**Module 16: Disorders Of Childhood Overview**

LEARNING OBJECTIVES

**16.1. Disorders Of Infancy And Early Childhood**

* Describe the clinical presentation, prevalence, and comorbidity of disinhibited social engagement disorder.
* Describe the clinical presentation, prevalence, and comorbidity of reactive attachment disorder.
* Describe the clinical presentation, prevalence, and comorbidity of pica.
* Describe the clinical presentation, prevalence, and comorbidity of rumination disorder.
* Describe the clinical presentation, prevalence, and comorbidity of avoidant/restrictive food intake disorder.
* Describe the clinical presentation, prevalence, and comorbidity of enuresis.
* Describe the clinical presentation, prevalence, and comorbidity of encopresis.

**16.2. Developmental And Motor-Related Disorders**

* Describe the clinical presentation, prevalence, and comorbidity of intellectual development disorder (intellectual disability).
* Describe the clinical presentation, prevalence, and comorbidity of specific learning disorder.
* Describe the clinical presentation, prevalence, and comorbidity of autism spectrum disorder (ASD).
* Describe the clinical presentation of social (pragmatic) communication disorder.
* Describe the clinical presentation, prevalence, and comorbidity of stereotypic movement disorder.
* Describe the clinical presentation, prevalence, and comorbidity of tic disorders.

**16.3. Behavior-Related Disorders**

* Describe the clinical presentation, prevalence, and comorbidity of ADHD.
* Describe the clinical presentation, prevalence, and comorbidity of oppositional defiant disorder.
* Describe the clinical presentation, prevalence, and comorbidity of conduct disorder.
* Describe the clinical presentation, prevalence, and comorbidity of intermittent explosive disorder.

**16.4. OTHER DISORDERS**

* Describe the clinical presentation, prevalence, and comorbidity of selective mutism.
* Describe the clinical presentation, prevalence, and comorbidity of separation anxiety disorder.
* Describe the clinical presentation, prevalence, and comorbidity of trichotillomania.
* Describe the clinical presentation, prevalence, and comorbidity of excoriation.

KEY TERMS

**Adaptive Functioning:** Adaptive skills are those that help us successfully navigate our daily lives. Our ability to understand safety signs in our environment, make appointments, interact with others, complete hygiene routines, etc. are examples of adaptive functioning.

**Attention Deficit/Hyperactivity Disorder (ADHD):** A disorder in which individuals have difficulty with executive functioning, an individual’s decision-making ability, which involves working memory, inhibition of inappropriate or unhelpful responses, and the ability to focus on relevant information while dismissing unimportant or irrelevant information. Essentially, an individual’s ability to regulate their cognitions, emotions, and behaviors, are impaired.

**Autism Spectrum Disorder (ASD):** The essential features of ASD are twofold and include persistent impairment in reciprocal social communication and social interaction (Criterion A) and restricted, repetitive patterns of behavior, interests, or activities (Criterion B).

**Avoidant/Restrictive Food Intake Disorder:** A new disorder to the DSM 5 (APA, 2013) and replaces and extends the DSM-IV diagnosis of feeding disorder of infancy or early childhood (Norris & Katzman, 2015). It is an eating or feeding disturbance associated with at least one of the following: 1) significant weight loss, 2) significant nutritional deficiency, 3) dependence on enteral feeding or oral nutrition supplements, and 4) marked interference with psychosocial functioning. The disturbance is not better explained due to a lack of available food or a culturally sanctioned practice.

**Conceptual Domain:** also called the academic domain, it involves competence in memory, language, math reasoning, problem-solving, etc.

**Conduct Disorder:** Compared to oppositional defiant disorder, conduct disorder is more and in which an individual displays a disregard, not only for rules and authority, but also the rights and conditions of humans and/or animals. Behaviors that may be exhibited are stealing, fighting, cruelty to people or animals, fire-setting, running away from home, bullying or threatening others, using a weapon that can cause harm, committing a mugging or armed robbery, forcing someone into sexual activity, deliberately destroying another person’s property, lying to obtain goods or favors, stealing items of nontrivial value without confronting the victim, staying out at night in clear violation of parental rules, and being truant from school.

**Disorders Of Intellectual Development:** Diagnosis used in the ICD-11 that it synonymous with the DSM-V-TR’s intellectual development disorder.

**Disinhibited Social Engagement Disorder:** These children tend to be overly social and interact with complete strangers. The child may walk up to someone in a store they have never met and hug them or even walk away with them. They may do this without ever hesitating when separating from their caregiver and might not even look to check back with their caregiver.

**Dyscalculia:** Refers to a pattern of learning difficulties characterized by “problems processing numerical information, learning arithmetic facts, and performing accurate or fluent calculations.

**Dyslexia:** Refers to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, decoding, and spelling.

**Encopresis:** The repeated passage of feces into inappropriate places such as clothing or onto the floor, whether involuntary or intentional. There has been at least one such event each month for the past three months, and the individual must be at least four years of age.

**Enuresis:** The repeated voiding of urine into bed or clothes and can be involuntary or intentional. It has occurred at least two times per week for the past three consecutive months. The child must also be at least five years of age.

**Executive Functioning:** An individual’s decision-making ability, which involves working memory, inhibition of inappropriate or unhelpful responses, and the ability to focus on relevant information while dismissing unimportant or irrelevant information. In ADHD, executive functioning is impaired.

