

Learning Task #3b

Video Summary and Reflection

Boy Suffers from Major Anger Tantrums |

Born Naughty? E4 | Real Families

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This video overview looks at two case studies from the British television show "Real Families" that explores obstacles young children with behavioural issues face. The episode features the case of Billy and Charlie and their families, as they navigate the system seeking answers and support. The following is a point-form summary of the salient points from the episode:

1. Billy, a 2.5-year-old boy from Monmouthshire, UK, throws objects and has morning tantrums. His actions disrupt the family's daily routine. Billy becomes aggressive partly due to lack of sleep, and the excess energy around bedtime keeps him up late. The morning behaviour problems, including anger tantrums, refusing breakfast, throwing objects, and screaming, may be related to an underlying condition. Billy's mother, Robin, suspects he has autism.

2. Specialists will assess Billy for the following six weeks to discover whether his behaviour is the consequence of an underlying condition. Dr. Dawn Harper and Dr. Ravi Jahram evaluate Billy's behaviour, particularly his inclination to line up toys and items, to see if it indicates autism symptoms. Billy's mother emphasizes her desire to have a diagnosis for Billy before he starts school to avoid labelling him as a problematic child. However, Dr. Ravi observed that Billy exhibits good imagination during the home visit, vivid social interaction, and inference skills, which are inconsistent with the autism spectrum. The additional assessment with the speech and language pathologist Libby confirmed this and effectively ruled out the possibility that Billy was on the Autism Spectrum.

3. The sleep expert argued that mom's presence in Billy's room contributes to his difficulty falling asleep. CCTV footage from Billy's bedroom also reveals that he is repeatedly woken up at night by the family pets.

4. According to assessment team, Billy's behaviour is attributed to chronic sleep deprivation caused by Delayed Sleep Phase Syndrome, which was affected in part by poor sleep quality, including sleep disruption by pets.

5. The sleep expert continues working with Billy's mom to tackle his sleep issues, adjust his sleep pattern, and remove pets to provide an undisturbed sleeping environment. At the same time, the GP recommends that Billy socialize more and be more active to stave off his tendency to spend increasing amounts of time in front of the TV.

6. The video segment tells the story of another single mother, fighting for four years to control her son Charlie's conduct. Charlie is eight and was expelled from school because of his challenging behaviour, such as violent outbursts at his peers and authority figures, resulting in his preference for staying home and his unwillingness to leave the house. According to his mother, Charlie can be an enigma, a great child one minute and acting out the next. Charlie's behaviour with classmates has made it difficult for him to establish friends, and his mother believes this has led to his isolation which concerns her about his future.

7. An assessment by Dr. Kennelly (clinical psychologist) and Helen Gill (Speech and Language Pathologist) during a home visit to Charlie's home revealed that he struggled with a two-way conversation, interpreting facial expressions, and taking things too literally. Charlie also struggled with pretend play and had difficulty understanding emotions. Charlie also exhibits non-verbal communication that the speech pathologist characterized as atypical for his age, i.e. stimming behaviour with his arms and body when stressed during the conversation, and removing his socks and playing with his toes when uncomfortable during the interaction. CCTV footage shows the self-soothing behaviour of rocking back and forth.

8. The specialists agreed that Charlie's behaviour indicates he may be on the autism spectrum with a sub-diagnosis of pathological demand avoidance (PDA), characterized by difficulty with demands, even small ones, leading to violent outbursts or refusal to engage in activities.

9. Charlie's diagnosis meant that his mother would have to learn a new approach to parenting to minimize demands and use strategies like timers to allow Charlie to adjust to changes. Charlie's mother is also working on socializing him more and engaging him in outdoor activities to reduce his obsession with computer games.

10. After four years of trying, Charlie's mother expresses relief at finally having a diagnosis for her son and receiving the necessary support of local services to help him thrive. With the proper support, Charlie's mother believes he can overcome his behavioural challenges and lead a successful life.

Reflection

Charlie's and Billy's cases highlight the importance of careful and thorough assessment to accurately diagnose and treat behavioural and developmental issues in children. In Charlie's case, a thorough assessment by specialists provided ample evidence that he may be on the autism spectrum and the assessment team reached a consensus that led to a diagnosis.

I found it interesting how prevalent a sub-diagnosis of Pathological Demand Avoidance within the Autism Spectrum has become from watching this four-part series. I will take this with me when I think about ways of implementing behavioural plans for students in the future, particularly the suggestion of timers and redirection of authority to someone else.

Similarly, in Billy's case, careful assessment and consideration of various factors were critical in arriving at an accurate diagnosis. Although Billy's behaviour initially raised concerns about autism (an "availability heuristic" fallacy, with autism being top-of-mind for a mother with an autistic brother), further evaluation revealed that his behaviour was primarily due to chronic sleep deprivation caused by Delayed Sleep Phase Syndrome, which was in part affected by poor sleep hygiene habits in the household. Seeing that poor Billy was having his sleep disrupted through the night by the family dog and the cat was disheartening.

Both cases highlight the importance of considering all available information and looking beyond initial observations and assumptions to arrive at an accurate diagnosis. In Billy's case, an incorrect diagnosis could have led to unimaginable harm, including unnecessary labelling and stigmatization. In Charlie's case, a proper diagnosis and treatment can help him better manage his symptoms and thrive in his personal and academic life in the future. Billie's and Charlie's cases serve as excellent reminders to those of us just entering the field of the need to conduct a comprehensive assessment, suspend a frame of reference that leads to a confirmation bias and skillfully differentiate symptoms when dealing with behavioural and developmental concerns in children.