

Childhood Disorders

Asperger's Disorder

Symptoms of

Asperger's Disorder is a childhood syndrome that is characterized by the following symptoms:

Qualitative impairment in social interaction, as manifested by at least two of the following:

- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- failure to develop peer relationships appropriate to developmental level
- a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
- lack of social or emotional reciprocity

Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- apparently inflexible adherence to specific, nonfunctional routines or rituals
- stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- persistent preoccupation with parts of objects

The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).

There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.

Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

Onset Criteria for Asperger's Disorder

In DSM-IV, the individual's history must show "a lack of any clinically significant general delay" in language acquisition, cognitive development and adaptive behavior (other than in social interaction). This contrasts with typical developmental accounts of autistic children who show marked deficits and deviance in these areas prior to the age of 3 years.

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Although the onset criterion is in agreement with Asperger's account, Wing (1981) noted the presence of deficits in the use of language for communication, if not in more specific language skills, in some of her case studies. It is currently uncertain whether the lack of delays in the prescribed areas is a differential factor between AS and autism or, alternatively, a simple reflection of the higher developmental level associated with the usage of the term AS.

Other common descriptions of the early development of individuals with AS include a certain precociousness in learning to talk ("he talked before he could walk"), a fascination with letters and numbers — in fact, the young child may even be able to decode words although with little or no understanding ("hyperlexia") — and the establishment of attachment patterns to family members but inappropriate approaches to peers and other persons, rather than withdrawal or aloofness as in autism (e.g., the child may attempt to initiate contact with other children by hugging them or screaming at them and then puzzle at their responses). Again, these behaviors are not uncommonly described for higher-functioning autistic children as well, albeit much more infrequently.

Attention Deficit Disorder

SYMPTOMS

ADHD or ADD is characterized by a majority of the following symptoms being present in either category (inattention or hyperactivity). These symptoms need to manifest themselves in a manner and degree which is inconsistent with the child's current developmental level. That is, the child's behavior is significantly more inattentive or hyperactive than that of his or her peers of a similar age.

Symptoms of Inattention:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

Symptoms of Hyperactivity:

- Often fidgets with hands or feet or squirms in seat

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- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Is often “on the go” or often acts as if “driven by a motor”
- Often talks excessively

Symptoms of Impulsivity:

- Often blurts out answers before questions have been completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

Symptoms must have persisted for **at least 6 months**. Some of these symptoms need to have been present as a child, at 7 years old or younger. The symptoms also must exist in **at least two separate settings** (for example, at school and at home). The symptoms should be creating **significant impairment** in social, academic or occupational functioning or relationships.

Autistic Disorder

SYMPTOMS

A total of six (or more) items from (a), (b), and (c), with at least two from (a), and one each from (b) and (c):

- qualitative impairment in social interaction, as manifested by at least two of the following:
 - marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - failure to develop peer relationships appropriate to developmental level
 - a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - lack of social or emotional reciprocity
- qualitative impairments in communication as manifested by at least one of the following:
 - delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - stereotyped and repetitive use of language or idiosyncratic language
 - lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
 - encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

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- apparently inflexible adherence to specific, nonfunctional routines or rituals
- stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- persistent preoccupation with parts of objects

Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Conduct Disorder

SYMPTOMS

A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

Aggression to people and animals

- often bullies, threatens, or intimidates others
- often initiates physical fights
- has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- has been physically cruel to people
- has been physically cruel to animals
- has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- has forced someone into sexual activity

Destruction of property

- has deliberately engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

- has broken into someone else's house, building, or car
- often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

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Serious violations of rules

- often stays out at night despite parental prohibitions, beginning before age 13 years
- has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- is often truant from school, beginning before age 13 years

The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Disorder of Written Expression

SYMPTOMS

Writing skills, as measured by individually administered standardized tests (or functional assessments of writing skills), are substantially below those expected given the person's chronological age, measured intelligence, and age-appropriate education.

The disturbance in the first category significantly interferes with academic achievement or activities of daily living that require the composition of written texts (e.g., writing grammatically correct sentences and organized paragraphs).

If a sensory deficit is present, the difficulties in writing skills are in excess of those usually associated with it.

Encopresis

SYMPTOMS

Repeated passage of feces into inappropriate places (e.g., clothing or floor) whether involuntary or intentional.

At least one such event a month for at least 3 months.

Chronological age is at least 4 years (or equivalent developmental level).

The behavior is not due exclusively to the direct physiological effects of a substance (e.g., laxatives) or a general medical condition except through a mechanism involving constipation.

Enuresis

SYMPTOMS

Repeated voiding of urine into bed or clothes (whether involuntary or intentional).

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The behavior is clinically significant as manifested by either a frequency of twice a week for at least 3 consecutive months or the presence of clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

Chronological age is at least 5 years (or equivalent developmental level).

The behavior is not due exclusively to the direct physiological effect of a substance (e.g., a diuretic) or a general medical condition (e.g., diabetes, spina bifida, a seizure disorder).

Expressive Language Disorder

SYMPTOMS

The scores obtained from standardized individually administered measures of expressive language development are substantially below those obtained from standardized measures of both nonverbal intellectual capacity and receptive language development. The disturbance may be manifest clinically by symptoms that include having a markedly limited vocabulary, making errors in tense, or having difficulty recalling words or producing sentences with developmentally appropriate length or complexity.

