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Are We *Overdiagnosing* Our Toddlers

A sharply rising number of children are receiving specialized therapies for a growing litany of neurological and physical conditions. But not all kids need it—and for the ones who do, help can be hard to find.

BY RACHEL RABKIN PEACHMAN ILLUSTRATION BY CHRIS GASH

Jennaea Gearhart could tell that her 2-year-old son, Jake, was physically cautious, a bit uncoordinated and didn't like to be around too many kids at once, but it didn't raise alarm bells initially. "He was hypervocal, so I just thought one side of Jake's brain was developing faster than the other," says Jennaea, an interior designer who was living in Chicago at the time. But after she had her daughter, Maddy, Jennaea started to question her logic. "One-year-old Maddy was much more physically capable than 3-year-old Jake, even though he was almost two years older. I began to realize, Jake isn't choosing not to climb that ladder at the park; I don't think he can."

Jennaea scheduled an appointment with a neuropsychologist, who suggested seeing an occupational therapist. "I had heard of an OT before, but I didn't know much about it," she remembers. The neuropsychologist explained that OTs help people improve skills needed for everyday activities (occupations) through physical, cognitive and psychological support.

That was 13 years ago, before "OT" had become a household term. Jake's therapist determined he had a sensory modulation disorder and fine- and gross-motor-skill challenges. "It was such a revelation to finally have answers," Jennaea says. "It wasn't just me being crazy."

Therapy on the rise

Over the past 10 to 20 years, an increasing number of parents like Jennaea have become aware of developmental disabilities and are finding therapeutic interventions. So, if it seems as though more kids than ever are seeing occupational therapists, behavioral therapists, physical therapists and speech therapists, that's because they are. Data from the National Health Interview Survey, published in the journal *Pediatrics*, shows that between 2001 and 2011, parent-reported childhood disabilities steadily increased by 15.6 percent—and cases related to neurodevelopmental or mental health shot up nearly 21 percent.

Are kids today inherently less capable than they were a generation ago? No, experts say. There are several factors at play: Parents and clinicians better

understand the signs of developmental disabilities; there has been a rise in certain conditions that necessitate intervention, such as autism and ADHD; many disabilities that may have previously gone unaddressed have been reclassified and given more-specific diagnoses; and there is a growing body of scientific literature showing the benefits of multidisciplinary therapies for children. Kids are also more likely to be immersed in screens, which, when used in excess, can interfere with sleep and play—crucial building blocks for development.

"On the plus side, you're seeing better early identification, better screening and better awareness," says Sandra Scheffkind, a doctor of occupational therapy and the pediatric practice manager for the American Occupational Therapy Association. Also, because there have been shifts in how practitioners categorize behaviors in children, "what might have previously been shrugged off as 'boys will be boys' is now causing us to wonder if there is some underlying condition," she adds. And of course, many parents are doing their darndest to help their kids succeed in a fast-paced and competitive world.

A privilege for the fortunate few?

Not all communities, however, are responding in the same ways. Though the NHIS data showed that children living in poverty experienced the highest rates of disability, for the first time since the NHIS began tracking childhood disability in 1957, the rise in childhood disabilities was reported disproportionately among "socially advantaged families," according to the study authors.

In other words, even though children of lower economic means are facing significant disabilities, kids with more resources are more likely to receive screenings and services nowadays.

Therapists in affluent areas have noticed an uptick in services for "typically developing" children. Jody Paul, a speech therapist in Westfield, NJ, says that parents often ask her to work with their children even if they don't need intervention. "I certainly have parents asking to correct age-appropriate articulation issues that kids naturally outgrow by age 5," she says.

Heather Bragg, a Chicago-based learning specialist and author of *Learning Decoded*, has also

