A CARLAT PSYCHIATRY
REFERENCE TABLE

Resources for Early Childhood Psychiatric Care

by Jeffrey Rowe, MD

The Carlat Child Psychiatry Report
Volume 15, Number 7&8, October/November/December 2024

Areas of Function and Additional Factors in Early Childhood Mental Health with Examples	
Area of Function	**Examples**
Self-regulation	• Beginning and seeking relationship with others • Controlling impulses • Eating • Managing anger • Managing attention • Managing mood • Sleeping
Self-advocacy/ agency	• Climbing a playground structure • Jumping • Kicking a ball • Picking up toys • Running • Self-feeding • Throwing a ball • Walking • Trying hard even though not successful at first
Executive function	• Modulating attention • Planning and predicting • Remembering and learning from experience
Sense of well-being	• Feeling like one belongs • Morality • Sense of freedom from pain and anxiety • Sense of purpose (eg, be a good boy, treat others well)
Internal working models	• How I behave in certain situations • Schedule of the day • What kind of person I am • What my family does each day • Who can I count on
Attachment	How I behave when my relationship with an important person is at risk (secure, anxious, avoidant, chaotic)
Interruptions in care	Loss of primary caregiver due to multiple deployments, incarceration, death, divorce, removal by child welfare
Genetic	• Fragile X • Q22 deletion • Trisomy 21
In utero events	• Drugs • Infections • Strokes • Toxins
Perinatal events	• Cancer • Infection • Surgery • Trauma
Autism and related conditions	• Behavior that is dysfunctional • Obsessive interest in a particular topic • Unusual sensitivities to sensory input—can inhibit relationship development and be misunderstood as defiance
Temperament	*The child struggles to:* • Accept group ideas • Engage in activities due to inhibition, discomfort in new situations, and mode • Express emotions in a moderated manner • Inhibit behavior • Shift focus or activities • Sit still and listen

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Ten Questions for Assessment of Young Children

Category	Question(s)	Examples
1. Complexity	How complex is this?	There are 37 categories of problems that cover all areas, including: • Anxiety • Behavior • Behavioral health problems related to medical conditions • Body movement problems • Body rhythm problems (eg, sleeping and eating) • Culture related difficulties • Discrimination • Equity and inclusion • Information processing • Mood • Odd or illogical thinking problems • Social interaction • Suicidal and self-harmful thoughts • Trauma-related symptoms
2. Onset of the problem	• When did the problem start? • [Leads into subsequent question]	• Perinatal: eg, tremor, colic, feeding difficulties, poor and inconsistent sleep • Toddler: eg, emotional dyscontrol with little provocation, eating and sleeping problems • Preschool: all of the above and difficulties engaging with peers, following directions from caregivers and parents, aggression, hyperactivity • Pre-K: all of the above plus difficulties with transition from home to school, poor play skills, delayed language, low social interest
3. Course of difficulties	What's the course of the difficulties?	• Episodic: eg, bouts of anxiety • Continuous: eg, ADHD • One problem leads to the next: eg, emotional dysregulation → caregiver conflict → caregiver/child difficulties → aggression toward caregiver • Old problem new problem: eg, ADHD, then traumatized, adding PTSD
4. Chronologic and developmental age	What is the child's chronologic age and their developmental age?	A 17-year-old may have a developmental age of four. Failure to recognize this may result in an ineffective diagnostic treatment pathway.
5. In utero/heritable conditions	• Are there any heritable conditions present in the family? • Do they influence the diagnosis (sometimes they don't)?	• Toxic exposures during pregnancy, eg alcohol • ADHD and learning disorders, mood disorders, autism. • Fragile X may be present in some but not all siblings in a family.
6. Treatment history	• Did treatment help? • Which treatments helped? • For which problems? • Why did they stop?	A child with complex PTSD needs long-term treatment. If they age out of the clinic or that therapist leaves, problems pop up again.
7. External stressors	• Did any stresses make the problems worse? • Are there protective factors present or that went away? • Consider using the 40 Developmental Assets, which covers all age groups: https://tinyurl.com/sakbtbdr	Was there a nanny who left or a caregiving grandmother who died, and now the problems are worse?
8. Presence of complex behavioral health disorders	Are recognized complex behavioral health disorders present?	• Autism • Complex PTSD • Difficult temperament • Early onset bipolar disorder • Genetic abnormalities • Neurodevelopmental • Personality disorders • Eating disorders
9. Caregiver needs	• Does the family have enough food, shelter and other basic necessities? • Does the caregiver have any significant medical or mental health problems?	• Food insecurity • Threat to housing status • Caregiver with severe medical illness • Inequitable impact of climate change • Caregiver with depression, other severe mental health challenge, substance abuse, or characterological difficulties
10. Primary relationships in the home	• What is the quality of the child's relationship with each caregiver? • With siblings and others in the home? • What is the quality of the relationships between caregivers in the home?	• Insecure, avoidant, or disorganized attachment of child to caregiver • Caregiver responsiveness to the child. • Child neglect or physical, emotional, or sexual abuse • Parental conflict • Domestic abuse • Child witnessing violence in the home

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Worksheet for "Understanding and Diagnosing Complex Cases" (Version 7)

1. First Question - How many different symptom-types does the person have?
    a. _____ # of areas? Which areas?
    b. Is this case a Simple Case or Complex Case?

