

DISCUSSION OF DAYDREAMER

Mark's problems seem to fall into two general categories: he has trouble focusing and paying attention, and socially, he is immature and unable to make friends. It is likely that his problems with focusing and paying attention contribute to the social difficulties that he experiences. In any case, his social problems are not severe enough to consider a Pervasive Developmental Disorder, and there is no evidence of a Social Phobia.

Mark's problems with focusing and paying attention have been apparent since he began school. Over the years he has displayed difficulty paying attention to details, sustaining attention to particular tasks, listening to instructions, and finishing what he has begun. In addition, he appears to be easily distracted. These are the attentional symptoms that are required for the diagnosis of Attention Deficit/Hyperactivity Disorder (DSM-IV-TR, p.92). (The diagnosis would not be made if the disorder were better accounted for by another mental disorder, such as Pervasive Developmental Disorder.) This disorder usually involves symptoms of hyperactivity and impulsivity. Mark has few, if any, of these symptoms; hence, the diagnosis would be further specified as Predominantly Inattentive Type.

FOLLOW-UP

Two months after the evaluation, at the beginning of the school term, Mark was started on methylphenidate, a stimulant that paradoxically has a calming effect on children with Attention-Deficit/Hyperactivity Disorder. His academic performance during eighth grade improved dramatically. He received all A's and B's, except for a c in social studies.

His relationship with his parents improved, his mother claiming that everyone was getting along better. Mark reported making two new friends from the basketball program, and his mother reports classmates have called him to set up dates. Blood pressure, pulse, height, and weight were monitored. No adverse side effects to medication were reported.

DISCUSSION OF ECHO

Richard demonstrates marked impairment in reciprocal social interaction and in verbal and nonverbal communication and a markedly restricted repertoire of activities, all beginning in the first few months of life. He doesn't seem interested in other children and never wants to play "baby games" with his parents. His speech is limited and peculiar (echoing words and phrases of others), and his play is abnormal in that he never engages in imaginative play. His interests are markedly restricted and stereotyped (doing puzzles and making patterns with kitchen utensils), and he has stereotyped motor mannerisms (flapping of his hands). These behaviors, beginning prior to age 3, are the characteristic signs of the Pervasive Developmental Disorder Autistic Disorder (DSM-IV-TR, p.75).

DISCUSSION OF “NO BRAKES”

Jeremy’s defiant and reckless behavior suggests the possibility of both Conduct Disorder and Attention-Deficit/Hyperactivity Disorder. Though he has annoyed other children and adults, he has not violated their basic rights or displayed any of the more serious forms of behavior, such as stealing, cruelty, truancy, running away from home, or destroying property, that would justify a diagnosis of Conduct Disorder. His encounter with the police was over a petty violation, and the damage he caused to a shop window was not done with destructive intent. Although Jeremy does quite well academically, he has problems with teachers and peers. He has a high energy level but is not aimlessly hyperactive and does not appear to have the characteristics of Attention-Deficit/Hyperactivity Disorder.

The persistent argumentative, irritable, defiant, annoying, and resentful behaviors are characteristic symptoms of Oppositional Defiant Disorder (DSM-IV-TR, p.102). We note the severity as Moderate. Some clinicians consider Oppositional Defiant Disorder merely a mild form of Conduct Disorder, but many children with the disorder never develop any more serious behavioral problems.