**Excoriation (Skin-Picking) Disorder:** Similar to trichotillomania, except it involves skin-picking which results in skin lesions. Despite attempts to cease the behavior, the individual continues with it. The skin picking causes impairment and may also lead to other medical consequences

**Hyperactivity and Impulsivity Symptoms:** In ADHD, these symptoms are related to excessive energy and movement as well as impulsivity. Individuals with these symptoms are often described as high energy or “on the go,” talkative, and fidgety. These children may have a hard time waiting their turn, standing still, remaining in their seat, or engaging in leisure activities quietly. They blurt out answers before the question has been completed and often interrupt or intrude on others.

**Impaired Caregiving:** The caregiver does not sufficiently care for the child on a consistent basis.

**Inattentive Symptoms:** In ADHD, Children who are inattentive tend to lose things necessary for tasks or activities, do not listen when spoken to directly, do not follow through on instructions and fail to finish tasks, do not give close attention to details or make careless mistakes, and are easily distracted by extraneous stimuli. They also are forgetful in daily activities; avoids, dislikes, or are reluctant to partake of activities requiring sustained mental effort; fail to sustain attention in tasks or play activities; and have problems organizing tasks and activities.

**Intellectual Developmental Disorder (Intellectual Disability):** At the core of an intellectual disability is a deficit in cognitive or intellectual functioning. Historically, we labeled individuals with this presentation of deficits as having mental retardation, but this term was changed to intellectual disability with the passage of Public Law 111-256, also called Rosa’s law, to combat stigmatization and misuse of the term.

**Intellectual functioning:** Refers to our ability to problem solve, understand and analyze complex material, think abstractly, absorb information from our environment, learn from experience, plan, judge, and reason. Critical components include working memory, verbal comprehension, quantitative reasoning, cognitive efficacy, and perceptual reasoning.

**Intermittent Explosive Disorder:** Characterized by recurrent behavioral outbursts which represent a failure to control aggressive impulses. It is manifested by one of the following: 1) verbal or physical aggression toward property, animals, or other individuals which occur twice a week on average, for up to three months; and 2) three behavioral outbursts involving damage or destruction of property and/or physical assault involving physical injury against animals or other individuals occurring within a 12-month period.

**Pica:** The act of eating items that are not food on a regular or recurring basis over a period of at least one month. These nonnutritive, nonfood substances could include grass, chalk, dirt, paper, hair, soap, wool, paint, gum, pebbles, coal, ash, or starch, to name a few.

**Practical Domain:** Involves learning and self-management across life settings such as job responsibilities, personal care, and recreation.

**Provisional tic disorder:** This diagnosis is used if there are single or multiple motor and/or vocal tics, but they have been present for less than one year since first tic onset. The criteria for Tourette’s disorder or persistent (chronic) motor or vocal tic disorder has not been met.

**Reactive Attachment Disorder:** Children with this disorder typically present as detached from others or emotionally withdrawn. They do not seek comfort from caregivers or respond to physical touch when distressed. These children typically have low levels of expressed emotions, particularly positive emotions. They may experience unexplained irritability, sadness, and fearfulness.

**Reciprocity:** The “to and fro” conversation in the exchange of information between individuals.

**Rumination Disorder:** The frequent act of regurgitating food over a period of at least 1 month with no medical explanation such as gastroesophageal reflux and in the absence of a body-image/weight-related reason such as anorexia, bulimia, and binge-eating disorder. An individual may rechew and then eject the food from the mouth or re-swallow

**Selective Mutism:** Characterized by an absence of speech in particular social situations in which a person is expected to speak, such as at school or work, despite speaking in other situations. This lack of speech is not due to a communication disorder; does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder; or due to a lack of knowledge of, or comfort with, the spoken language required in a specific social situation

**Separation Anxiety Disorder:** Characterized by excessive fear or anxiety concerning being separated from those to whom the individual is attached.

**Social (Pragmatic) Communication Disorder:** To receive a diagnosis, all of the following must be present: 1) problems with using communication for social purposes such as greeting or exchanging information, 2) difficulty with changing communication to match context or needs of the listener such as recognizing that one speaks softer in a classroom but louder at a football game, 3) difficultly following the rules for conversation or storytelling such as understanding that individuals engaged in a conversation take turns speaking, and 4) problems understanding what is not explicitly stated and nonliteral or ambiguous meanings of language such as idioms, humor, or metaphors.

**Social Domain:** Involves being aware of the thoughts and feelings of other people, showing empathy, interpersonal communication skills, and social judgment, for example.

**Specific Learning Disorder:** Characterized by persistent difficulties learning critical academic skills during the years of formal schooling such as reading of single words accurately and fluently or arithmetic calculation; performance of the affected academic skills being well below expected for age; learning difficulties being apparent in the early school years for most individuals, and that the learning difficulties are considered “specific” for four reasons.

**Stereotypy:** Stereotyped movement, such as hand flapping, spinning, or any repetitive movement that does not have an obvious function.

**Stereotypic Movement Disorder:** Involves repetitive, seemingly driven, and apparently purposeless motor behavior, such as hand flapping, body rocking, or hitting one’s own body

**Tic:** A sudden, rapid, recurrent, nonrhythmic motor movement or vocalization. Tics can be either motor movements (motor) or vocalizations (vocal).

**Tic Disorders:** A group of three disorders involving tics, including Tourette’s disorder.

**Tourette’s Disorder:** Occurs when both motor and vocal tics are present. More than one motor tic must be present and at least one vocal tic must occur to be classified as Tourette’s disorder.

**Trichotillomania (Hair-Pulling) Disorder:** Characterized by an individual recurrently pulling their hair out and results in hair loss. Despite attempts to cease the behavior, the individual continues with it. These behaviors cause distress and impairment and may also lead to other dermatological/medical conditions