2. When did the problems start?
    a. _____
    b. Is there an impact on Self-Regulation? Mastery? Executive Function? Wellbeing?
    c. Are there impacts to Attachment? Identity development?

3. What is the pattern and course of symptoms?
    a. Continuous
    b. Episodic
    c. "One thing leads to another"
    d. "Old symptoms + new symptoms"
    e. Is the child 'sensitive' (experiences, placements, people make symptoms worse)?
    f. Is the child 'insensitive' (experiences don't change the intensity of the symptoms)?

4. What is the child's chronologic age? Mental age?
    a. Are they the same?
    b. How do you know?

5. Are there any heritable conditions present in the family?
    a. What are they?
    b. Do these influence the diagnoses you are considering?

6. Did treatment help?
    a. Treatments received?
    b. What treatments helped?
    c. What problems did they help?
    d. If it did, why did it stop?

7. Did any stresses make the problems worse? Are there protective factors present?
    a. Stresses
    b. Protective factors
    c. What problems got worse?

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Worksheet for "Understanding and Diagnosing Complex Cases" (Version 7)

8. Are there any Recognizable Complex Behavioral Health Disorders (multiple symptoms that often present together due to a common cause) present in this case?
    a. _____
    b. _____

9. What are the needs of the caregiver?
    a. Concrete needs
    b. Medical needs
    c. Behavioral health needs

10. What are the primary relationships in the home?
    a. Parent/child relationships
    b. Parent/parent relationships
    c. Are there relationship-specific difficulties?

What are the diagnoses for this case? It is likely that Complex Cases will have more than one, often many more than one.

1.

2.

3.

4.

5.

What are the next steps? Any assessments needed? Any medical care needed? What treatments would you start with?

Assessments:

Treatments:

Side Effects of Psychotropic Medications in Children

This worksheet is meant to be used by you when monitoring for the presence of side effects of your psychotropic medications.

Name:

Date:

Current Medications:

Since the last meeting with your doctor have you had any change in your…

Energy Level- Too high Too low

Describe: _____

Appetite- Too high Too low

Describe: _____

Sleep- Too much Too little

Describe: _____

Muscles- Stiffness Weakness Cramping Trembling Tension

Describe: _____

Mouth- Too dry Too much saliva Tongue moving

Describe: _____

Thinking Ability- Thoughts too slow Too fast Memory bad

Describe: _____

Urinary Problems- Too often Hard to start Funny smell Looks different

Describe: _____

Intestinal Problems- Stomach pain Nausea Vomiting
Cramps Diarrhea Constipation
Looks different Smells bad

Describe: _____

Sexual Problems- Interest too high Interest too low

Describe: _____

Other Side Effects-

Describe: _____

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The 37 Areas of Behavioral Health Problems for Children and Youth
Expanded version December 2023

Group 1- Behavioral Problems

1. **Attention**
    a. Identifying what is important, sustaining attention, resisting distraction, being organized, forgetting information, losing items, poor follow through on tasks
2. **Impulse control**
    a. Trouble inhibiting action, interrupts others, intrudes on conversations, violates boundaries (goes where they shouldn't go) of others' belongings
    b. Gambling
    c. Sexual behavior
    d. Fire starting
    e. Stealing of meaningless items
3. **Hyperactivity**
    a. Can't sit still, need to be in motion, fidgetiness
    b. Seeking physically and emotionally thrilling activities
    c. Can become easily over aroused and then overly active, loud, difficult to settle
4. **Oppositional behavior**
    a. Defiance
    b. Prickly, easily upset, doesn't like change, resistant
    c. Blames others, refuses to take responsibility for actions, vindictive, easily annoyed
    d. Due to troubled parent/child relationship but not present in other relationships
5. **Delinquent/antisocial behavior**
    a. Pattern of stealing, fighting, truancy, violating others' rights
    b. Belonging to and supporting an anti-social group (gangs, nihilistic groups, hackers, internet trolls, bullying)
6. **Aggression**
    a. Verbal
    b. Physical
    c. Sexual
    d. Emotional
    e. Predatory

The 37 Areas of Behavioral Health Problems for Children and Youth
Expanded version December 2023

Group 2- Mood and Anxiety Problems

7. **Mood problems**
    a. Depressed mood
    b. Angry or irritable mood
    c. Elevated, overly enthusiastic mood
    d. Significant reaction to loss (too big, too long, interfere with functions)
    e. Quantity of emotion
    f. Stability of emotion
    g. Slope of escalation of quantity of mood
8. **Anxiety**
    a. Over aroused alert/alarm system, feel on edge, nervous
    b. Content of worry or thoughts
    c. Pattern of behaviors to try to minimize arousal (avoidance, rituals, defenses)
9. **Suicidal ideation and self-harm**
    a. Wish and attempts to die
        i. Passive attempt
        ii. Active attempt
    b. Convert psychological pain to physical pain
    c. Draw others closer to person
    d. Test the caring and concern of others
    e. Express intense anger
    f. Prove person cannot be controlled
    g. Manipulate placement
10. **Trauma-related symptoms**
    a. Experiences
    b. Symptoms
        i. Fear
        ii. Memories
        iii. Dreams

