



Big Problem. Tragic Results
 (Over, Under, & Mis-Diagnosis)

Heartland Juvenile Services Association
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James

- ❖ Diagnosis drives treatment
- ❖ Wrong diagnosis → wrong treatment
- ❖ Best case
- ❖ Worst case

OVER-DIAGNOSIS

BIPOLAR

- ❖ 1990s—↑40% percent
- ❖ ADHD clinic
 - Colleagues, Parents
- ❖ Episodes
 - Rapid Cycling

- ❖ Impact
 - Positive
 - Negative
- ❖ 1 million
 - Definitely have it
 - Some do not
- ❖ Disruptive Mood Dysregulation Disorder (DMDD)

Changing, modifying or ignoring diagnostic criteria can result in children/teens being dx with MH disorders they may not necessarily have

UNDER-DIAGNOSIS

ADHD IN GIRLS

- ❖ Symptoms can look different
- ❖ Referral bias
 - Teachers, parents
- ❖ Provider bias
 - Minimal training
- ❖ Research
 - Boys
 - Shapes diagnosis
- ❖ Potential life-long negative impact
 - Growing up
 - As adult women

MIS-DIAGNOSIS

- ❖ Youth Involved w/ Juvenile Justice
 - Oppositional Defiant Disorder
 - Conduct Disorder
 - ADHD
 - What about.....Trauma?

- ❖ Interpersonal trauma
- ❖ More trauma, more damage
- ❖ Complicated diagnostic picture
- ❖ Poly-traumatized/Poly-victimized
- ❖ Often no “trauma” diagnosis

Trauma and the Brain

- ❖ Threatening sit
 - Fight or flight
 - Chemicals
 - Chronic
 - Changes
- ❖ Bio wired for survival
 - Revved up
 - Tense, Reactive
 - Scan for possible threat
 - Impulsively respond

- ❖ **Hypervigilance**
 - See danger
 - Request, conversation, non-verbal
 - Intensified
 - Automatic
- ❖ **Hostile attribution**
- ❖ **Attention & concentration**
 - Schoolwork/blamed
- ❖ **Sleep issues**
- ❖ **Exhausted/irritable**
- ❖ **Unprovoked aggression**

- ❖ **ADHD**
- ❖ **Bipolar**
- ❖ **Substance Use Disorder**
- ❖ **Conduct Disorder**
 - Antisocial
- ❖ **PTSD**
- ❖ **Complex Trauma**

- ❖ **MHP**
 - Dep, Anx, Grief
 - Bad vs Sad
- ❖ **Resources**
 - Money, meds, 3 or more
 - Underlying Core?
- ❖ **James?**

- ❖ **Aggression**
 - Reactive vs Proactive
- ❖ **Accountability**
- ❖ **“Fight or Flight”**
 - Cycle
- ❖ **Mis-diagnosed**
 - How
 - Understand behavior
 - Strategically respond
 - Effectively treat
 - Individualize treatment

Over, Under & Mis-Diagnosis

- ❖ What Can We/YOU Do?
- ❖ Key steps—Big results
- ❖ Very complex youth

When we primarily rely on a youth's self-report, the chance they will be Over, Under or Mis-Diagnosed is much higher

1) More Likely to Obtain Accurate Information If Utilize More Than Clinical Interview

- ❖ Empirically-validated
 - Rating scales or checklists
 - Many still self-report
- ❖ Psychological testing
 - Objective, projective
 - Access to a psychologist
 - Have psychiatrist?
 - Medicating right thing?
- ❖ Information cannot get from interview
 - Not know what asking
 - Layers below
- ❖ Information from
 - Previous providers, family, teachers, caseworkers, PO
 - Phone/rating scales

Comprehensive "Psychological" Assessment

- ❖ Diagnostic picture not clear—guide tx plan
- ❖ **Still struggling**
 - Significant resources
 - Multiple meds
- ❖ **"Know" the system**
 - Harder to craft answer when unsure what evaluating
- ❖ **Minimizing/exaggerating sx's**
 - MMPI & "validity" scales
- ❖ **More effective—TX targeted to right issue(s)**
 - Saves time
 - Saves money

2) Direct-Care Professionals (at every level) Key Members of the Diagnostic & Treatment Team

- ❖ **Eyes/ears**
- ❖ **Self/others**
- ❖ **Formal channels**
 - ❖ **Communicate what see/hear**
 - Individual youth
 - Evaluation/diagnosis
 - Psych Assess/Med Eval
 - Dynamics
- ❖ **Encourage questions/understanding**
 - More effective observers and reporters
 - Columbo

3) Ensure Professionals Diagnosing Have the Education, Training, Experience & License To Do So

- ❖ Know
 - Strengths/limitations of DSM-5
 - Co-occurring or work closely with SA/MH
 - r/o Head Injury prior to MH
 - Trauma-responsive
 - r/o trauma prior to MH
 - Provisional or r/o
 - Obtain additional training/CE
- ❖ Contract if not staff
 - Share
 - New
 - Neuropsych
 - HI screen
- ❖ Travel?
 - Rural—bad vs no assess
 - 1-2 visits

4) When youth have already been diagnosed, find out details

- When?
- By whom?
- How long?
- What include?

Re-Assess When Necessary

MATT

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