Typical and Atypical Child Development Module 1: Birth through 3 Years of Age Case Study

Cassie's Story

Cassie is a 24-month-old girl who has been diagnosed with cerebral palsy, spastic diplegia. Her parents, Jim and Roberta, adopted her at 4 months of age from Central America. No problems were reported prior to the adoption. Once home, her parents noted when dressing her that her legs were often stiffer than what they recalled seeing with their other children at that age. They also began to observe that Cassie's eyes did not appear to work together. She seemed to focus with one eye at a time. Her primary care pediatrician was initially concerned that she might have cerebral palsy and referred her to a clinic with a pediatric rehabilitation specialist. Additionally, the pediatrician referred Cassie to a pediatric ophthalmologist to address concerns about strabismus. Despite Jim and Roberta being surprised by her medical challenges, they welcomed her into the family. She quickly became the center of attention in the family and is adored by two older brothers, who are quick to do things for her.

In addition to confirming the diagnosis, the rehabilitation specialist began the use of Botox injections in Cassie's lower extremities at 17 months with a goal of improving her gross motor control. Improvements in control are noted with the treatment, with a decrease in muscle tone noted. Cassie receives Birth to 3 services focused on developing greater motor control for use in play and self-care. Cassie goes to physical therapy weekly to work on walking and to maximize muscle control with the assistance of Botox treatments. Cassie is also followed by pediatric ophthalmology.

Cassie is able to crawl around the house using primarily her arms. She sits independently but most often sits with her legs in a" W" position to increase her balance. She is beginning to take some steps with her hands held or grabbing onto a weighted object like a child's grocery cart, but she has difficulty controlling her legs, and she can easily lose her balance. She has a small walker that is used only with adult assistance to avoid injury. Although the family's initial focus was on her mobility skills, as she became older they noticed she lacked smooth control of her hands and arms for placing toys (e.g., inability to smoothly rotate her forearm to place a block into a form box, drawing with a crayon, or participating in self-care tasks like others her age). Her movements are not precise, and although she can pick up and release objects, she is not able to accurately place them into containers or stack objects. She can finger-feed herself larger pieces of food, but despite trying she lacks the control to dip her spoon into food and cannot place it in her mouth as would be expected. Cassie is beginning toilet training and has few accidents but needs help with transfers on and off of the toilet and uses an adaptive seat for stability. During dressing, Cassie assists by pulling her arm out of sleeves, but increased tone in her legs and decreased trunk tone mean she is unable to help with her pants. Safety is an issue at bath time, as she has outgrown infant seats and lacks independent stability for sitting.

Cassie participates in a play group with her mother and tries to participate with the other children. She remains on the floor in order move instead of walking like the others but likes to join the others in their activities. They like looking at books, and Cassie, like her peers, can name some pictures. She will also gesture towards a named picture but cannot accurately point to a picture like her playmates. At home she has favorite toys and will crawl to the correct room and location to find what she wants. Her language skills appear to be developing well. She enjoys talking using two to four words in her sentences. She labels objects, requests toys that she cannot reach, and likes to tease.



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Summary

Cassie's parents are accepting of her disability and are seeking out services and activities to increase her skills. They are eager to assist her exploration in play and support her participation in age-appropriate tasks at home and with peers. They are concerned that she not be injured due to balance problems and in addition to delays in walking. They see delays in self-care activities due to difficulty with coordination. They are pleased to see her development of communication and problem-solving skills as well as social interaction with other children and family members. They are working to help her siblings make adaptations with toys to allow her to be more independent in her play rather than completing tasks for her to watch.

Cassie has a diagnosis of cerebral palsy, spastic diplegia, and strabismus. She has increased muscle tone in her lower extremities, as well as increased tone, although to a lesser degree, in her upper extremities. As a result of this increased tone, she has difficulty controlling her motor movements, which affects her achievement of motor skills, participation in play, and ability to perform self-care skills.

Follow-Up Suggestions and Recommendations:

- 1. Continue medical follow up for cerebral palsy, including monitoring of lower extremity joints, treatment for increase tone, and, currently, Botox treatment.
- 2. Consider referral to parent support group for Jim and Roberta. They may be interested in an adoption group or a group supporting families with children with special needs.
- 3. Cassie should continue with outpatient physical therapy to maximize her Botox treatments and to help develop her motor skills.
- 4. Cassie's older brothers may enjoy and benefit from attending a sibling workshop.
- 5. Consider outpatient occupational therapy services to increase skill in fine motor control and self-care activities, as well as exploring adaptive equipment needs for bathing and self-feeding.
- 6. Birth to 3 can provide suggestions to parents around routines that will help develop her motor skills and/or adaptations to the environment. Birth to 3 should also begin working with the family and their local school district for transition to early childhood programming.