iv. Flashbacks

v. Dissociation

vi. Avoidance

vii. Memory loss

viii. Negative beliefs

ix. Distorted cognitions

x. Negative emotional states

xi. Diminished interest in activities

xii. Feeling detached

xiii. Can't feel positive emotions

xiv. Excessive arousal, outbursts

xv. Self-destructive behavior

xvi. Hypervigilance

xvii. Exaggerated startle

xviii. Concentration problems

xix. Sleep problems

Group 3- Odd or Illogical Thinking Problems

11. **Thought problems**

a. Hallucinations

b. Delusions

c. Form of thought

i. Disorganization of thought

ii. Tangential

iii. Illogical

iv. Neologisms

v. Thought blocking

d. Quirky, rigid belief systems

e. Excessive rumination and interest about a subject

12. **Obsessions, ruminations, rituals**
    a. Can't get the thoughts or pictures out of their head
    b. Try to do behaviors to decrease the suffering from the anxiety
    c. Some of the behaviors can be elaborate

Group 4- Body Movement Problems

13. **Movement dyscontrol**
    a. Flapping
    b. Tremors
    c. Stiffness or cramping
14. **Tics**
    a. Motor movements
    b. Noises, words, grunts, snorts

Group 5- Body Rhythm Problems

15. **Sleep**
    a. Insomnia- trouble falling asleep, staying asleep, or waking too early
    b. Nightmares
    c. Night terrors
16. **Eating**
    a. Appetite- too high or low
    b. Intake and weight
    c. Satiety mechanisms- knowing when to stop
    d. Food choice and nutrition
    e. Binge/purge
    f. Knowing when you are hungry ("Hangry")
17. **Elimination**
    a. Enuresis- bedwetting
    b. Encopresis- defecating outside of the toilet

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Group 6- Substance Use Symptoms

18. **Substance use disorders- substances used (onset of use, regular use):**

    a. Intoxication symptoms

    b. Withdrawal symptoms

    c. Chronic use problems- symptoms, lying, distancing from relationships, impulsive or dangerous behaviors, failure to protect health or self

    d. Craving

    e. Involvement in pattern of behavior to support dependence that cause person harm or interferes with function

    f. Substance induced psychosis

    g. Substance induced panic episodes

    h. Substance induced anxiety symptoms

Group 7- Information Processing Problems

19. **Learning problems**

    a. Information processing problem- auditory, visual, tactile, proprioceptive, sensory motor integration

        i. Reading

        ii. Mathematics

        iii. Spelling

        iv. Writing

    b. Problem solving

    c. Learning from experience

20. **Speech and language**

    a. Receptive, expressive

    b. Speech production- apraxia

    c. Social communication

    d. Non-verbal communication

21. **Coordination of motor activity**

    a. Fine motor

    b. Gross motor

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22. **Sensory input management and integration- auditory, visual, tactile, vibratory, vestibular, proprioceptive**
    a. Accurate sensing
    b. Integrating, interpreting, and storing
    c. Handling excessive stimulation (noises, brightness, vibration, positional changes)
23. **Cognition and memory problems**
    a. Low IQ
    b. Mathematics, writing, reading, overall knowledge, problem solving skills, and judgment in novel situations
    c. Problems with adaptive functions
    d. Problems with verbal memory
    e. Problems with visual memory
    f. Problems with working memory
    g. Memory- short term, intermediate, and long term
24. **Practical reasoning**
    a. Self-management across life settings including personal care, responsibilities, transportation, finances, school and work organizations, and occupational skills

Group 8- Social Interaction Problems

25. **Social relatedness and reasoning**
    a. Awareness of others' thoughts, feelings, experiences, Theory of Mind, empathy, ability to predict others' reactions and next actions
    b. Social knowledge, judgment, understanding, interactions, drive, skill, communication, social problems solving skills
    c. Differential relationships-family, romantic, friendly, acquaintances, response to new people
    d. Feeling of "Belonging"
26. **Attachment**
    a. To primary caregiver
        i. 4 types- secure, insecure anxious, insecure avoidant, disorganized chaotic
    b. Reactive attachment problems
        i. Indiscriminate attachment
        ii. Inhibited attachment
    c. Loss and bereavement

27. **Parent/child relational problems**

    a. Over involved pattern

    b. Under involved pattern

    c. Anxious/tense pattern

    d. Angry/hostile pattern

    e. Verbally abusive pattern

    f. Physically abusive pattern

    g. Sexually abusive pattern

    h. Temperamental mismatch (see Recognized Complex Behavioral Health Disorders, Question #8)

