

SPECIAL TIMES

Community Therapeutic Day School

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Common Diagnoses and What They Mean

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There are many systems of diagnosis which influence the way we think and look at the various ailments of children. It is the purpose of this article to share some thoughts about a variety of diagnostic labels that are in common use these days and to comment on their significance regarding treatability, and more important, for professionals and parents alike, the implications in the labels for outcome or "cure." The diagnostic labels reviewed here are frequently applied to many of the children at the Community Therapeutic Day School as well as to many of the 80-90 children per year who come for Educational/Psychiatric evaluations and consultations, where we assist families in selecting appropriate treatment and programmatic placements.

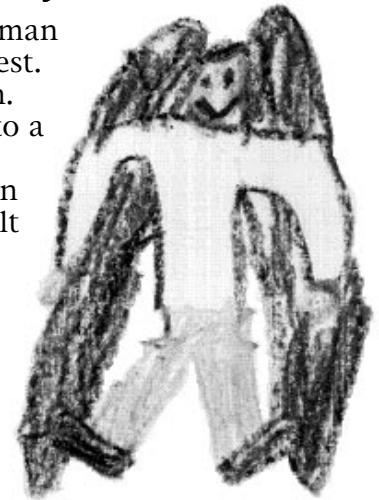
MENTAL RETARDATION

The term mentally retarded carries a strong message of intellectual and functional limitations, implying a ceiling on mental functioning and on intellectual and educational expectations. To apply this diagnosis, one must be quite clear and certain that these absolute ceilings exist, and that a child's limited academic or social functioning is not due to other causes, such as a specific learning disability, a psychiatric disorder, or a specific language or sensorimotor integration disability. If properly recognized, the treatment of any of these other disorders could lead to significantly improved educational and intellectual functioning.

Depending on the level of severity of the retardation (mild, moderate, severe or profound), the appropriate treatment of the retarded child should include, as a major component, significant educational, vocational and life planning with some provision for continued supervision as the child grows up. It is equally important to state that children with diagnoses of mild to moderate retardation have the potential for leading rich and meaningful lives if their intellectual handicap is recognized and they are supported in directions where their own unique skills and talents can be recognized, supported and nurtured. There are many opportunities for independent or group living, as well as opportunities for self-sustaining, satisfying and creative work.

The Man With Wings by Alec

There once was a man who lived in a forest. He was a nice man. One day he went to a pond, but it was a magic pond! When he got home he felt a feathery wings. BUT THEY ARE WINGS! The man was happy, so he flew across the forest but the people said he was weird. But sometimes he would help a cat that was up a tree. And if some person was on a tall tower and there was no exit he would help them. So he was a great person. But you know what? That person was me! THE END



PERVASIVE DEVELOPMENTAL DISORDERS

The term Pervasive Developmental Disorder (P.D.D.) implies serious problems along several developmental lines. It is consistent with the notion that human development is complex and takes place along a series of unique and yet related developmental lines. For example:

Communication includes receptive and expressive speech and language.

Physical development includes adequate physical growth and nutrition, freedom from significant or disabling disease, and nervous system maturations leading to adequate fine and gross motor abilities and sensory integration. Sensory integration includes sight and hearing as well as more subtle sensory factors (touch, temperature, pain, taste, smell, and position awareness). Sensory Integration Disorders by themselves often form the basis of Pervasive Developmental Disorders because they intimately affect other developmental lines. In the same manner, blindness and deafness can also form the basis for more generalized developmental interference afflicting a multitude of developmental areas.

Educational development includes all aspects of a child's ability to be educated, assessed in terms of specific strengths

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Common Diagnoses and What They Mean

PERVASIVE DEVELOPMENTAL DISORDERS

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and weaknesses in learning style or capacity but not related to general intelligence or communication. Such issues as Dyslexia (difficulty learning to read) or Dyspraxia (difficulty in motor performance of specific tasks) are included.

Social development is the capacity to form relations with others. The inability to relate to others is often seen as the major aspect of a condition diagnosed as Autism, where a child's significant problem is in the area of impaired capacity to form relationships. The term Autism, when used as a diagnosis, often includes a plethora of other developmental disabilities. It often is part of a series of speech and language as well as motor and possibly cognitive disabilities that when seen together may be diagnosed as the syndrome of Early Infantile Autism. This syndrome has more recently been regarded as one form of Pervasive Developmental Disorder in which the social factor is paramount. When the only problem seen is indeed a social disability, then the term Asperger's Syndrome is invoked. In this very uncommon condition, the social problem is extreme and other aspects of P.D.D. are seen as relatively insignificant. As you can see in this attempt to tease out the relationship between social development and other aspects of development, it can only be highlighted here that specific disability in social development often affects many of the other developmental lines, hence development itself.

