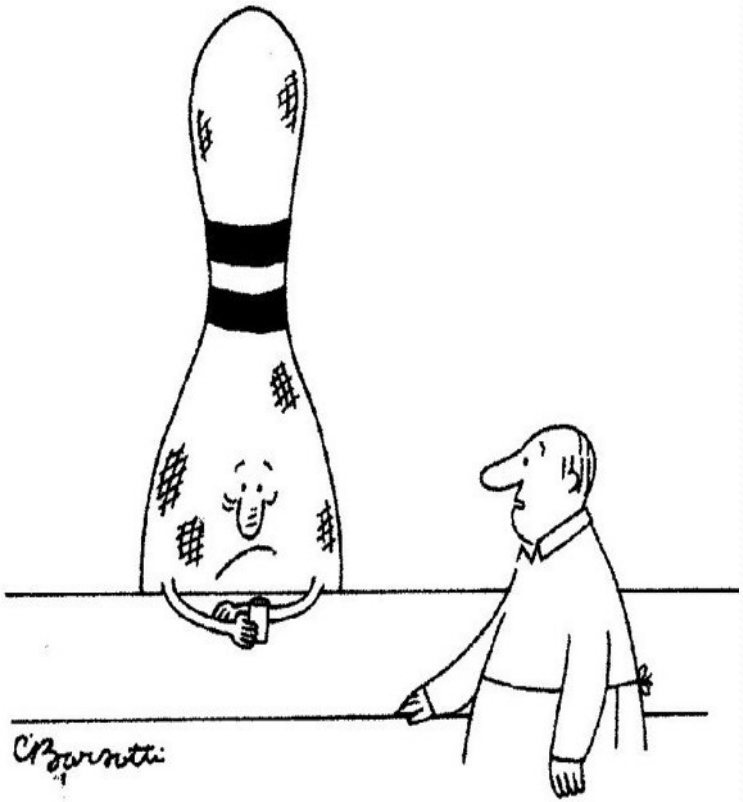
Developmental and Childhood Disorders: How not to mess up . . . too bad

Michael Gomez, Ph.D.
Assistant Professor
TTUHSC Department of Pediatrics
School of Medicine
Center for Superheroes

Objectives

1. Understand basic diagnostics for children and adolescents regarding developmental and childhood disorders
2. Cover 4 primary domains for child psychopathology
3. Discuss diagnostic strategies for these domains
4. Prepare for case studies in part 2 of this presentation



"Have you ever considered another line of work?"

Diagnostics 101 for children

- I will NOT read out the diagnostic codes and then call that a lecture
  - You can easily find this in the DSM or ICD or Google
  - So do that while you are watching this (put it up on the screen you usually have your YouTube cat videos playing)
- The DSM/ICD criteria will “anchor” us so I will cover a CONCEPT such as “persistent deficits in social communication” and then we will talk through them

Diagnostics 101 for children – "Differentials"

- Developmental Psychopathology (Dante Cicchetti)
  - Central Tenet: To understand ABNORMAL behavior you first have to understand NORMAL behavior
- **BIGGEST mistake: Ruling a diagnosis IN, not ruling a diagnosis OUT**
  - NEVER look to confirm a diagnosis, look to disconfirm a diagnosis
  - If all you look for is confirmatory evidence you will always find a concern for the diagnosis you are looking to confirm

BIGGEST mistake

Internalizing Disorders - Mood

- Major Depressive Disorder
- “Persistent Depressive Disorder” (aka “Dysthymia”)
- Bipolar 1 and 2
- Cyclothymic Disorder
- CAVEAT!!! The YOUNGER the child is, the data shows Anxiety and Depression look VERY similar (think of a tree trunk)

Mood Disorders

- Major Depressive Disorder (MDD)
- Need 5 of the 9 Sx's for a straight 2 week period
- And ONE of them is either #1 or #2

1. "Depressed mood" (with kids irritability counts)
2. MARKED diminished interest/pleasure in all or almost all activities
3. Significant weight loss or gain (and they're not dieting)
    1. With kids it can be failure to make expected weight gains
4. Insomnia/Hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue/loss of energy
7. Feelings of worthlessness or inappropriate guilt
8. Can't think or concentrate
9. Recurrent thoughts of death or suicidal ideation

