

# What is the purpose of a diagnosis?

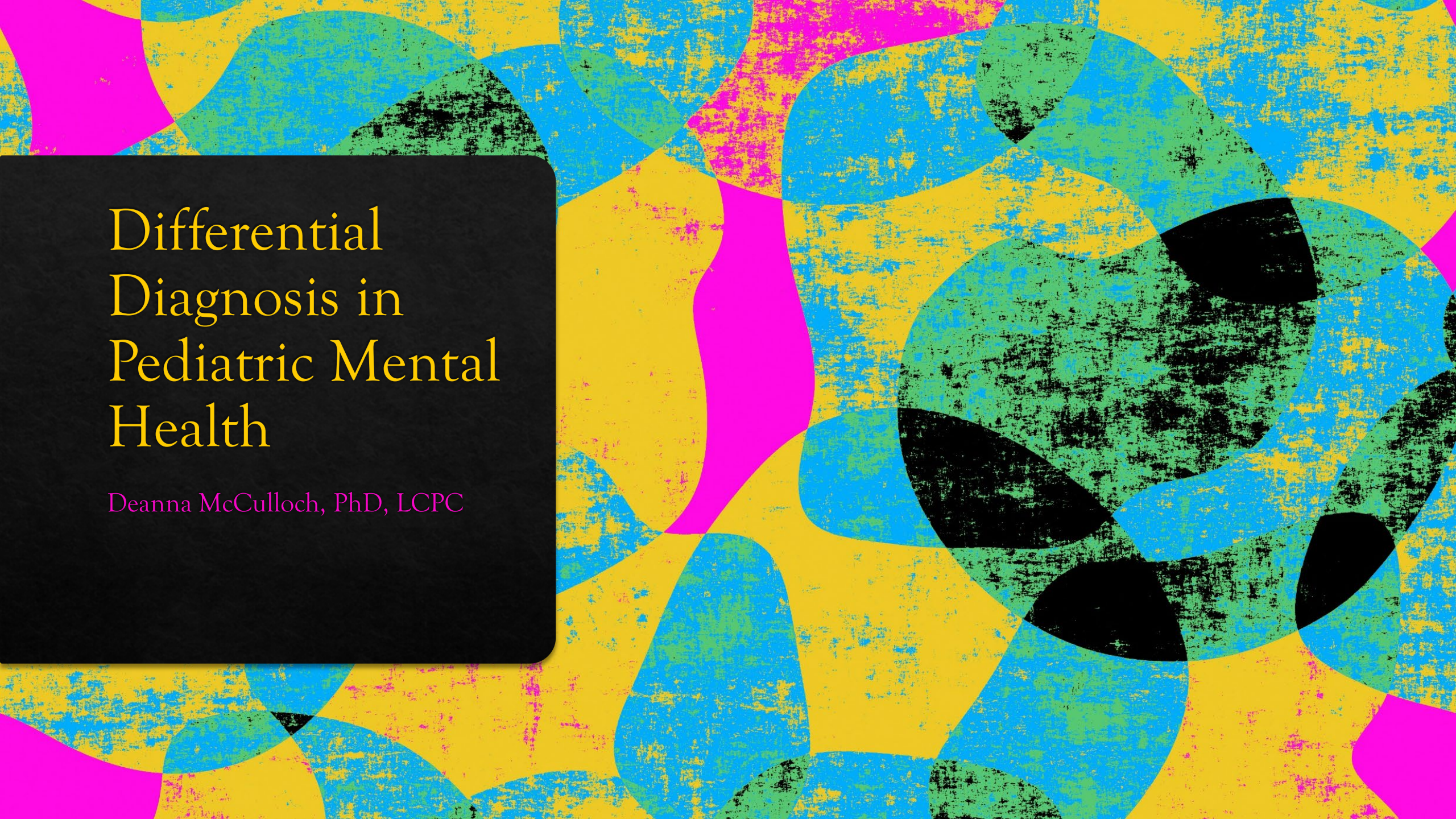
As you enter the room, take some time to consider the following question and type your answer in the chat box...