Emotional development describes a general ability to experience and express a wide range of emotions (sadness, anger, joy, anxiety, excitement) which, at each developing age, are deemed appropriate responses to a variety of environmental events. When the child's emotional response is that of a younger child or would be considered deviant for a child of any age, then the line of emotional development is compromised.

Intellectual development depicts cognitive or mental functioning. If this is the sole problem, then retardation may be a more appropriate label. If it is part of a picture of other developmental issues, and may be significantly influenced by one of them, then P.D.D. is more appropriate, at least until treatment of the other problems clarifies whether the intellectual development is hampered by one of the other lines of development.

CONDUCT DISORDERS

These include a range of disorders of social adaptation often complicated by aggression, moodiness, impulsiveness, or difficulty concentrating. Conduct disorders may derive from a primary affective (bipolar or manic depressive) disorder or, more often, as a result of abuse or neglect wherein the child is protesting a poor or maladaptive environmental provision. The term conduct disorder is clearly one that relates to childhood. It has a reactive element, i.e., the child is reacting to inadequate or irresponsible care. The term implies the potential for relatively easy remediation or even cure. It is used in children more often than its adult equivalent, "character" or "personality" disorder, because those terms connote greater severity and less likelihood of treatability. Types of personality disorders include Passive Aggressive, Emotionally Unstable, Sadomasochistic, Schizoid, Antisocial, and Asocial types. As you can tell from the associations that arise in us as we imagine individuals of these sorts, we experience the sense that we are dealing with fairly severe pathology with a difficult prospect in store for successful treatment. There are children who, because of the extreme nature of their experience in life, manifest these serious and difficult to treat disorders.

ATTENTION DEFICIT DISORDERS

This is a group of disorders where children manifesting increased or decreased activity levels exhibit difficulty in attending to environmental tasks. Often they are worse in noisy or stimulating environments. The distractions are deemed to come from outside the child. The sounds and sights which most children screen out are overpowering to these children.

When the distractions come from within, then other diagnostic problems may be in evidence. These could include phobias and fears, Anxiety Disorders, or early forms of more severe mental disruption as seen in a variety of Psychoses such as Schizophrenia. In Schizophrenia in children, the child may experience intense, often uncontrollable disturbing thoughts. These thoughts seem to have a life of their own, and torment the child in ways which may initially distract and later terrify the child. Thus an important distinction as to whether the child has an Attention Deficit Disorder or another form of mental ailment has to do with whether the origins of disruptive stimuli are coming from outside the individual or from within. A further confusion for the clinician and family arises when the child has a problem in the integration of sensory stimuli or information. In the conditions commonly referred to as sensory integration disorders, children may feel overwhelmed by sensory information. In this condition it is the hyper-reactivity to useful and necessary stimulation that overwhelms the child.

It should be noted that the term Attention Deficit Disorder is useful when the level of problem experienced by the child significantly interferes with the child's ability to function, especially at school where demands for paying attention are high and distractions in the average classroom are also normally high.

The Individualized Educational Plan

by Kathleen Alpert
766 Coordinator

PSYCHOSES

The term Psychotic in childhood has implications of severity often requiring complex psychoanalytic and psychopharmacological therapies. The types of Psychoses have already been alluded to and include:

Bipolar or Manic Depressive Psychoses - highlighted by turbulent alterations of mood and behavior. In children these disorders often appear first as conduct disorders where the child is seen as moody, distracted, irritable and behaving in maladaptive ways. Often one finds a family history of other members with already diagnosed conditions which in adults are manifested more specifically in alterations in mood either towards recurrent depressions, or actual bipolar or manic depressive symptomatology.

Schizophrenia - A disorder of childhood manifested by pervasive disabling thoughts and ideas including at times delusions (paranoid and otherwise) and, occasionally, actual hallucinations. In addition, children experience severe reactions to every day experiences. The reactions may take the form of somatic delusions, i.e. feelings of loss of part of one's body, and/or paranoid delusions, i.e., intense feelings of being harmed or persecuted. The child may experience some of the same intense fluctuations in mood seen in manic depressive reactions, however the ideational or delusional state is usually more severe and chronic in Schizophrenia.