Mood Disorders

- Major Depressive Disorders Big Brother – "Dysthymia"
- Now called "Persistent Depressive Disorder"
- Depressed for at least 2 years (kids it can be 1 year) and you are not without them for more than 2 months
- Need 2 of the 6 Sx's
  1. Poor appetite or overeating
  2. Insomnia/Hypersomnia
  3. Low energy/fatigue
  4. Low self-esteem
  5. Poor concentration
  6. Feelings of Hopelessness

Mood Disorders - Bipolar

- This one is a beast so you GOTTA look it up in the DSM
- Key points:
  - You can NOT have Bipolar without a manic or hypomanic episode. You already know depression criteria so if you're concerned about Bipolar LOOK FOR THE MANIA!!!
  - Also, every, I mean EVERY 3 year old has Bipolar. They're also psychopaths but usually the kids grow out of it
  - So if you diagnose a 5 year old with Bipolar I'll find you and I won't be happy
  - Horses vs. Zebras
  - And ya, admittedly, the year you are in med school is the Zebra Year, so all apologies for that

Mood Disorders - Bipolar

- So, key point here, spot the Mania
- It takes a LONG LONG history and clinical exam to figure this out. You are closer to a CSI than a M.D.
- Key points for Manic Episode
  1. Inflated self-esteem/grandiosity
  2. Decreased need for sleep (they REALLY don't need it)
  3. WAY talkative
  4. "Flight of ideas"
  5. Distractibility
  6. Increase in goal-directed activity or psychomotor agitation
  7. Excessive involvement in activities that could result in "painful consequences"

Mood Disorders - Bipolar

- So it looks like ADHD huh? Here's why its NOT
- Key points: TIME criteria for Mania
  - Time is how you tell Mania from Hypomania
  - For a Manic Phase it HAS TO last at least 1 solid week
  - For a Hypomanic Phase it HAS TO last at least 4 CONSECUTIVE days
  - NO FREAKIN BREAK IN TIME!!!!
  - We crystal?
  - I mean really? Really are we clear dude? Like really? This time criteria will keep you from being made fun of by other doc's

Mood Disorders - Bipolar

- Bipolar Cheat Sheet
- Bipolar 1 for all intents and purposes is . . .
  - MDD plus MANIA
- Bipolar 2 for all intents and purposes is . . .
  - MDD plus HYPOmania
  - Hypomania is basically mania light, not as many calories
- Cyclothymic Disorder for all intents and purposes is . . .
  - Dysthymia plus
  - Hypomania that doesn't hit enough of the hypomania criteria
- TONS of specifiers so look those up
- Last thing: If I find out 90% of your kids you diagnose have Bipolar then I will Liam Neeson you.

Internalizing Disorders - Anxiety

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobias
- Social Anxiety Disorder
- Generalized Anxiety Disorder (GAD)
- Obsessive-Compulsive Disorder

Anxiety Disorders

- Separation Anxiety Disorder (It spells out "SAD". Isn't that super sad?!?!?)
- Need 3 of the 8 Sx's for 4 weeks
  1. LOT of RECURRENT distress from "major attachment figure" (MAF) separation (even anticipated separation)
  2. LOT of worry about losing the MAF
  3. Fears about an "untoward event" to MAF (e.g., kidnapping)
  4. Will NOT leave cause of fear of separation
  5. LOT of fear of being alone/without MAF near
  6. Will NOT sleep without the MAF there
  7. Nightmares involving theme of separation
  8. Somatization

Anxiety Disorders

- Selective Mutism
  - It's exactly what you think it is
  - Need 1 month of this
  - And NOT a speech disorder
- Specific Phobia
  - Again, it's exactly what you think it is
  - At least 6 months or more
  - They categorized them: Animal; Natural environment; Blood-injection-injury; Situational; Other
  - Panic response (YOU will have to look that up; dude I'm not doing EVERYTHING for ya)

