

**“Helping kids with behaviour and learning  
difficulties.  
An evidence based approach”**

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[www.abrolhosgroup.org.au](http://www.abrolhosgroup.org.au)

## Dr Kim Pedlow

- 1979-2018 GP obstetrician in Geraldton, ~ 3,000 births, cradle to grave medicine, Caring for many young children.
- 1990 onwards involved in the diagnosis and management of Neurodevelopmental disorders.....followed the need!
- Past-president of the Geraldton branch of Learning and Attentional Disorders Society (LADS), former manager of the Youth Mental Health Programme, Mid West Division General Practice and ran the project of 1997/98

1990 in Geraldton

- Parents were blamed for most of their child's/children's poor behaviours.
- **Many of these children were receiving remedial teaching, repeating years, being suspended or expelled despite not having had a thorough assessment into the underlying factors that contribute to these behaviours.**
- Many intelligent children with undiagnosed learning difficulties such as dyslexia and dysgraphia were lost in the system. Problems with literacy, numeracy, written expression and behaviour are common in this group.

# Dr Trevor Parry Director of Child Development Centre PMH

- Visited Geraldton 1992 and introduced the Geraldton health community to the concept of
  - Neurodevelopmental disorders in children.  
ADHD, AUTISM, Pre-Natal Alcohol exposure syndromes
  - And the common comorbidities  
SLDs eg dyslexia, dysgraphia, dyscalculia, central auditory processing disorder.
- Midwest Division GP set up shared care program
  - Co-prescribing Specialist paediatrician, psychiatrists, GPs.
- Local health professionals gave it a mixed reception.
- I was convinced re efficacy of medication by the following writing samples before and after ritalin.

Appendix 5 – Writing Samples Following are two samples of writing produced by a child.

Sample 1 produced prior to treatment

Sample 2 was produced just nine days after the child was diagnosed with ADD and treatment (Ritalin) was commenced.

# Sample 1: Before treatment.

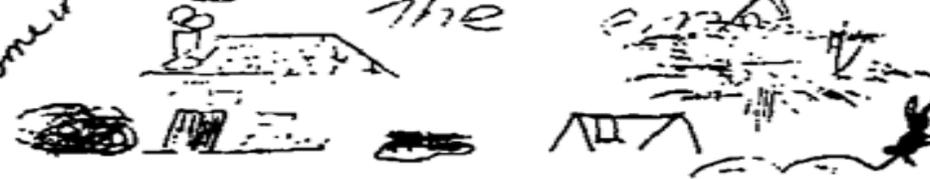
Matthew  
War

Glendon CA  
14/97

reading books, magic wais, words  
and... helps, a magic things  
blue robbin. flew down to the  
rabbit... Red Back... flew  
to the Bear. (Red & Blue  
robbin) Red robbin said  
to the Bear "Why won't  
you snage the cottage?  
Blue robbin said, "Why  
don't you snage the  
cottage together?"  
They stopped the war, et  
that ~~was the end~~ they  
said "Ok, we will do  
ok! Great!" The Bear &  
robbin id ~~was getting~~  
to gether in the cottage

Where  
the magic  
comes in?

The



## Sample 2: 9 days After treatment.

Matthew | Cabin 9  
10<sup>th</sup> April/92

A night at Bunbury  
Speedway

One nice after noon I  
was at Bunbury Speedway  
Ron Krikey how driver no 99  
was opened for 2 week.  
For arguing with Con  
Migrow.

"Dad" was going well very  
well indeed they were time  
trielles Dad go 17.45sec.  
the car was handling goo-  
d. I did dad's helmet.

After the Speedway had  
fined we went to the  
bareque talking & laughing  
we were - Rod Rocket Brown  
team and pairs team & dad's  
crowe were left from the  
Speedway

PI

Formal assessment of these under performing children resulted in a high proportion of them being diagnosed with

## **NEURODEVELOPMENTAL DISORDERS**

- ADHD ~5%, often higher in rural areas. Our experience confirms this with a higher prevalence in some of the more isolated areas.
- AUTISM ~1.5%
- LEARNING DISORDER 15-20 %..... ie dyslexia, dysgraphia, dyscalculia

# Triggers for Ed. Psych. Assessment

- On 3 June 1999 a well attended meeting of Geraldton school principals, teachers, educational psychologists, paediatricians, GPs approved the following triggers that compelled Psychology Assessments for students at risk:
- Suspension or threatened suspension
- Remedial teaching or consideration of such
- Repeating a year or consideration of such
- Significant under performance
- School refusal

# Psychometric Assessments

- Aim to ascertain potential and compare this with skill and achievement.