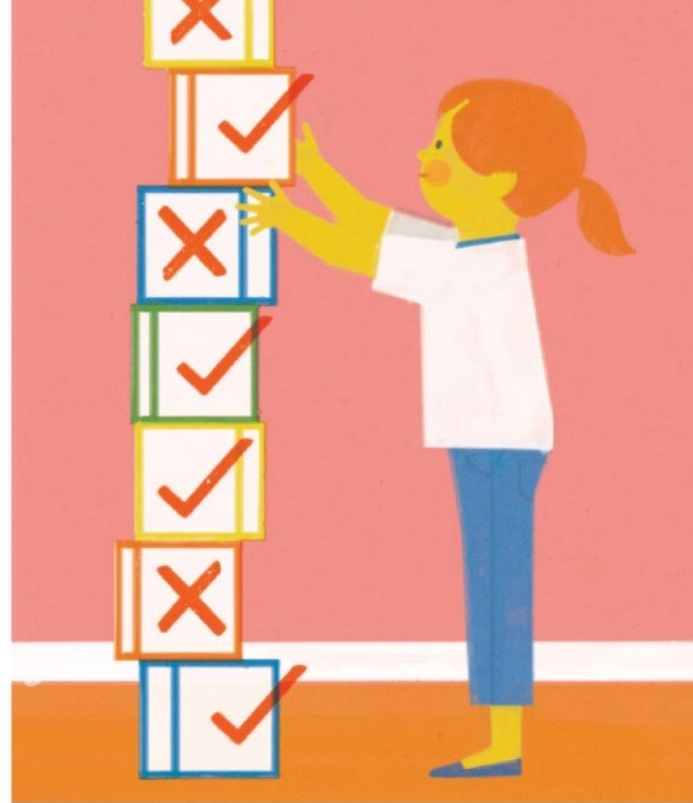
Are We Overdiagnosing Our Toddlers

seen overzealous parents looking for treatment for “pretty typical” children, yet she acknowledges that norms vary. “Behavior that might be red-flagged at one preschool might be considered more typical at another; and at certain schools, they are selling a product—an education—and teachers know their clientele is expecting them to notice if something seems off,” Bragg says.

For example, at the private Montessori preschool that Bragg’s son attended in Chicago, the staff is quick to identify potential learning delays. The school has even partnered with a private multidisciplinary therapy practice, which she says is “growing like crazy.” Many of the parents at the school end up pursuing specialized interventions—which they pay for out of pocket or through insurance—after the school suggests an evaluation. “I’m sure there are plenty of families who were encouraged to pursue a therapy for their child unnecessarily, but I think that’s probably more the exception than the rule,” Bragg says. “And who wants to roll the dice when it comes to their child?”

In fact, the preschool staff suggested occupational therapy for Bragg’s son, which he received to improve his handwriting and gross and fine motor skills. “There’s no way my son would have qualified for occupational therapy at a public school, but the issue was raised at a parent-teacher conference a couple of years ago,” Bragg remembers. “Was the therapy he got necessary? Probably not, but it was definitely helpful.”

For Lonny Friedman, a teacher living in Springfield, NJ, no educator or pediatrician suggested that his then-3-year-old daughter Maggie needed extra help, but her tantrums were becoming excessively disruptive, so the family



decided to see a behavioral therapist. He’s not entirely sure it was worth it. “The therapist put us on a very standard one-size-fits-all token reward system. I kept saying that the money we spent was for the laminated My Little Pony tokens,” says Lonny. “I thought things improved mostly because she simply grew up a little bit.”

Great expectations

Complicating the issue—and confusing parents further—is the fact that our expectations for young kids have changed drastically over the past generation. One recent University of Virginia study, “Is Kindergarten the New First Grade?” compared kindergarten teachers’ approaches in 1998 versus 2010 and found that teachers in the later years had much higher academic standards, spent far more time on teacher-directed instruction, and less time on play, science exploration, art and music.

“As academics have become so much more important at a younger age, some typical child behaviors are becoming viewed as atypical—or they’re becoming a problem when they’re the same behaviors that were there in preschool and kindergarten 20 years ago,” says Catherine Pearlman, Ph.D., family coach and author of *Ignore It!* “The idea that the typical child is one who sits, listens for eight hours, doesn’t have stress and doesn’t make any funny noises is unrealistic.”

It’s no wonder parents are sometimes quick to question their child’s development. “Parents are filled with self-doubt, but we have to be careful we don’t overdo it,” says Melissa Cohen, a licensed clinical social worker, psychotherapist and parenting coach in Westfield, NJ. “If you’re seeing normal childhood behaviors, such as biting, it doesn’t have to mean that you need some sort of cannibalism

What to do if you’re worried:

- **Trust your gut** and visit the Centers for Disease Control and Prevention’s Milestone Tracker to get familiar with the types of interventions available.

- **Ask your child’s pediatrician or teacher about how to get a free evaluation.** “It is a very comprehensive assessment, and it is usually effective at identifying if there is a clinical problem,” explains Catherine Pearlman, Ph.D.

- **Talk to school**

- **administrators.** If your child is school age and qualifies for special-education services, public schools must create an individualized education program (IEP), and this may involve funded therapies.

- **Reach out to a nearby teaching hospital or university if cost is a concern.** “Universities that provide clinical psychology doctoral degrees are a good resource for families because they will

usually have a community clinic where graduate students practice,” says Kristin Carothers, Ph.D., a clinical psychologist.

“Families can go there for care that’s high quality and also affordable.”