Group 9- Gender and Sexuality Problems

28. **Gender dysphoria**

    a. Early awareness that assigned gender and felt gender are not same → dysphoria

    b. Troubles with family adjustment

    c. Troubles with school/community adjustment

29. **Sexual behavior problems**

    a. Troubling sexual thoughts

    b. Troubling sexual feelings; too strong, not strong enough

    c. Troubling sexual behaviors- paraphilias, coercion of others, compulsions

Group 10- Behavioral Health Conditions Due to Medical Problems

30. **Behavioral health problems due to medical conditions**

    a. Traumatic head injury

    b. Infection

    c. Hemorrhage

    d. Developmental abnormality

    e. Gastrointestinal difficulties

    f. Cancer

    g. Exposure to toxins, chemicals, or substances

    h. Other

31. **Behavioral health difficulties due to medication side effects**

    a. Excessive motor activity

    b. Sedation

    c. Irritability or other mood changes

32. **Somatoform or body related symptoms (anxiety about one's body)**

    a. Body dysmorphic symptoms

    b. Functional ability problems (use of limbs, vision, hearing, speaking)

33. **Pain syndromes and mental health consequences**

    a. Due to an injury

    b. No injury/tissue damage identified, yet pain interferes

    c. Insensitivity to pain

Group 11- Culture-Related Behavioral Health Issues

34. **Acculturation difficulties**

    a. Language difficulties leading to anxiety, frustration, demoralization

    b. First generation/second generation conflicts within the family as children adjust to North American cultural expectations and norms and how they differ from culture of origin

    c. Cultural differences in understanding and intervention of mental health problems

Group 12- Discrimination, Equity, Inclusion Experiences and Difficulties

35. **Racial- difficulties within family, school, peer network, community, or in relation to public institutions (Child Welfare, Juvenile Justice)**

36. **Gender- difficulties within family, school, peer network, community, or in relation to public institutions**

    a. Female discrimination

    b. Transgender discrimination

37. **Sexual attraction- difficulties within family, school, peer network, community, or in relation to public institutions**

    a. Homosexual, bisexual, pansexual discrimination

    b. Asexual discrimination

Recognizable Complex Behavioral Health Disorders (RCBHDs)

Neurodevelopmental Disorders
Complex Post Traumatic Stress Disorder
Autism Spectrum Disorder
Difficult Temperament
Early Onset Schizophrenia
Bipolar Disorder- types I, II, and Mixed
Personality Disorders
Genetic Syndromes
Complex Eating Disorders

1. Central Nervous System Damage and Disorders- these complex problems arise during the "developmental period"- before age 6. The causes can occur in utero or during the first few years of life. The result of these causes can impact developmental abilities, medical health, and mental health, so symptoms can be quite varied. The particular importance of identifying these difficulties is that they impair the "building" of our neurological systems and our abilities in ways that are long-lasting and difficult to repair.

    a. In utero or during the birthing process

        i. Exposure to drugs, substances, and toxins (alcohol, marijuana, valproic acid, others)

            1. Physical- short stature; small head circumference; unusual facial characteristics; hand, finger, and toe abnormalities, gross and fine motor coordination problems

            2. Intellectual- serious cognitive delays, memory problems, judgment problems, poor adaptive functioning, delayed or slow rate of learning, difficulties with communication

            3. Self-regulation- impulse control, emotional management, frustration tolerance, sleep/wake cycle, eating behavior (hunger/satiety), attention management

            4. Social- altered social drive, diminished social knowledge, low social grace, relationship difficulties, poor empathy for others

        ii. Brain damage due to stroke, bleeding in the brain, low oxygen to fetus or other congenital difficulties (Cerebral Palsy, methamphetamine related stoke, prematurity related ventricular bleeding)

            1. Physical- movement problems, muscle spasms, fine and gross motor control problems, speech articulation problems

            2. Intellectual- low IQ, poor impulse control, mood instability and lability, attention problems, brief psychosis under stress

            3. Self-regulation- as above

            4. Social-as above

    b. During early childhood (before 3)

i. Medical problems- infection, drug exposure, enzyme problems, inflammation, prolonged fever, cancer, cancer treatments

1. Depending on WHEN the events happened, the result will be related to the developmental stages of the child

ii. Physical trauma to head and brain- problems depend on when and where in the brain the traumatic injury is.

1. Functions impaired depend on the age of the child at time of injury and the location. Some functions will be preserved, some will not. In addition to functions impaired above, personality changes, poor sexual impulse management, memory problems, odd thinking including psychosis, and mood instability including mania can occur.

2. Complex Post Traumatic Stress Disorder (PTSD)- sustained excessive arousal of multiple brain systems early in life (during the developmental period 0-6) due to exposure to traumatic experiences (eg, including loss of a parent) AND/OR exposure to neglectful environments during crucial developmental stages before regulatory system architecture is in place can seriously impair the attainment of developmental milestones, interfere with cognitive development, lead to mental health symptoms, and later contribute to the excessive and problematic use of substances.

a. Typical PTSD symptoms of distressing memories (sometimes pre-verbal memories), distressing dreams, dissociative reactions, psychological distress, and physiological reactions when reminded of traumatic experiences. Also avoidance of reminders, avoidance of people and interpersonal relationships, negative emotional states, diminished interest in activities, social withdrawal, reduced expression of positive emotions. Also, irritable behavior, angry outbursts, hypervigilance, exaggerated startle, concentration problems, sleep disturbance.

b. Fear memories, poor ability to care for self (hygiene, body rhythms), secondary enuresis, poor frustration tolerance, maladaptive problem solving

c. Developmental delays or abnormalities, difficulties with self-regulation, self-advocacy, executive function, and wellbeing after the traumas

