

Cri-Du-Chat

© 2008

Cri-Du-Chat syndrome is a chromosomal disorder. It is characterised by a weak high-pitched cry that is very similar to a kitten hence the name of the syndrome. The reason for this typical cry is the relatively small size of the larynx. As the larynx grows the usual cat like cry is lost. Children with this syndrome are short in stature and have facial characteristics which are microcephalic. Children have round faces with a downward slant to widely set apart eyes. About 30% of children with Cri-Du-Chat have congenital heart disease. Children's learning disability is always severe with poor muscle tones. During infancy infants may have severe respiratory and feeding difficulties.

Developmental Areas

Children may display some of the following characteristics

Social and Emotional Development

- May have difficulty in socialising due to poor language skills
- May have poor social skills due to irregular peer group interaction. A child with Cri-Du-Chat may be undertaking a number of therapy interventions
- May exhibit inappropriate behaviours that result in negative attention from peers
- As a result of negative interactions with others, child may develop a low self esteem
- May exhibit inappropriate behaviours in order to gain attention
- May be withdrawn and go unnoticed
- May seem 'immature'
- May require help with 'self help' tasks

Physical Development

- May experience difficulty with visual-motor integration
- May attain walking skills later than normal development
- May have poor motor co-ordination
- May exhibit delays in fine motor skills

Language and Communication Development

- May have little communication
- May exhibit speech and language problems
- May also exhibit expressive language problems
- Speech may lack fluency and be disorganised
- Lack communicative control
- Lack of attention contributes to poor listening habits (Jones, 1998:29)

Cognitive Development

- Learning difficulties may result from inability to focus or pay attention
- May often experience difficulty thinking before acting
- May be unable to stay 'on task' for long enough to complete it
- May be unable to finish or complete a desired task in an appropriate way e.g. direct refusal to pack toys away and complete game
- Difficulties concentrating and paying attention

Cri-Du-Chat Inclusion Strategies

Each child diagnosed with **Cri-Du-Chat** will be different and individual. It is important to gain information from the parents as to what characteristics of **Cri-Du-Chat** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Support children's social development by recognising and positively reinforcing their successful social interactions.
- Be consistent in your disciplinary interactions with the child.
- Focus on what the child can do and provide opportunities for the child to engage in experiences that they are really interested in. This helps to build their confidence and self esteem.
- Maintain a calm environment that promotes emotional security through consistency.
- Planned relaxation & quiet activities can assist children in maintaining a calm state.

Physical Development

- Provide opportunities for children to challenge themselves and expend excess energy.
- Provide obstacle courses and outdoor experiences such as throwing bean bags at a target. These opportunities allow children to expend energy and aggression while developing hand-eye co-ordination and motor planning skills.
- Experiences that enhance visual motor integration such as fine motor tasks including pre-writing skills may be helpful.
- Use strategies such as playing soft music or redirecting to a quiet activity when the child becomes over-active.

Language and Communication Development

- Provide a plan for the daily events/routine and discuss this with the child so they know what comes next e.g. morning greeting, outdoor play, morning tea, music, indoor play, lunch, rest etc..
- Provide pictorial cues to accompany the routine so that child with cri-du-chat can anticipate what comes next. Establish a routine for transitions e.g. when indoor play is about to finish, give the children a warning by playing music for them to tidy up to.
- Use clear and simple instructions, ensuring instructions have been understood before giving more.

Cognitive Development

- Set achievable goals and tasks for the child that they are capable of achieving.
- Ensure experiences provided are within the child's capacity for maintaining attention.
- Remind children of routines regularly.
- Give instructions that the child is able to understand.
- Reinforce learning with concrete representation.

Reference

Deiner, P.L. (1993) **Resources for Teaching Children with Diverse Abilities - Birth through Eight.** Harcourt Brace:

Umansky, W. and Hooper, S. (1998) **Young Children with Special Needs** Third Edition New Jersey, USA:Prentice-Hall

Gilbert, P.(1996) **"The A-Z Reference Book of Syndromes and inherited disorders—2nd Edition.** " Stanley Thornes (Publishers) Ltd: United Kingdom

Kozma,C. & Stock, J. (1993) **Caring for every child—Ideas to meet diverse needs in Child Care.** Funded by the Commonwealth department of Human Services and Health : Sydney

Disclaimer

Inclusion Works! provides information to Children's Services upon request. The information provided is obtained from a number of sources e.g. library, other services, resource books and Internet. The information provided is not intended to, nor does it, constitute medical or other advice. Persons access this information assume full responsibility for its usage. Acknowledgement of source of information is required if passed onto a third person.