growth possible.

Jamie Candelaria-Greene PhD, BCET Alameda, California