

## What is All this Alphabet Soup: Understanding Children's Mental Health Diagnoses

AD/HD, PTSD, ODD, RAD, BPD—what is all of this alphabet soup anyway? All of these are mental health disorders as identified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) compiled by the American Psychiatric Association. Diagnosing mental health disorders is similar to the manner in which physicians diagnose the flu, diabetes, etc. The client provides the mental health professional—psychiatrist, psychologist, social worker, counselor, therapist—with symptoms, information about the onset of the problem, relevant history, reports of previous treatments and so on. The mental health professional then determines the correct diagnosis or name of the problem. Subsequently, a treatment plan is formed—goals for what is to be accomplished are set, and the specific interventions or ways of accomplishing the goals are listed.

Pre-adoption workers will provide parents with written summaries of waiting children. The information contained in these reports often lists the prospective adoptee's mental health diagnoses. Young children, due to the trauma they experienced or genetics, may grow into a mental health condition. Whether a diagnosis is assigned pre- or post-adoption, it is important to gain an understanding of the symptoms and treatment of the mental health condition.

For example, a child with Depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die. Older children may sulk, get into trouble at school, be negative and irritable, and feel misunderstood. Certainly then, an adoptee who suffers Depression can impact each member of the adoptive family.

The [National Institute for Mental Health](#) (NIHM) provides a comprehensive description of all existing children's mental health diagnoses. Signs, symptoms and treatment approaches are described in detail. Within seconds, parents and professionals, can learn a great deal about the prospective or already permanent member of their family.

Parents and adoption professionals must also be aware that diagnosing mental health conditions is not an exact science,

- Symptoms overlap from one diagnosis to another. This leads to diagnostic inaccuracies.
- Diagnosis implies a course of treatment. Diagnostic inaccuracy sends the family off in the wrong direction—valuable time is lost in actually alleviating the child's issues.
- Mental health professionals frequently fail to look broadly enough at the child. Symptoms are often interpreted as the result of a chemical imbalance in the brain. Medication is prescribed. Overlooked are the child's sensory integration problems, grief and loss issues and issues resultant from abuse, pre-natal substance exposure, multiple moves, institutionalization, neglect, etc. Thus, and unfortunately, many families pursue a course of treatment exclusive of the other issues with which their child presents—only some of the child's problems dissipate. We must make more effort to look at the child as a puzzle with many pieces. Each of the pieces needs treatment to bring the child to an optimal picture of well-being.
- Some mental health issues are more prone to onset in adolescence and young adulthood. Accuracy requires re-evaluating a child over time.
- Diagnosis is limited when the birth family history is sketchy or unknown.
- Diagnosis is affected by the experience and knowledge of the professional

So, what are parents and professionals to do? Using the National Institute of Mental Health and knowledge of the child as a starting place, review the symptoms of the disorders with which the child is diagnosed. Then, keep reading!!! Attend adoptive parent support groups. Seek out seminars in your community via your library, local college, hospital, international adoption medical center, community mental health center, etc. Visit <http://www.attach.org> and <http://www.nacac.org> to obtain information about their annual conferences—a wealth of information is obtained from these events. As you learn, ask, “Does this diagnosis adequately describe my child?” “Is the treatment responding to the diagnosis and the child’s pre-adoptive trauma?” “Have I educated myself to nutritional needs, Sensory Integration, pre-natal substance exposure?” “Have I made efforts to seek out and utilize adoption-competent services?” Even if such a professional requires traveling, the benefits may far outweigh using a provider closer to home lacking in the knowledge of the complex issues with which a traumatized and/or formerly institutionalized child can present.

The well-being of the entire adoptive family is enhanced when treatment is comprehensive and conducted by a professional with experience.