3. Autism Spectrum Disorder- this set of difficulties usually becomes apparent in the 2nd or 3rd year of life. Loss of developmental abilities, diminished social interest, communication problems, and limited range of interest are usually the prominent diagnostic symptoms. In addition, other areas of problems can arise:

a. "Theory of Mind" problems

b. Self-regulation problems- sleep, appetite, motor activity, continence of bowel and bladder, etc

c. Sensory sensitivity and management of sensory input- intolerance of stimulation or seeking of stimulation

d. Obsessive rumination or preoccupation with internal stimulation over involvement with external world

e. Attention, cognitive difficulties, adaptive function problems

f. Can be associated with seizure disorders, gastrointestinal difficulties, sensitivities to medicines or foods

4. Difficult Temperament- This set of problems could be described as the beginnings of a person's personality. Like "shyness" or having a shy, slow to warm up temperament, having a difficult temperament means symptoms of "challenges" can arise any day due to the "load" of daily experiences of stimuli. Any child who exhibits 4 of these characteristics could be considered "difficult". Having these characteristics doesn't necessarily mean the child will have problems- it is in the interaction between the child and other people (caregivers, peers, or teachers) that the problems can arise through "temperamental mismatch". The areas of temperament that can be "difficult" include:

    a. Attention span

    b. Impulse control

    c. Hyperactivity

    d. Intensity of emotional expression

    e. Body rhythm difficulties

    f. Negative persistence

    g. Adaptability to change

    h. Response to new environments

    i. Sensory sensitivities

    j. Overall general mood (sour, negative versus happy)

5. Early Onset Schizophrenia- this set of difficulties usually begins to show up in early adolescence. Not all who have these symptoms or signs go on to develop schizophrenia (current estimates are that about 25% will). The youth will note a change in functioning from earlier in his/her life (development can be normal prior to the onset of these symptoms).

    a. Anxiety, perplexity, reality testing problems

    b. Social withdrawal, memory problems

    c. "Positive symptoms" of psychosis- hallucinations, delusions, quirky thoughts, disorganization of thought, flight of ideas, loosened associations can be noted by the youth or caregivers

6. Bipolar Disorder, types I, II, and Mixed-this is considered a major mood disorder with a chronic course. The mood episodes can occur once or multiple times per year, can resolve with treatment or on their own. The frequency, duration, and severity of episodes are the target of initial treatment. Many youth are left with self-regulatory difficulties in the area of social relations, attention, mood, cognitive abilities, and judgment (particularly about their behavioral health care).

    a. Primarily depressed type

    b. Primarily manic type

    c. Mixed presentation

7. Personality Disorders- these difficulties are usually categorized into 3 clusters. A personality disorder can develop in people during adolescence or become more crystallized in early adulthood. The hallmark of a personality

disorder is a rigid, maladaptive pattern of inner experience, interpersonal relationships and behaviors that cause repeated functional impairment for the person and do not respond to feedback from significant others in their life (caregivers, peers, teachers, employers) and the symptom pattern is not better explained by another diagnosis.

a. Cluster A- paranoid, schizoid, and schizotypal types

b. Cluster B- antisocial, borderline, histrionic, narcissistic types

c. Cluster C- avoidant, dependent, and obsessive-compulsive types

8. Genetic Syndromes- these syndromes are becoming more frequently identified due to the availability of genetic testing. In the past, physical manifestations were usually noted before genetic testing was done; now, abnormalities not well explained by other conditions indicate a need for genetic testing. This testing can lead to novel treatments. Examples of genetic abnormalities include Fragile X, Trisomy 21, enzyme deficiencies, XXY, XYY.

9. Complex Eating Disorders- the hallmark of eating disorders is usually abnormal patterns of food intake- usually too much intake or not enough. There are multiple other associated findings.