**What is the  
first  
diagnosis  
that comes to  
mind...**

A child that is displaying  
aggressive and disruptive  
behaviors

A defiant adolescent that  
often lies



# Differential Diagnosis in Pediatric Mental Health

Deanna McCulloch, PhD, LCPC

# Purpose

Standardized language to convey information between professionals



Increase access to services and supports

Normalizing symptomology

Guide for treatment

Categorization

# Consequences

Stigmatization

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graph TD; A[Stigmatization] --> B[Loss of hope]; B --> C[Loss of opportunities]; C --> D[Restriction from services and supports];
```

Loss of hope

Loss of opportunities

Restriction from services  
and supports

# Our Plan



Purpose of diagnosis



Consequences of  
diagnosis



Logistics of  
Diagnosing



Behaviors as  
Symptomology



Common Diagnoses



Multidisciplinary  
Communication

# Rules- ARM Title 37, Chapter 87

The first 24 patient sessions per fiscal year

- Any recognized mental health diagnosis

After the first 24 patient sessions and SED  
Diagnosis is required

- A family driven Individualized Treatment Plan is required
- The response of the youth to treatment has been regularly documented
- The youth and family have demonstrated investment in alliance
- Progress toward treatment goals has occurred
- A discharge plan has been formulated and regularly reviewed
- Meet functional impairment criteria
- Re-assessed annually

## Serious Emotional Disturbance

SED- for children & adolescents whose emotional and mental disturbances severely limit their development and welfare over a significant period of time and requires a comprehensive coordinated system of care to meet their needs

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Neurodevelopmental Disorders

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Schizophrenia Spectrum & Other Psychotic Disorders

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Bipolar Related Disorders

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Depressive Disorders

