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- Ensure a good supply of fresh air is available and offer a drink of water
- Regular asthma sufferers generally carry an inhaler – encourage them to use it
- Seek medical aid if necessary, especially if medication fails to relieve the attack
- Reassure and calm the student.

### **Facts about Asthma**

- Over 1.1 million children (1 in 11) have asthma in the UK.
- 5.4 million people in the UK are currently receiving treatment for asthma.
- 1 in 5 households in the UK have a person with asthma.

### **Related Conditions**

Eczema, hay fever and allergic rhinitis.

### **Useful Books**

- Levy, M., Weller, T. & Hilton, S. (2006) *Asthma: The at Your Fingertips Guide*. Class Publishing: London
- McKeown, P. (2003) *Asthma-free naturally*. Harper Thorsons.

### **Useful Web sites**

- [www.asthma.org.uk](http://www.asthma.org.uk) – a number of free information packs are available on this site
- [www.allergyuk.org](http://www.allergyuk.org) – advice and support for people with asthma and their relatives plus information about allergies and allergy testing.
- [www.patient.co.uk/health/Asthma.htm](http://www.patient.co.uk/health/Asthma.htm)

## **ATTACHMENT DISORDER**

### **Definition**

Attachment Disorder tends to develop in children who do not make a secure attachment or bond to their primary carer in the first 2 years of their life. It is a mental and emotional condition. Children become anxious because they do not have the love, comfort and security they need from their primary carer, and so they lack trust in others. These anxieties, insecurities and feelings of rejection gradually force the child to focus exclusively on themselves. They attempt to control everyone and everything around them.

### **Characteristics / Symptoms**

Children with Attachment Disorder may:

- be manipulative
- avoid eye contact
- have an attention deficit or display hyperactivity
- be indiscriminately affectionate with strangers
- lack the ability to give or receive attention
- be destructive to self, others and animals
- show extreme control problems (e.g. stealing from family, secret solvent abuse)
- have abnormal speech patterns
- have a lack of conscience
- tell lies and display erratic behaviour
- have poor peer relationships
- ask persistent nonsense questions and chatter incessantly
- be inappropriately demanding and clingy
- have low self esteem, appear withdrawn and apathetic
- may hoard or gorge food
- be unable to trust others

- show signs of depression
- have no impulse controls
- lack cause and effect thinking
- provoke anger in others
- show signs of a guilt complex
- show signs of repressed anger

Not all of these characteristics will be exhibited.

### **Causes**

A child is at high risk of developing an Attachment Disorder if during their first 2 years they have:

- suffered a bereavement
- been neglected or abused (physically, emotionally or sexually)
- been moved from their home setting and experienced several different placements
- suffered from an undiagnosed and painful illness
- experienced poor day care.

Other factors associated with Attachment Disorder:

- premature birth
- drug / alcohol abuse during pregnancy
- chronic maternal depression
- primary carers with poor parenting skills.

### **Strategies / Treatments**

- Provide a positive role model
- Create win-win situations
- Give clear consistent guidelines and boundaries but allow some flexibility
- Be honest and truthful but let the child know it is their behaviour, not them, that is not liked
- Explain the behaviours that annoy or irritate - explain the reasons why
- Remain calm in confrontational situations
- Give them a safe, secure environment to express their fears and anxieties
- Help parents and children understand the attachment process. Help parents understand how they can become positive as an adult. Encourage the use of:
  - parental counselling
  - family therapy
  - behaviour therapy
  - counselling of others.

### **Facts about Attachment Disorder**

The behaviour associated with Attachment Disorder may include aggression (physical and verbal) against people or property. They may refuse to do as requested (regardless of the instruction), manipulate situations and teenagers may turn to alcohol, drugs or promiscuous sexual activity. They will not respond to reason or logic and may not see the truth as others see it. Boys are four times more likely to be affected.

### **Related Conditions**

- Depression
- Solvent abuse
- Foetal Alcohol Syndrome
- Loss, Separation and Bereavement.

### **Useful Books**

- Bomber, L.M. (2007). Inside I'm Hurting: Practical Strategies for supporting children with attachment difficulties in school. Worth Publishing.

### **Useful Web sites**

- [www.epilepsy.org.uk](http://www.epilepsy.org.uk) – Epilepsy Action Provides information about coping with epilepsy and seizures. Provides free help and advice through the use of email and telephone helplines.
- [www.nhs.uk/conditions/Epilepsy/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Epilepsy/Pages/Introduction.aspx) - Find everything you need to know about Epilepsy including causes, symptoms, diagnosis and treatment, with links to other useful resources.
- [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk) - Epilepsy information from Epilepsy Society.

## **FOETAL ALCOHOL SPECTRUM DISORDER (FASD)**

### **Definition**

Foetal alcohol syndrome is a spectrum of disorders which vary in severity from case to case. It is caused by drinking, normally excessively, in pregnancy. Many cases are of unknown exposure because a significant number of children with FASD are adopted or fostered. Also in other cases the mother denies that she was drinking during pregnancy due to guilt. This can make diagnosis difficult. There is no known cure because the damage it causes to the central nervous system creates a permanent disability. There are about 1 in 100 UK born children who are affected. Figures are likely to increase following increases in binge drinking amongst women.

British Medical Association (BMA) state that FASD are a series of 'completely preventable mental and physical birth defects' that result from alcohol abuse during pregnancy which can cause brain damage of the foetus. Most children with the condition go undiagnosed or are misdiagnosed as usually having ADHD. The two conditions have similar symptoms such as short attention spans, difficulties in carrying out instructions and hyperactivity. Professor Carpenter, University of Oxford, states that in the USA 60% of people with FASD enter the criminal justice system and 23% will attempt suicide as an adult.

### **Characteristics / Symptoms**

- Low birth weight
- Developmental delay
- Small head circumference
- Smaller eye openings, flattened cheekbones and an underdeveloped groove between the nose and the upper lip
- Lack of co-ordination and fine motor skills
- Short attention span
- Failure to thrive
- Epilepsy
- Behavioural problems – hyperactivity (70% of children with FASD have severe hyperactivity engaging in disturbing self-stimulating behaviours such as body rocking, head banging or head rolling), poor socialisation skills including social withdrawal, inability to concentrate, stubbornness, impulsiveness, erratic mood swings and anxiety
- Learning difficulties – the average IQ of a child with FASD is 65 (national average is 100). Other characteristics include poor memory, poor retention of task instruction, poor auditory / vocal / visual sequencing including poor language comprehension, mathematical / numeracy difficulties, inability to understand concepts such as money and time and poor problem-solving skills
- Lack of imagination or curiosity.