## **This entails:**

- Assessment of Intelligence and Achievement such as WISC V, WJ-IV, WIAT, GORT-V
- Testing of specific Learning Difficulties, particularly language based (e.g. TOLD, CELF)
- Assessment for Attention Problems, Executive Functioning
- Assessment of adaptive behaviours
- It is deemed desirable to assess the child's potential in the above manner prior to engaging on any therapy or intervention plans such as for example, behaviour modification.

# Why is there a need to reform services in Geraldton and regional WA?

- 1999 consensus triggers for psychological assessment are not being met by the local education system.
- State system does not have the expertise and is overwhelmed by demand from the schools.
- Community education standards continue to drift.
- Private assessment is difficult to access and expensive. Local gap \$2000 – \$3000, SPELD in Perth \$2500.
- We are local stakeholders and have the capacity to assist.
- Most behaviour problems are associated with a Neurodevelopmental disorder.

Dr Fiona Stanley and the Telethon Kids Institute

Estimate that 89% of kids in Banksia juvenile detention have these disorders.

These individuals need assessing, managing, nurturing.

Not only dog whistle law and order.

## Enter Abrolhos Group

[www.abrolhosgroup.org.au](http://www.abrolhosgroup.org.au)

From February 2019 till April 2021

- We have seen 320 cases, 12% Aboriginal
- Performed 219 psychometric assessments
- Diagnosed 60 new Autism cases
- Most of the rest have a learning disorder such as dyslexia, dysgraphia, dyscalculia

The majority of these cases had been slipping through cracks in the local systems for many years.

## Our goals

[www.abrolhosgroup.org.au](http://www.abrolhosgroup.org.au)

- We try to ensure all needy children can access a timely and affordable assessment.
- Our NFP Abrolhos Group subsidises assessments. Gap starts at \$800 is reduced to \$0 for the neediest families.
- This compares favourably with \$2,000 to \$3,000 elsewhere in private.
- State system provides free assessments but access is very limited in our town.

# Case study Monique 20 yo

2007 GP and Paed suspected autism, referred State Autism Panel.

2009 family notified by disability services that she **does not reach the criteria for state assistance.**

2018 represented to GP agoraphobic, housebound, anxious, depressed, her speech was very difficult to understand.

Family wanted to put her on disability support pension.

Her mother relayed the story of her not getting help for her speech due to services not getting back to them, the therapist leaving town, getting pregnant and so on.

Not being handed over for ongoing treatment.

She fell through the cracks.

# Case study Monique 20 yo

- Reassessment by a combination of GP, Ed Psych and psychiatrist by videoconference resulted in her being diagnosed with autism, getting the help she needs for speech therapy.
- She is doing well on antidepressants, engaging with adult education and has part-time work.
- Review by Psychologist (14/4/20) indicates *“Client has gained confidence, is more willing to communicate and share her progress. This young lady has blossomed and is starting to be more willingly involved with family and is rarely reported staying on her on in her room”*.

# TEAM APPROACH

- **TEAM** GP with interest in NDDs Dr Pedlow, child health nurse Natalie Holmes, educational psychologist Dr Angelkovska, video link developmental paediatrician Dr Jehangir, psychiatrists Dr Seth, Dr Marshall, occupational therapist Nigel Holmes.
- **NETWORK** School teachers, school psychologists, remedial teachers, allied health including all speech pathology and occupational therapy, mental health services and multiple other community organisations.
- **PROCESS** Initial information gathering by our child health nurse Natalie Holmes. We use an information gathering template. School and parents are asked to provide a letter of introduction, rating scales and semester reports. Rating scales from home and school are very useful.

# TEAM APPROACH

- **CAUTION** We make it abundantly clear that we are a GP clinic that has an interest in this area. It is important that our families are well informed of the parameters of our service and the scope of practice of each professional.
- We are transparent in our process and we educate parents about the fact that without thorough investigation of their child's behaviours it is very difficult to formulate any reliable management plan.

# Future Directions

- Add an experienced speech pathologist to our in-house team for autism assessments.
- Try to identify the reasons for blackspots in the Geraldton/Midwest education system.
- Growing our service delivery in regional Western Australia. This would require more professionals.