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Anxiety Disorders

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Obsessive-Compulsive and Related Disorders

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Trauma & Stressor-Related Disorders

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Feeding & Eating Disorders

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Gender Dysphoria

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Disruptive, Impulse-Control, and Conduct Disorders

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# Information Gathering

Initial Contact

Gather  
information from  
all available  
caregivers

Collateral  
Information

Listen to what the  
behaviors are  
communicating

Examine the  
system

# Clinical History & Examination

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Developmental trajectories and attainments

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Presenting behavioral and emotional problems

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Current functioning in various settings

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Strengths and assests

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Highest level of functioning before the onset of the current concerns

	Developmental disorders	Mood/Anxiety symptoms	Disruptive behavior disorders	Learning disabilities
Young children	<ul style="list-style-type: none"> <li>•Cannot sit/walk even in the 2nd year of life</li> <li>•Cannot speak like children his age</li> <li>•Does not make eye contact</li> <li>•Does not respond to name call</li> <li>•Does not play with children his age</li> <li>•Keeps day-dreaming</li> <li>•Does not complete any activity he starts</li> <li>•Is usually restless and fidgety</li> <li>•Does not sit in the seat in class, wants to repeatedly go out to the toilet or elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>•Very cranky, irritable when sent to school</li> <li>•Becomes quiet, tries to hide in front of outsiders</li> <li>•Refusal to eat or go to sleep</li> <li>•Is very shy</li> <li>•Feels