- **Other resources:** Early Childhood Technical Assistance Center (ectacenter.org/families.asp); IDEA Infant & Toddler Coordinators Association (ideainfanttoddler.org) and Understood (understood.org)

specialist or high-intervention model; you might just benefit from some parent coaching on how to work with your child.”



When you can't get help

On the other end of the spectrum are parents like Rachann McKnight, of Austin, TX, who fought an uphill battle to get her son, Sawyer, the therapies he desperately needed because the family couldn't fund those services on their own. Rachann, an event planner, became concerned about Sawyer's development when he was 9 months old and stopped saying words he'd already mastered, such as “mama” and “tete,” his name for his beloved pacifier. “I remember holding the pacifier in front of him, and I couldn't get him to say it; it looked like he was physically straining to say it, but he couldn't,” says Rachann. “I burst into tears.”

Convinced there was a problem, Rachann—who was living in Greenville, SC, at the time—asked her pediatrician if her son showed signs of autism. “The pediatrician told me repeatedly that I was wrong, that boys just develop more slowly, and he's probably just tired or cranky,” she remembers. Eventually, she and her husband decided to move to Austin, where they could access autism specialists.

There, at age 2, he was diagnosed with severe autism, and qualified for comprehensive intervention therapies through Medicaid. Now, at 9 years old, he has progressed so much that his diagnosis has been changed to high-functioning autism, and he is flourishing in a mainstream school.

Tricia Catalino, a physical therapist, doctor of science, and chair of the Early Intervention Special Interest Group at the Academy of Pediatric Physical Therapy, sees these discrepancies in services nationwide. “In certain demographic areas, people are much more informed and have access to more services than they ever did. But there are still a whole bunch of people in lower socioeconomic brackets—and rural areas—who do not have the same access to information, nor do they have

the same connections, funds, health insurance, proximity to service providers or transportation to get to them,” she explains.

For some families, the only way to access much-needed services is through the Individuals with Disabilities Education Act. This federal law states that children are entitled to a free developmental evaluation, and if they are diagnosed with a disability or determined to have a need, they are eligible for partially or fully funded early-intervention services. While each state has differences in how diagnoses are made and funds are allocated, the services can provide families of any socioeconomic background with much-needed help.

Cohen is swift to point out, though, that not everyone qualifies for the federally funded services, and there aren't always enough therapists, or money, to go around. What's more, some working families simply can't take advantage of early intervention, even if their kids qualify for it. “If you're a single mom with three kids, working full time, you don't have the luxury of getting your kids' services. As much as you might wish you could, if you have a 2:30 p.m. therapy appointment for your toddler, you simply can't be there or you will lose your job. So a lot of this is a privilege for people who have time and money,” she says.

This inequity is just another marker of the vast disparities that define our time—specialized therapies have become a sometimes superfluous benefit for those with cash to spare, and an unobtainable necessity for less-fortunate families.

Jennaea, thankfully, was able to pay for her son Jake's therapies out of pocket, since they weren't covered by insurance. Jake was eventually diagnosed with borderline Asperger's syndrome (on the autism spectrum). And thanks to consistent occupational therapy from ages 3 through 8, and intermittent behavioral therapy, he is doing great. “There is no doubt in my mind that Jake wouldn't be at this intensely academic school, thriving socially, if we had not intervened with OT when he was young,” she says. “There is no way.”

Interventions Explained

	What it helps with:	Signs your child might benefit from it:
Occupational Therapy	Skills needed for everyday physical and cognitive activities, such as eating, sleeping, walking, grasping a pencil, going to the bathroom, and interacting with others.	If your child is not meeting developmental milestones (physical, cognitive or psychological), is particularly sensitive to noises or textures, or has severe difficulty regulating her emotions.
Physical Therapy	Treating a person's physical impairment, weakness or injury—and reducing pain. This might involve strength training, rehabilitation and mobility exercises, and injury-prevention education.	If your child is having trouble with physical tasks (like walking or sitting up), or if he is recovering from an injury, you might want to consider a referral to a PT.
Speech and Language Therapy	Managing feeding and swallowing problems, articulation issues, fluency difficulties (such as stuttering), and trouble expressing or understanding language.	If your child is unable to control his saliva (drooling excessively), having a hard time eating, experiencing speech delays or is difficult to understand beyond what is typical for his age.
Behavioral Therapy	Managing issues such as autism, ADHD, learning disorders, anxiety, depression, defiance and more. Talk therapy, play-based therapy and others are sometimes used.	If your child is excessively disruptive, aggressive, unhappy or anxious, you might want to talk with a behavioral therapist to identify and address the underlying causes.