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Chapter 14 Question 3

PSY 342

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Dr. Maret

Diagnosis of bipolar disorder has been increasingly applied to children and adolescents significantly. As a result, the DSM-5 task force decided to include a new category of disruptive mood dysregulation disorder. The way bipolar disorder was being diagnosed was mainly based on symptoms of rage and aggression, as well as depression. This is problematic as there usually are also symptoms of mania or up and down mood swings which are characteristic of bipolar disorder. Adding the category of disruptive mood dysregulation disorder was an attempt to decrease the amount of times that a diagnosis of bipolar disorder is applied to children and adolescents. This is not only for the reason of less diagnosis, but also for the reason of less usage of adult medications used to treat adults with bipolar disorders that have not been studied in or approved for use in children/adolescents. The text mentions how bipolar disorder has been used as sort of a catchall for any children who show aggression, rage, and/or depression. This is most unfortunate. If there are "occurrences" of bipolar in children and adolescents, I would assume that studies and clinical trials would have been conducted to ensure the safety of the administration of these medications. It is also concerning and surprising to see how many children are given a diagnosis of bipolar disorder right away without sufficient time to see exactly what may be the issue. There are other mood disorders to which children and adolescents could be placed under the categories of those more so than bipolar disorder. This is a serious disorder that I would think would take time to offer up for diagnosis applied to a minor. It takes some time

to even diagnose adults living with symptoms of bipolar disorders. It was a good idea to add the new category in an attempt to curb this issue of overdiagnosis.

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The DSM-5 has four criteria for diagnosing disruptive mood dysregulation disorder. The first is the individual displays severe outbursts repeatedly of temper that are extremely out of proportion for what triggered the episode. These outbursts must be different from what is observed by their peers' reactions in similar situations. This must occur within a year's time. The second criteria is that the outbursts must happen at least three times per week and occur in at least two different settings. The third criteria for diagnosis is the individual repeatedly displays an irritable or angry mood between outbursts. Lastly, the fourth criteria is that the individual receives this initial diagnosis between the ages of 6 and 18 years of age. This seems more fitting than a diagnosis of bipolar disorder in these instances. Here, for the behavior to be considered disordered, it needs to occur frequently enough to be generally disruptive to normal everyday functioning. I think this is important considering that many children universally have outbursts and up and down moods. The issue would be if there are more "bad" moods than not, and if in between outbursts if their moods are more appropriate for various situations. So many variables need to be considered as well, such as when the moods occur, if there is a consistent pattern of when and where they occur, etc.

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While conduct disorders have been linked to genetic and biological factors, their causes seem to be more rooted in environmental factors. It is possible that some children and adolescents have a predisposition to developing conduct disorders. However, environmental causes play a key role. Environmental factors may include poverty, and exposure to violence amongst peers or in the community, and traumatic events. Conduct disorders have mostly been linked to abuse by parents or caregivers, neglect, coercion, rejection, lack of or inappropriate supervision, and/or troubled parent-child relationships and interactions. It seems to me then, based on these causes alone, that conduct disorder can largely be avoided or effectively handled by dealing with and eliminating most or all of these stressors/contributors. Many of these causes can be dealt with largely by the community as a whole. Appropriate and non biased local government legislation absent of prejudices as well as implementation of programs designed to center around the child, and the parent's if they are involved, in order to ensure the well-being and safety of these children. Parenting programs, compassionate and appropriate involvement from the communities, schools, churches, extended family who are caring and willing all can contribute to the well being of children who are at high risk of developing conduct disorders.

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ADHD differs from simple rambunctiousness. Symptoms of ADHD include the inability to maintain attention and focus on one task at a time as well as task shifting. Children with ADHD often have behavioral issues as a result. This is much more than just rambunctiousness, but behavioral issues that are very disruptive and chronic in nature. ADHD fits the definition of a psychological disorder in that children/adolescents with ADHD find it difficult or nearly impossible to control themselves. Their daily functioning is extremely disrupted and they are unable to interact well with others as a result of their uncontrolled hyperactivity and inattention. Brain scans also show differences in brain activity and issues in the production of dopamine. In the case of Liam, his parents eventually took him to the local child and family mental health center for help according to the video. The mother also mentions in the video that she went to some doctors for her own mental health as she had a breakdown the year prior. It seems the best course of action may be to take children with ADHD to mental health professionals to be evaluated as extensively as possible in the child's most frequented natural environments such as school, home, parks, for example. I would also suggest child centered family therapy as well as therapy for the couples or the grown-ups involved in the care of the child struggling with ADHD. This way the caregivers will be equipped with tools as well as practical applications of those tools to better handle situations common with their child, as each child is different. Support and cooperation in school will also be crucial in the child's treatment plan as well. Since there are various factors that interplay in the nature of ADHD, it makes sense that there

may be multiple forms of treatment involved working together to ensure the well-being of the child and the child's caregivers.