scared to talk to teachers, outsiders</li> <li>•Does not answer in class</li> <li>•Irritability</li> <li>•Self-harm behaviors</li> <li>•Stays aloof</li> </ul>	<ul style="list-style-type: none"> <li>•Does not obey commands</li> <li>•Answers back to elders</li> <li>•Teases, troubles other children</li> <li>•Is demanding</li> <li>•Frequently starts fights and is aggressive</li> <li>•Frequent complaints from school about classroom behavior</li> <li>•Is very argumentative</li> <li>•Lies, steals</li> <li>•Troubles, bullies other children in class</li> <li>•Hurts animals</li> <li>•Is demanding and very often becomes aggressive when demands are not met</li> <li>•Drug use</li> </ul>	<ul style="list-style-type: none"> <li>•Cannot identify alphabets correctly</li> <li>•Confuses alphabets</li> <li>•Avoids writing</li> <li>•Makes a lot of 'silly mistakes'</li> <li>•Spelling mistakes</li> <li>•Learns everything orally but cannot write</li> </ul>
Older children/adolescents	<ul style="list-style-type: none"> <li>•Cannot make friends</li> <li>•Lags behind in studies</li> <li>•Gets bullied by other children</li> <li>•Poor academic performance</li> </ul>			

# Development

**What is the  
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# What Questions Do we Need To Ask?

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Are they currently safe, stable and have their needs met?

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What adverse experiences have occurred in their life?

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What have their attachment relationships been like?

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What need are their behaviors communicating?

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What additional symptoms do they have?

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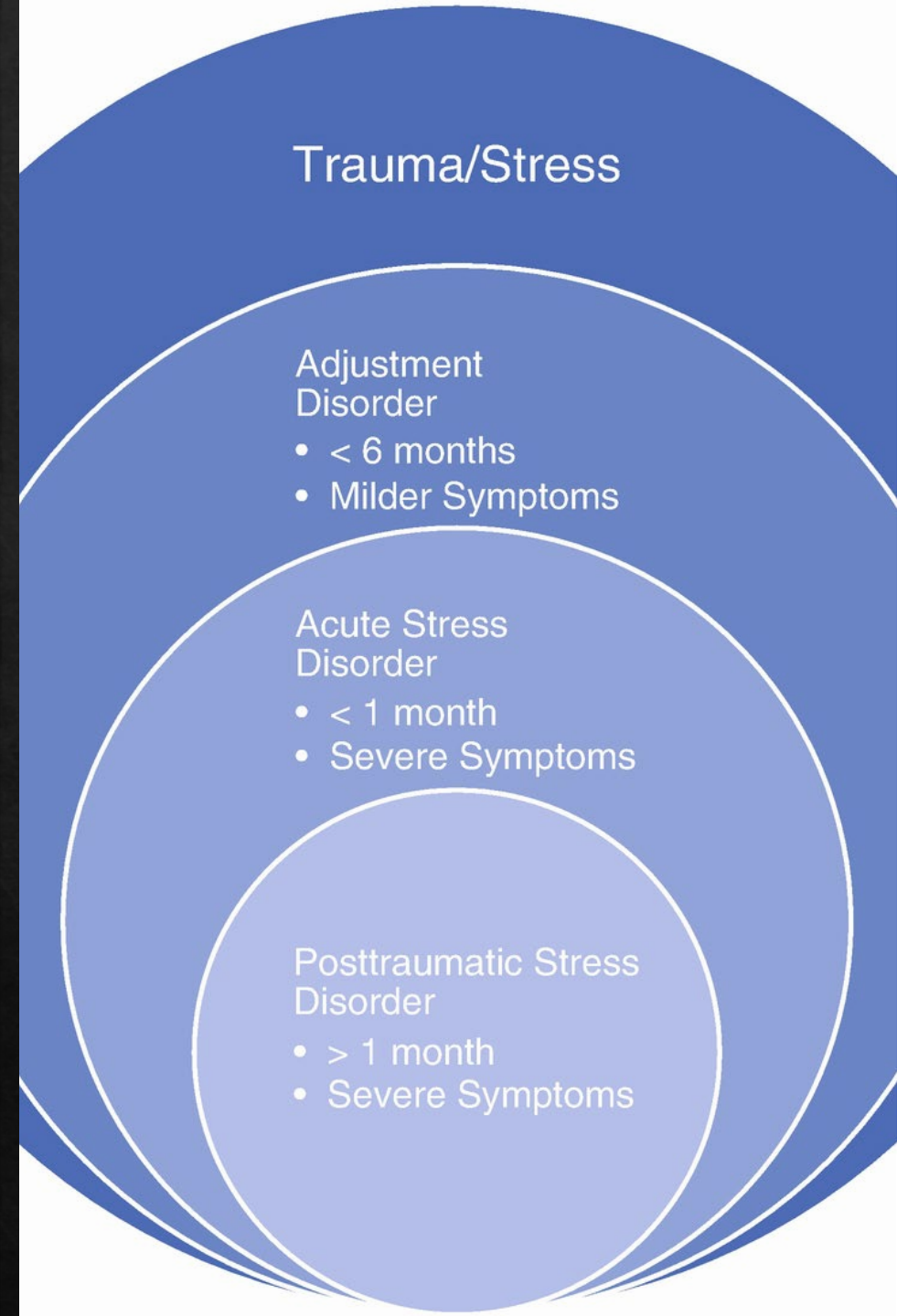
How does this diagnosis serve them?

# Continuum of Adaptive Responses to Threat

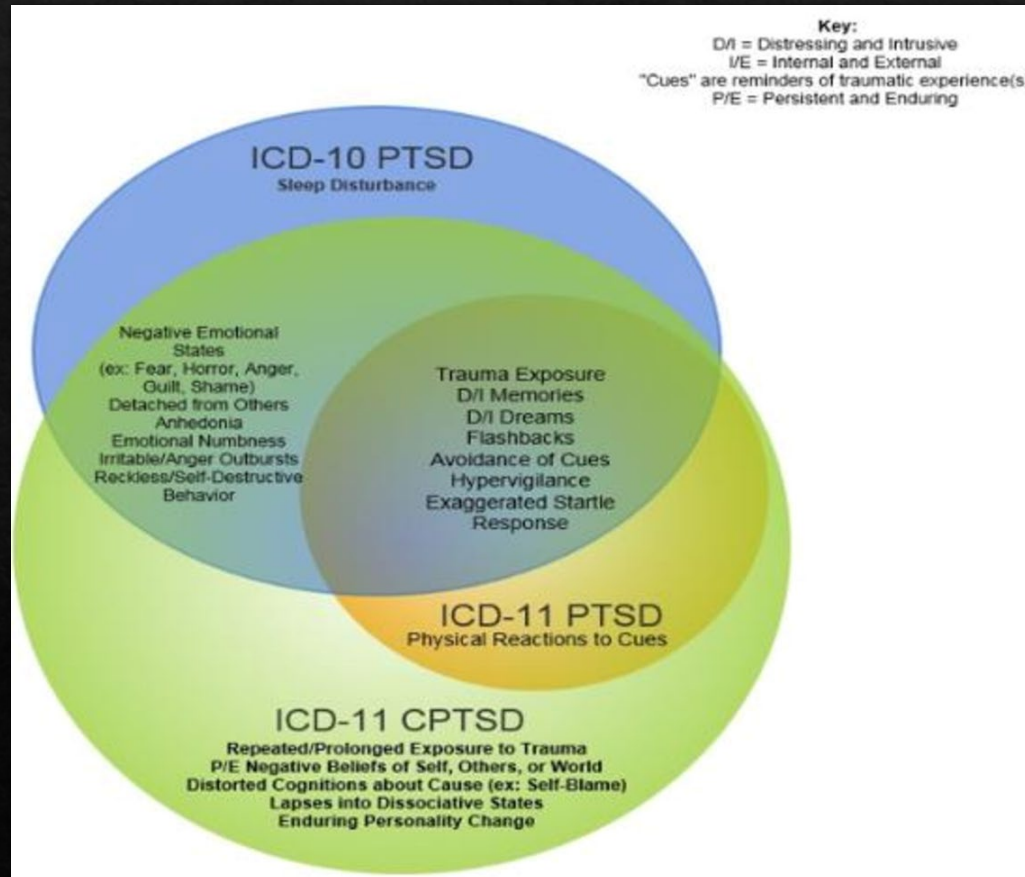
Internal State	Calm	Arousal	Alarm	Fear	Terror