The difficulties with expressive language interfere with academic or occupational achievement or with social communication.

Criteria are not met for Mixed Receptive-Expressive Language Disorder or a Pervasive Developmental Disorder.

If Mental Retardation, a speech-motor or sensory deficit, or environmental deprivation is present, the language difficulties are in excess of those usually associated with these problems.

Mathematics Disorder

SYMPTOMS

Mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

The disturbance significantly interferes with academic achievement or activities of daily living that require mathematical ability.

If a sensory deficit is present, the difficulties in mathematical ability are in excess of those usually associated with it.

Mental Retardation

SYMPTOMS

Significantly subaverage intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning).

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Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

The onset is before age 18 years.

Oppositional Defiant Disorder

SYMPTOMS

A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

- often loses temper
- often argues with adults
- often actively defies or refuses to comply with adults' requests or rules
- often deliberately annoys people
- often blames others for his or her mistakes or misbehavior
- is often touchy or easily annoyed by others
- is often angry and resentful
- is often spiteful or vindictive

Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder (such as depression).

Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Pica

SYMPTOMS

Persistent eating of nonnutritive substances for a period of at least 1 month.

The eating of nonnutritive substances is inappropriate to the developmental level.

The eating behavior is not part of a culturally sanctioned practice.

If the eating behavior occurs exclusively during the course of another mental disorder (e.g., Mental Retardation, Pervasive Developmental Disorder, Schizophrenia), it is sufficiently severe to warrant independent clinical attention.

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Reading Disorder

SYMPTOMS

Reading achievement, as measured by individually administered standardized tests of reading accuracy or comprehension, is substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education.

The disturbance in the first criterion significantly interferes with academic achievement or activities of daily living that require reading skills.

If a sensory deficit is present, the reading difficulties are in excess of those usually associated with it.

Rett's Disorder

SYMPTOMS

All of the following:

- (a) apparently normal prenatal and perinatal development
- (b) apparently normal psychomotor development through the first 5 months after birth
- (c) normal head circumference at birth

Onset of all of the following after the period of normal development:

- (a) deceleration of head growth between ages 5 and 48 months
- (b) loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing)
- (c) loss of social engagement early in the course (although often social interaction develops later)
- (d) appearance of poorly coordinated gait or trunk movements
- (e) severely impaired expressive and receptive language development with severe psychomotor retardation

Rumination Disorder

SYMPTOMS

Repeated regurgitation and rechewing of food for a period of at least 1 month following a period of normal functioning.

The behavior is not due to an associated gastrointestinal or other general medical condition (e.g., esophageal reflux).

The behavior does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa. If the symptoms occur exclusively during the course of Mental Retardation or a Pervasive Developmental Disorder, they are sufficiently severe to warrant independent clinical attention.

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Separation Anxiety Disorder

SYMPTOMS

Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

- recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
- persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
- persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
- persistent reluctance or refusal to go to school or elsewhere because of fear of separation
- persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
- persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
- repeated nightmares involving the theme of separation
- repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated

The duration of the disturbance is at least 4 weeks.

The onset is before age 18 years.

The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and, in adolescents and adults, is not better accounted for by Panic Disorder With Agoraphobia.

Stereotypic Movement Disorder

SYMPTOMS

Repetitive, seemingly driven, and nonfunctional motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body).

The behavior markedly interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).

If Mental Retardation is present, the stereotypic or self-injurious behavior is of sufficient severity to become a focus of treatment.

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The behavior is not better accounted for by a compulsion (as in Obsessive-Compulsive Disorder), a tic (as in Tic Disorder), a stereotypy that is part of a Pervasive Developmental Disorder, or hair pulling (as in Trichotillomania).

The behavior is not due to the direct physiological effects of a substance or a general medical condition.

The behavior persists for 4 weeks or longer.

Stuttering

SYMPTOMS

Disturbance in the normal fluency and time patterning of speech (inappropriate for the individual's age), characterized by frequent occurrences of one or more of the following:

- sound and syllable repetitions
- sound prolongations
- interjections
- broken words (e.g., pauses within a word)
- audible or silent blocking (filled or unfilled pauses in speech)
- circumlocutions (word substitutions to avoid problematic words)
- words produced with an excess of physical tension
- monosyllabic whole-word repetitions (e.g., "I-I-I-I see him")

The disturbance in fluency interferes with academic or occupational achievement or with social communication.

If a speech-motor or sensory deficit is present, the speech difficulties are in excess of those usually associated with these problems.

Tourette's Disorder

SYMPTOMS

Both multiple motor and one or more vocal tics have been present at some time during the illness, although not necessarily concurrently. (A tic is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization.)

The tics occur many times a day (usually in bouts) nearly every day or intermittently throughout a period of more than 1 year, and during this period there was never a tic-free period of more than 3 consecutive months.

The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.

The onset is before age 18 years.

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The disturbance is not due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or postviral encephalitis).

Transient Tic Disorder

SYMPTOMS

Single or multiple motor and/or vocal tics (i.e., sudden, rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations)

The tics occur many times a day, nearly every day for at least 4 weeks, but for no longer than 12 consecutive months.

The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.

The onset is before age 18 years.

The disturbance is not due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or postviral encephalitis).

Criteria have never been met for Tourette's Disorder or Chronic Motor or Vocal Tic Disorder.

Criteria summarized from:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, fourth edition*. Washington, DC: American Psychiatric Association.