Anxiety Disorders

- Social Anxiety Disorder (It ALSO spells out “SAD”. Isn’t that super SUPER sad?!?!?!?!?! I mean WTF right?!?!)
- Also called “Social Phobia”
- “Marked fear/anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others”
- 6 months or longer
- With kids they can tantrum or freeze or things that do not look classically anxious
- Looks like a panic response; Ergo “Social Phobia”

Anxiety Disorders

- Generalized Anxiety Disorder – GAD
- Need 3 of the 6 Sx's for 6 months for "more days than not" across events/activities
- BUT ONLY ONE SX FOR KIDS
  1. Restlessness/ "Keyed Up" / "On edge"
  2. Being easily fatigued
  3. Difficulty concentrating or mind going blank
  4. Irritability
  5. Muscle tension
  6. Sleep disturbance
- If this looks like Flight-Fight-Freeze you're right

Anxiety Disorders

- Obsessive-Compulsive Disorder
  - Obsessions
    - Recurrent/Persistent thoughts, urges, images (HAVE TO at some point been unwanted or intrusive)
    - Person tries to ignore/suppress them OR "neutralize" them with another thought or action which brings us to . . .
  - Compulsions
    - REPETITIVE behaviors OR mental acts (person feels they HAVE TO do these IN RESPONSE TO the obsessions)
    - Compulsions are supposed to lower or prevent the anxiety/distress . . . But they are NOT connected in a realistic way or are super excessive
      - Kids do NOT have to articulate this last one
  - SUPER time consuming
  - They can TOTALLY know these are not rational (or not)

Developmental Disorders – Autism Spectrum Disorders (ASD)

Autism Spectrum Disorders (ASD) – What they are NOT

- Not ONE thing
  - Not ONLY a delay in speech
  - Not ONLY disruptive behavior
- Not TWO things
  - Not a delay in speech AND disruptive behavior
- NOT morally weighted
  - A diagnosis of ASD is neither “good” nor “bad”
  - It simply indicates a significant QUALITATIVE difference in how a child socially communicates
    - This difference, however, can have significant impact on how EASY or HARD it is for them to navigate in the world

ASD – What they ARE

- Part 1: "Persistent ***deficits*** in **social communication** and social interaction across multiple contexts" as manifested by
  - 1A - "Deficits in Social-Emotional Reciprocity"
  - 1B - "Deficits in Nonverbal Communication"
  - 1C - "Deficits in developing, maintain, and understanding relationships"
- These are **QUALITATIVE** deficits in social communication

Qualitative vs. Quantitative

- Eye Contact Example

"Social communication"

- If I airdropped you into Mainland China (assuming you do not speak Cantonese or Mandarin), you would have a deficit in **VERBAL** communication
- Your social communication would still be intact
  - Social-Emotional Reciprocity
    - You would still be able to share, show people things, and make requests
  - Nonverbal communication
    - You would still be able to gesture and make eye contact (the cultural norms for which gestures and how much eye contact would vary but would still exist and you could adapt)
  - Relationships
    - You would know that different contexts (temple vs. market square) most likely have different social responses (although you may have no idea what the exact responses are) and you could have friends even if you were nonverbal

Presence vs. Absence (of symptoms)

- Notice "deficits in social communication" are **ABSCENCES**, things that are NOT present (or rarely present)
- Absences may not be noticed as much as presence
  - How do you observe lack of showing??? (It can be difficult)
- Which brings us to . . .

The thing autism is known for

- Part 2: "Restricted, repetitive patterns of behavior, interests, or activities, as manifested by":
  - 2A – "Stereotyped or repetitive motor movements, use of objects, or speech"
    - Ex: Hand flapping or Echolalia
  - 2B – "Insistence of sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior"
    - Ex: SAME route to school or he/she will start screaming

The thing autism is known for

- Part 2: "Restricted, repetitive patterns of behavior, interests, or activities, as manifested by":
  - 2C – "Highly restricted, fixated interests that are abnormal in intensity or focus"
    - NOT the 5 year old who likes SpongeBob a lot (or the 15 year old who likes GTA)
    - Ex: He/she knows every model of Ford made since 1978
  - 2D – "Hyper or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment"
    - Ex: Rubbing all objects on his/her face