Brain State	NeoCortex	Cortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic
Dysregulation Continuum	Rest	Vigilance	Resistance (Crying)	Defiance (Tantrums)	Aggression (Outbursts)
Dissociative Continuum	Rest	Avoidance	Compliance (Robotic)	Disassociation (Rocking)	Fainting
Cognitive Style	Abstract	Concrete	Emotional	Reactive	Reflexive

# Trauma & Stressor Related Disorders

- ◆ Adjustment Disorder
- ◆ PTSD
- ◆ CPTSD
- ◆ RAD



# Complex Trauma



## Attachment and Relationships:

- Relationship problems with family members, adults, and peers
- Problems with attachment and separation from caregivers
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Difficulty attuning to others and relating to other people's perspectives

## Thinking & Learning:

- Difficulties with executive functioning and attention
- Lack of sustained curiosity
- Problems with information processing
- Problems focusing on and completing tasks
- Difficulties with planning and problem-solving
- Learning difficulties
- Problems with language development

## Physical Health: Body & Brain:

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span
- Developmental delays/regressive behaviors

## Behavior:

- Difficulties with impulse control
- Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.)
- Problems with externalizing behaviors
- Sleep disturbances
- Eating disturbances
- Substance abuse
- Oppositional behavior/difficulties complying with rules or respecting authority
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

## Emotional Responses:

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs
- Internalizing symptoms such as anxiety, depression, etc.

## Self-Concept & Future Orientation:

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt
- Negative expectations for the future or foreshortened sense of future

## Dissociation:

- Disconnection between thoughts, emotions and/or perceptions
- Amnesia/loss of memory for traumatic experiences Memory lapses/loss of orientation to place or time
- Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences not being real)
- Experiencing alterations or shifts in consciousness