a. Anxiety

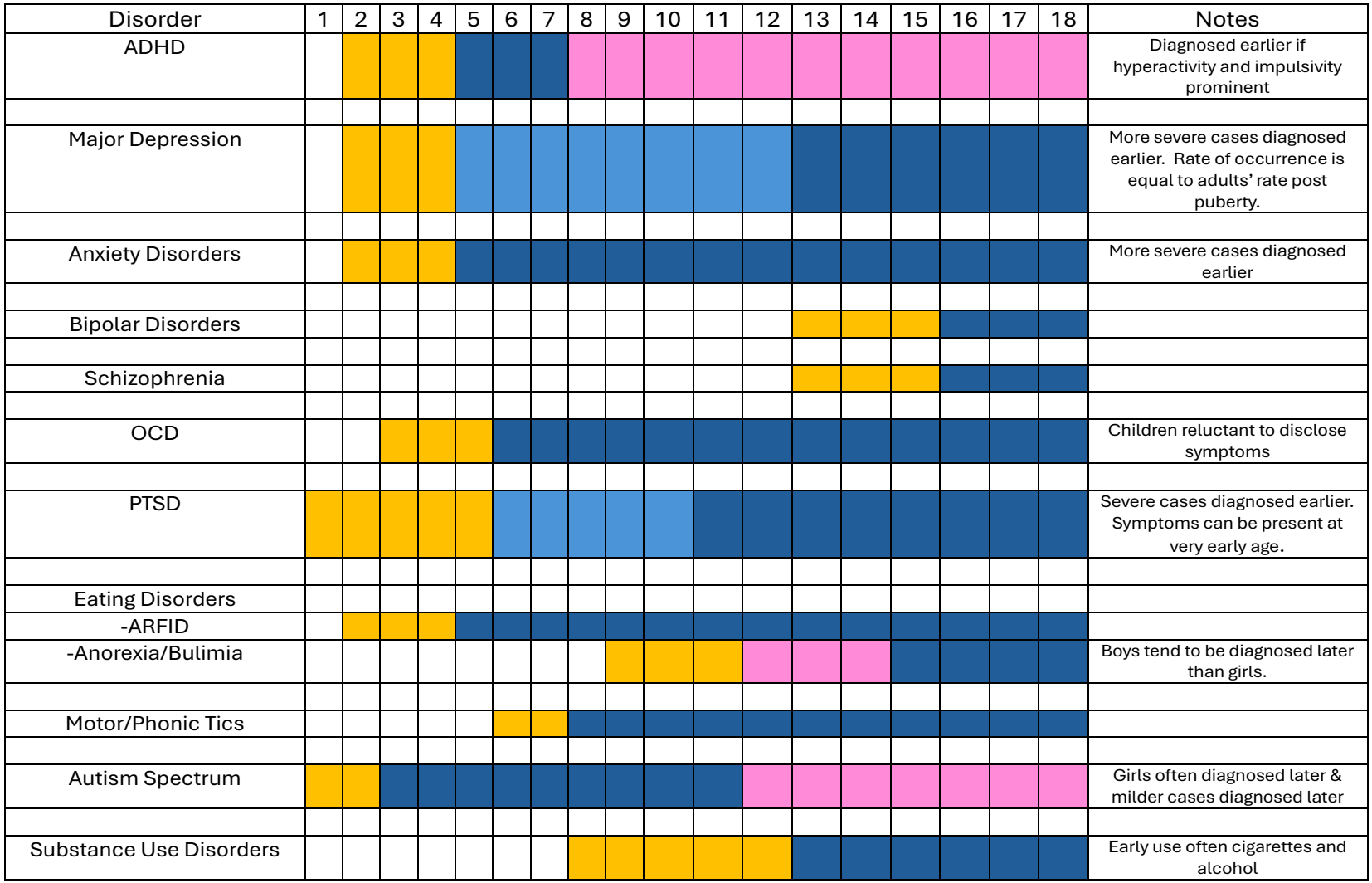
b. Interpersonal relationship difficulties

c. Defiance of authority figures

d. Cognitive flexibility, especially when in a starvation state

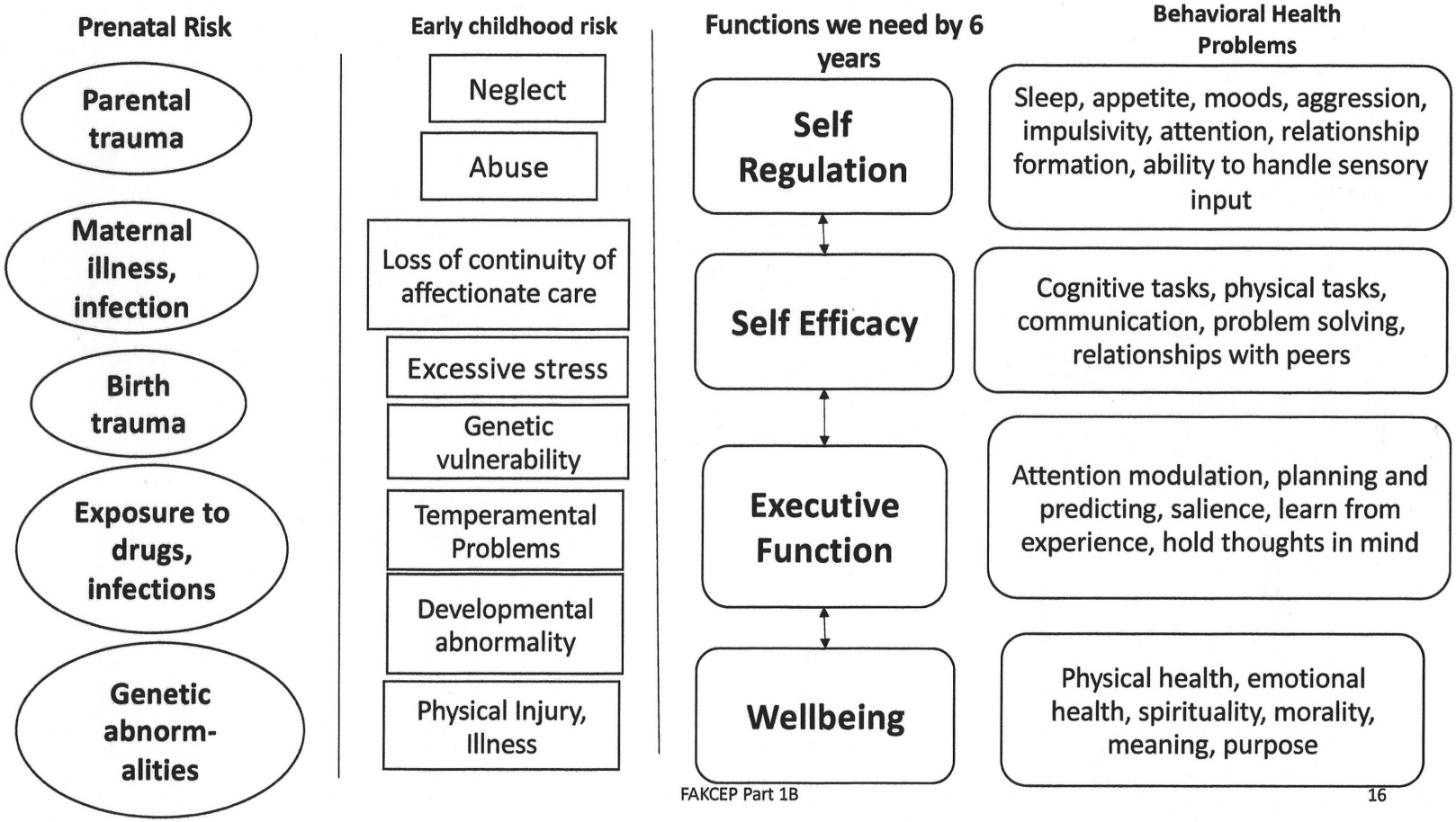
e. Unusual neurologic response to the taste of food, satiety mechanisms, and the reward response to certain foods