SPECIFIC SYMPTOM DISORDERS

There is a class of specific symptom disorders, including those with physical manifestations such as stuttering, bedwetting (Enuresis), fecal soiling (Encopresis), sleep disorders, sleep walking and another group of movement disorders with motor tics on a persistent basis (Tourette's Syndrome) or transient basis. In children there is also a group of disorders around food, including Anorexia (undereating), Bulimia (overeating) and a series of atypical eating disturbances. As one can see, these symptom disorders can relate to some specific aspect of development gone awry, such as eating, sleeping or some other specific bodily function. Only when the specific symptom is seen as part of a larger picture does it become subsumed under the more inclusive label. Specific Symptom Disorders are very common, often seen as minor aberrations in most healthy children, and only when they persist or are part of a larger picture do they raise cause for concern.

CONCLUSION

This is a brief overview of the most frequently seen diagnoses as applied to children. It is not comprehensive and many unusual diagnoses and disorders exist that are not cited here. It is equally important to note that although some aspects of etiology (the cause of the condition) are mentioned, the actual cause of each condition in a specific child is often complex and multifaceted. A given condition may be rooted in **Nature** in the form of genetics or physical disease in the parent, fetus, or young child, or in **Nurture** in the form of the environmental provision, i.e. the ability of the parents, extended family and community to care for a specific child with unique abilities and disabilities. In addition, a child may have more than one diagnosis. There may be in fact several distinct diagnoses for a given child and these distinct labels may have a common underlying cause, or they may not.

Under Massachusetts Chapter 766, each Special Education program in Massachusetts must monitor a child's progress and continuously evaluate the appropriateness of his/her placement in the program by means of the Individualized Educational Plan (I.E.P.). An I.E.P. is the legal document of a child's education stating what types of services are needed to address the child's special needs. These services can include individual and group psychotherapy, occupational therapy, speech and language therapy as well as academics. The I.E.P. is presented annually in a team (often denoted as TEAM) meeting consisting of the parents, appropriate program staff, and the Educational Team Leader (E.T.L.) from the child's town.

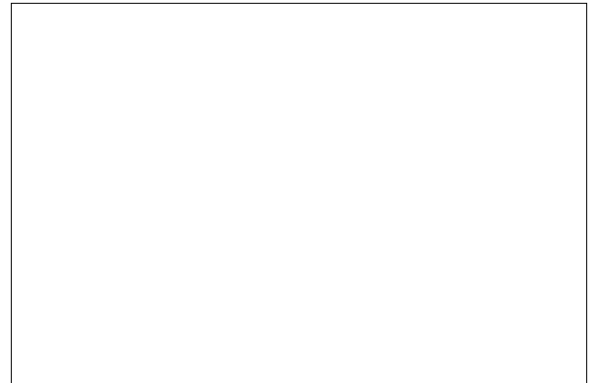
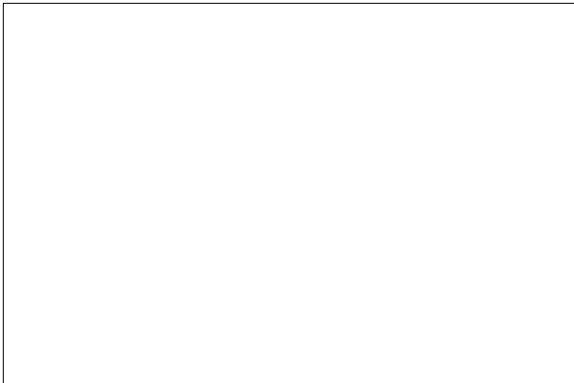
At C.T.D.S., the I.E.P. helps us to design an environment, based on the child's needs, to provide safety and containment and to build the child's self-esteem so that (s)he may function as an integrated member of family, community, and school. The I.E.P. states the current performance level of the child and the objectives that will be used to bring the child further in his/her behavior and academics so that (s)he may eventually transition back into the public school system or into another private program.



I have a lot of feelings.
Happy, sad, and mad.

Many Thanks to all who made donations in 1993!

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Update on Barn Renovation Project, by Nancy Fuller, Executive Director

At this time all of the external work on the barn is complete, including a new roof, a new foundation, cedar siding, expanded parking, a landscaped playing field, new windows and large glass doors. As soon as we have secured the funds for the interior work we will proceed. \$180,000 is needed to complete the Adaptive Physical Education and Occupational Therapy space and individual therapy rooms.

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Children's Stories and Artwork:

Taken from "Handprints," a journal of children's writing at the Community Therapeutic Day School.

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