\*The information above is adapted from Cook et al., 2005.



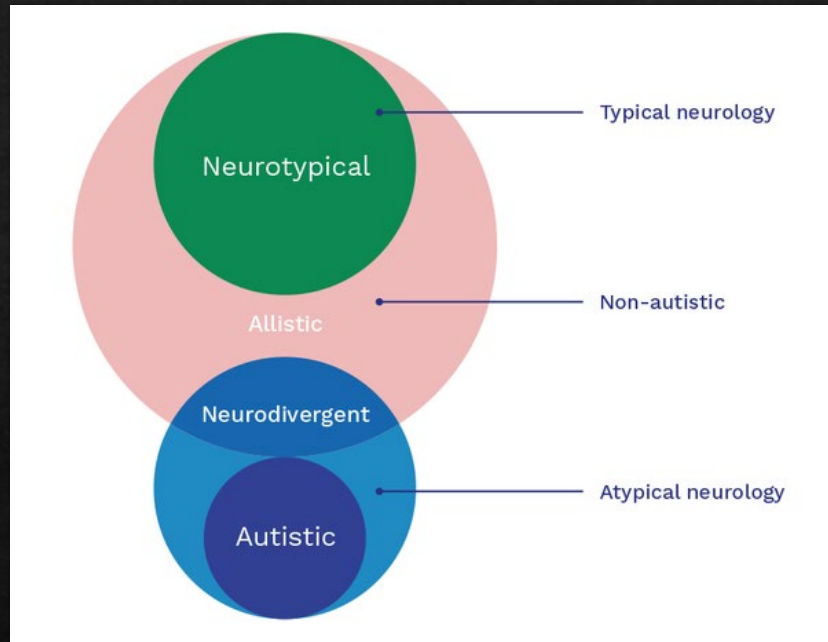
# Attachment

- ◆ Reactive Attachment Disorder
  - ◆ A consistent pattern of emotionally withdrawn behavior toward caregivers, shown by rarely seeking or not responding to comfort when distressed
  - ◆ Persistent social and emotional problems that include minimal responsiveness to others, no positive response to interactions, or unexplained irritability, sadness or fearfulness during interactions with caregivers
  - ◆ Persistent lack of having emotional needs for comfort, stimulation and affection met by caregivers, or repeated changes of primary caregivers that limit opportunities to form stable attachments, or care in a setting that severely limits opportunities to form attachments (such as an institution)
  - ◆ No diagnosis of autism spectrum disorder



# Neurodevelopmental Disorders

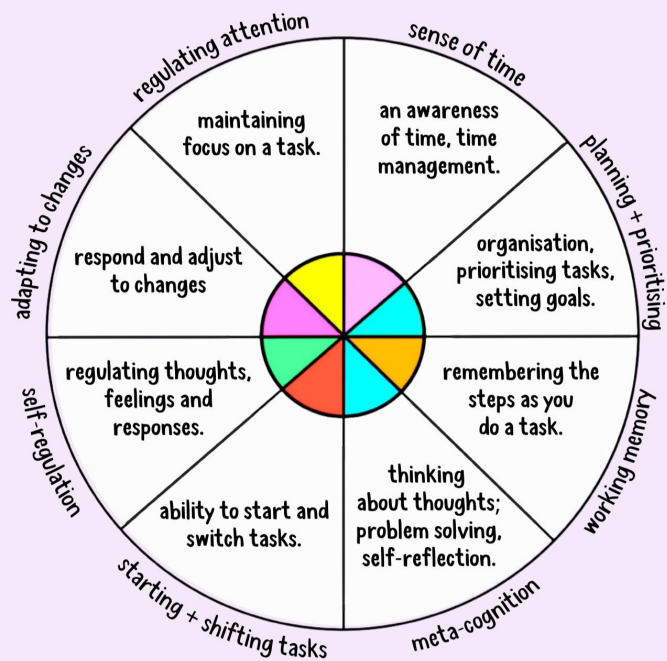
## Neurodiversity



## Specific Disorders

- ◇ Autism
  - ◇ Deficits in social communication and social interaction
  - ◇ Restricted, repetitive patterns of behavior, interest, or activities
  - ◇ Symptoms present in early development
- ◇ ADHD
  - ◇ Inattention
  - ◇ Hyperactivity

## The spectrum of Executive Function



## The Autism Spectrum

Child & Adolescent Psychological Evaluations, LLC

Matt Lowry, LPP

### Proprioception

Sensing Body Position, Dancing, Walking on Tiptoes, Spinning, Dyspraxia

### Interoception

Internal Sense, Hunger, Thirst, Feeling Full, Going to the Bathroom, Awareness of Emotions

### Exteroception

Sensing the Outside World, Hypersensitive or Hyposensitive

### Stims

Energy Regulation, Repetitive Movements, Sensory Seeking

### SPINs

SPeCial INterests, Intense Research, Information Hunger, Collections

### Executive Functioning

Hyperfocus, Demand Avoidance, Hygiene, Process Complexity, Autistic Inertia, Difficulty Changing Tasks

### Emotional Intensity

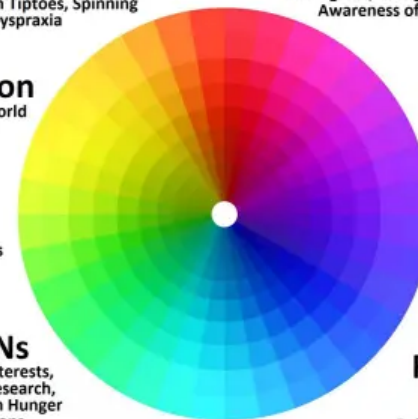
Meltdowns, Shutdowns, Overload, Situational Mutism, Hyporeactivity