Behavioral Health Disorders in Children and Youth: Age of Onset (yellow) and Age of Usual Diagnosis (blue or pink), v.3



Disorder	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Notes
ADHD																			Diagnosed earlier if hyperactivity and impulsivity prominent
Major Depression																			More severe cases diagnosed earlier. Rate of occurrence is equal to adults' rate post puberty.
Anxiety Disorders																			More severe cases diagnosed earlier
Bipolar Disorders																			
Schizophrenia																			
OCD																			Children reluctant to disclose symptoms
PTSD																			Severe cases diagnosed earlier. Symptoms can be present at very early age.
Eating Disorders																			
-ARFID																			
-Anorexia/Bulimia																			Boys tend to be diagnosed later than girls.
Motor/Phonic Tics																			
Autism Spectrum																			Girls often diagnosed later & milder cases diagnosed later
Substance Use Disorders																			Early use often cigarettes and alcohol

Table of ECMH Functions and Problems 2024



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Common Types of Psychiatric or Mental Health Problems That Occur in Young Children

1. Common types of psychiatric or mental health problems that occur in young children
    a. There are many areas of function that can be giving the children problems. I have begun chunking the problems into 4 main groups:
        i. Self-Regulation- sleep, eating, mood, attention, social interaction, relationships, impulse control, aggression, sensory input management
        ii. Mastery or Self-Advocacy- positive sense of self, communication, physical tasks, problems solving, peer interactions, cognitive tasks
        iii. Executive Function- attention modulation, saliency, learning from experience, resisting distractions, holding thoughts in mind, planning and predicting
        iv. Wellbeing- sense of belonging, purpose or meaning to life, feeling emotionally well, physically well, sense of right and wrong
    b. Development of internal working models of themselves and those around them- what kind of boy/girl am I, who is safe, what kind of stuff should I be doing, what kind of stuff do I want to do but shouldn't.
    c. Sense of secure attachment- where or with whom do I have a safe haven, where do I have a secure base.
    d. So much of what I see is an interruption in the development of these functions and these basic "modules" that will become the base of good mental health in the future—so I am looking at a lot of developmental psychopathology.
    e. There are some trump cards that show up in young children as well
        i. Neurodevelopmental difficulties
            1. Due to exposure in utero to drugs and toxins
            2. Brain damage in utero from bleeds or strokes
            3. Genetic abnormalities that leave the child without all the brain parts that they need to build those 4 areas of function
            4. Early illness or injury during the developmental period- infection, brain damage from trauma, cancer
        ii. Complex PTSD due to prolonged neglect, physical trauma, sexual trauma, emotional trauma or all 4
        iii. Autism Spectrum Disorder- with all its components including sensory processing issues, communication difficulties, adherence to routines or responding to internal scripts and not to external stimuli
        iv. Difficult temperament characteristics which can sound like a cross between ADHD symptoms and milder ASD symptoms
            1. Attention troubles
            2. Impulse control
            3. Hyperactivity

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4. Intense expression of all emotions
5. Body rhythm difficulties
6. Negative persistence
7. Poor adaptability to change
8. Poor response to new environments
9. Sensory over sensitivity
10. Overall general sour mood