Developmental Disorders - ID

- You covered this in a previous lecture
- But key points
  - "ID" Intellectual Disability and "MR" Mental Retardation are the SAME thing
    - I have had families come in and no one explained them the difference
  - IQ alone does NOT qualify you for ID
  - ID means one thing and one thing alone: It will take someone with ID more time and more trials to do the same task than someone that age who does not have ID

Disruptive Behavior Disorders

- ODD
- CD (ODD's Big Brother)
- ADHD

Disruptive Behavior Disorders

- Oppositional Defiant Disorder – ODD
  - 6 months and gotta have these with someone who is NOT a sibling (seriously; DSM actually says that)
  - Angry/Irritable Mood (3)
    - 3 Sx's: Loses temper; Touchy/Easily Annoyed; Angry/Resentful
  - Argumentative/Defiant Behavior
    - 4 Sx's: "Defies authority figures;" Noncompliance; "Deliberately Annoys;" Blames others for his/her mistakes
  - Vindictiveness/Spitefulness
- Intermittent Explosive Disorder is ODD with ONLY the aggression (verbal or physical)

Disruptive Behavior Disorders

- And ODD's Big Brother → Conduct Disorder
  - Childhood onset; Adolescent onset; Unspecified onset
    - Basically prior to 10 years old or not
  - Also have the "Limited Prosocial Emotions" Specifier
    - Lack of remorse or guilt
    - Callous-Unemotional – BIG BIG DANGER SIGN
    - Unconcerned about performance
    - Shallow or deficient affect (seriously it actually says you're shallow in the DSM)
  - You can rate it Mild, Moderate, or Severe

Disruptive Behavior Disorders

- ODD's Big Brother → Conduct Disorder
- Need 3 of the following 15 sx's in last year with at least ONE in the last 6 months
  - Aggression to people or animals (7 sx's total)
  - Destruction of property (2 sx's total)
    - Apparently DSM believes there are 2 types of people in the world; those who set fires to destroy property and those who don't set fires to destroy property
  - Deceitfulness or Theft (3 sx's total)
  - Serious violations of rules (3 sx's total)

Disruptive Behavior Disorders

- ADHD! You know it! You love it!
- ADHD is a disorder of Executive Functioning at its core
- 3 subtypes:
  - Predominantly Inattentive Presentation
  - Predominantly Hyperactive/Impulsive Presentation
  - Combined
- "Several" sx's were present prior age 12
  - Please, please do NOT give an ADHD diagnosis to a 3 year old. EVERY 3 year old has ADHD
- HAVE TO HAVE IN MORE THAN ONE SETTING!!!!

Differentials

- Rule out the biological
  - Hearing problems or Otitis
  - TBI
  - MEDICATION
  - Can the kid talk? (A speech disorder will make a kid REALLY ODD or even ADHD looking)
- Always ask about history of trauma
- Depression can make you look angry
- Anxiety can make you hurt people (OCD example)
- Time frame and Context (e.g., moving to a different state)
- BIGGEST ONE: Caregivers

"Trauma" Disorders

- PTSD
  - Criterion A: Did you have a trauma (OR did you WITNESS a trauma)
  - Criterion B: "Re-experiencing" (This looks a LOT like Anxiety)
  - Criterion C: Avoidance (overt and covert) (This looks a LOT like Anxiety AND Depression
  - Criterion D: Negative moods and cognitions (This looks a LOT like Depression)
  - Criterion E: Hyperarousal (THIS looks a LOT like ADHD or ODD)
- RAD (Reactive Attachment Disorder)
  - Dr. Gomez's opinion: It's WAY too vague a diagnosis
  - TOO close . . . OR TOO distal
    - For all its faults, even Bipolar has VERY clear diagnostic criteria
- "Traumatic Stress is the 'Great Imitator'"

THANK YOU!

Michael Gomez, Ph.D.
Assistant Professor
Department of Pediatrics, TTUHSC
Center for Superheroes
6610 S. Quaker
(806) 743-4066
michael.d.gomez@ttuhsc.edu