### Communication Differences

Echolalia, Palilalia, Echopraxia, Scripting, Eye Contact, Body Language, Tangential Conversation, Infodumps

### Relationship Differences

Rejection Sensitivity, Masking, Bonding through Special Interests



# ADHD vs ASD

# Mood Disorders

Major Depressive Disorder

Dysthymia

Cyclothymic Disorder

Bipolar

Disruptive Mood Dysregulation Disorder

Generalized Anxiety Disorder

Separation Anxiety Disorder

Panic Disorder

# Disruptive, Impulse-Control, and Conduct Disorders

## ODD

- ◆ Often loses temper
- ◆ Often touchy or easily annoyed
- ◆ Is often angry and resentful
- ◆ Often argues with authority figures or, for children and adolescents, with adults
- ◆ Often actively defies or refuses to comply with requests from authority figures or with rules
- ◆ Often **deliberately** annoys others
- ◆ Often blames others for his or her mistakes or misbehavior
- ◆ Has been spiteful or vindictive at least twice in the past 6 months

## Conduct Disorder

- ◆ Aggression to people and animals
- ◆ Destruction of property
- ◆ Deceitfulness or theft
- ◆ Serious Violations of Rules

# Where is the behavior coming from

## Pathological Demand Avoidance

- ◇ <https://www.pdasociety.org.uk/what-is-pda-menu/what-is-demand-avoidance/>

## Lack of Felt Safety

- ◇ <https://monadelphooke.com/oppositional-defiance-faulty-neuroception/>

# Additional Diagnoses of Note

Schizophrenia  
Spectrum  
Disorders

Dissociative  
Disorders

Somatic  
Disorders

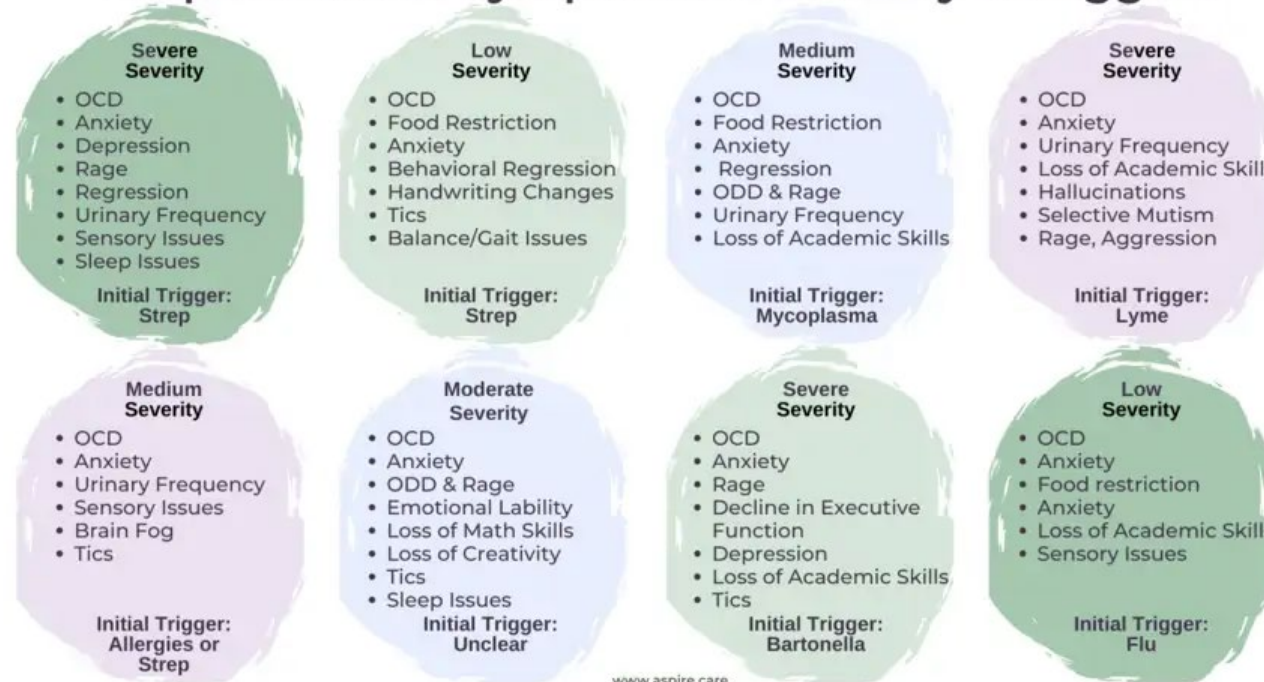
Feeding and  
Eating  
Disorders

Gender  
Dysphoria

OCD

# PANDAS PANS

## A Spectrum of Symptoms & Severity & Triggers





# Communication

- ◆ How do we involve client and caregivers in diagnostic decisions?
- ◆ How do we discuss the results of assessments with our client and their caregivers?
- ◆ How do we communicate with professionals who disagree with our diagnosis?
- ◆ How do we utilize diagnoses to advocate for client needs?
- ◆ How do our conversations about symptoms and diagnosis impact the stigma?

# Up Next



Neurodevelopment

Differential Diagnosis

Suicide & Self-Harm