2. What are the experiences of young children with these conditions?
    a. If you are asking about the experiences they have had that result in these conditions, there are many.
        i. Early childhood experiences
            1. Neglect
            2. Excessive stress from physical, sexual, and emotional abuse
            3. Stress from environmental causes- homelessness, food insecurity, immigration experiences, refugee experiences
            4. Loss of continuity of affectionate care
            5. Genetic vulnerability
            6. Temperamental problems and the mismatches
            7. Developmental abnormality
            8. Physical injury, illness
        ii. In utero experiences
            1. Maternal illness or infection
            2. Birth trauma
            3. Exposure to drugs or toxins
            4. Genetic abnormalities
            5. Parental trauma- either during child's gestation or long history before becoming pregnant (studies about telomeres, etc)
    b. If you are asking about "what do the children with these problems experience?", that is a different question.
        i. Demoralization- can look like major depression, because of failure to achieve these 4 building blocks. The child can notice.

ii. Emotional dysregulation- going from 0-100 in an instant, very high peaks to the quantity of emotion, poor stability of mood, long time to return to baseline- these experiences are unpleasant for the child (and caregivers) and can build a bit of anticipatory anxiety in the child and caregiver about how new situations will be handled

iii. Parent/child relationship difficulties- troubles in forming secure attachment for a variety of reasons, lack of affectionate interactions, difficulties with attunement, lack of sensitive responsiveness and mutually confirming interactions

3. How is the psychiatric assessment of a young child different from older children or teens?

    a. Usually a psychiatrist benefits from many others having evaluated the child before the child gets to the psychiatrist.

        i. Important information includes

            1. Developmental age of the child

            2. Developmental difficulties in speech, sensory processing, fine and gross motor skills, etc

            3. Interventions tried, response to interventions

            4. Heritable conditions in the family

            5. Stresses and protective factors that influence the course of the symptoms

    b. Then the process is really about getting the "lay of the land"- how many areas of trouble are there? Do they fall neatly into one category or are they spread across several? Does the symptoms pattern suggest a trump card condition is present? So, in many ways, the evaluation can be the same, as the children can have a variety of DSM-5-TR conditions. The trick is to try to hold in mind the questions of "When did the symptoms start?" and "Is this a primary disorder or the result of development interrupted?"

4. What are some of the specific questions or observations that will help a clinician to suspect certain diagnoses in young children (depression, child maltreatment, developmental challenges)?

    a. Well, I have a cut off age at which most children should have the functions of the 4 building blocks: self regulation, mastery, executive function, and wellbeing. If I see problems in these areas, I then go looking for disruptive early childhood experiences and in utero difficulties that may have impacted the function development.

5. How do social determinants of health such as SES, race and culture affect the diagnostic process with young children?

    a. These are good questions, and every family has their own story. For some, being from a lower SES is not a huge issue <u>if</u> they have access to food, housing, transportation, educational experiences for their children, and a supportive safe environment to raise their children. So, we are really needing to be sensitive to the availability of those factors. In terms of race and culture, sensitivity to who is providing the care to the child and family is important, not just from a skin color perspective but from a "Do you see me?" "Do you care about who I am and where I come from?" and "Are you going to listen to me in a way that values my perspective and understanding of the issues?". Language differences, culture of origin diffi-

culties, family of origin differences (all people from the same race and area are the same). So, a friend of mine called this part of the interaction with families "Finding the Culture of One?" because people are so interesting and have unique stories. On top of all that, they need the things I mentioned above. Everyone wants that stuff for their children.

6. What resources are available for clinicians to use for better diagnostic assessment? For example, DC 0-5? Others?

    a. This is a hard one as there aren't too many places for a psychiatrist to find an integration of development and behavioral health problems. So, I would suggest becoming familiar with the developmental abilities a child should have by a certain age- I chose 5- and then look to see if their patients have those abilities. I think most psychiatrists will be able to integrate their older memories of developmental lines if they think about "what should a 5 year old be able to do?" "When does emotional regulation get developed in a child?" "When should a child be able to sleep through the night?" and build a repertoire of set points to work from. I have followed the work of Bruce Perry, Martin Teicher, Bruce McEwen, and others as I have tried to get myself educated about interruptions in development and early childhood mental health. Another source is the Infant, Family, and Early Childhood Mental Health Competencies (IFECMH Competencies) put out by the State of California. As far as the DC0-5—that is a helpful book. I also like the DC0-3R's section on descriptions of parenting styles when trying to understand parent and child interactions.

7. What is the general plan for approaching treatment for young children with psychiatric challenges? How is that different from older children and teens?

    a. For straight forward situations (early onset of significant ADHD, anxiety) the approach is the same. For complex presentations involving the developmental psychopathology, a multidisciplinary approach is going to be needed. Some communities have special programs with many different professionals on the same team, but other communities don't. If a specialty clinic isn't available, reaching out to the pediatrician, the local speech and language therapist, the behavioral therapist, an occupational therapist, and others in the community, accessing the local Regional Center, and beginning the IEP process in the local school district are all activities that can be done. It is hard to treat these cases alone, and much more effective when you have a group that can come together to support a family facing these kinds of difficulties.

8. How can clinicians get more specific training in Infant Mental Health?

    a. The American Academy of Child and Adolescent Psychiatry has an Infant and ECMH Committee made up of professionals who do this work. They meet quarterly and can be a big source of trainings, ideas where this kind of experience can be gotten. Many medical school training programs are starting to build IF and ECMH programs and have seminars and projects going. Local AAP chapters may have DB Peds members who can suggest further training.