POINT

# Diagnosing Children is a Standard of Clinical Practice

*ANGELA MEDELLIN, LPC-S, RPT-S*

When diagnosing children, practitioners must take into consideration the child's neurodevelopmental period, the wide range of symptoms and behaviors reported, children's reactivity to family and environmental stressors, and the classification system found in the ICD-10. Diagnosing children can and should be a standard of clinical practice, especially when practitioners use ethical decision-making guidelines. As a practitioner, I have been able to provide an accurate diagnosis, balance parental implications, and simultaneously meet third-party payer requirements for services billed and rendered.

When diagnosing children, I follow and utilize the APA (2017) code of ethics as a guideline to help me navigate ethical and legal dilemmas. Principle A of the APA (2017) code of ethics is based on the principles of *beneficence and nonmaleficence.* The code states, "Psychologists strive to benefit those with whom they work and take care to do no harm. Psychologists take reasonable steps to avoid harming their clients… and to minimize harm where it is foreseeable and unavoidable" (APA, 2017, Section 3.04). When operating under this principle, I must consider how an inaccurate diagnose may leave a child without access to treatment services, which may be harmful for the child's future. As a practitioner, it is important that my diagnosis be accurate in the event it is utilized to help children receives additional services when needed.

When diagnosing children as part of clinical practice, it is important that documentation tell the story of how the diagnosis was rendered. The process for me begins by conducting a thorough intake of the child and incorporating diagnostic screeners provided to parents as needed. Documentation of the decision-making process is part of the cornerstone by which clinicians build their case. Additionally, providing an accurate diagnosis is essential for coordination of care among professionals, continuity of care for the child, and to ensure compliance with insurance billing requirements.

The role of diagnosis and treatment is also a part of the initial conversation I have with caregivers during the intake and informed consent process. It is important to inform parents and caregivers that clinical diagnostic impressions may also change over time, as additional information can impact the initial diagnostic decision. I also ensure that parents and caregivers are made aware of the diagnosis, understand the criteria, and are provided with treatment recommendations to help support their child. Diagnosing children does not have to be "treacherous terrain" but the clinician should consider using an ethical decision-making model, seek out clinical supervision, and utilize documentation to support diagnostic criteria when making a diagnosis.

When I first started my journey of becoming a play therapist, I was intimidated by the idea of diagnosing children. Today, my belief has changed as I have grown in the field of play therapy. As a practitioner, I believe I have a responsibility to ensure every child receives access to treatment, is provided with an accurate diagnosis, and has ongoing support by providing caregiver guidance and feedback throughout the treatment process. Although I do not claim to be an expert on this topic, my personal experience has led me to believe that play therapy practitioners can grow in their skillsets and confidently and competently diagnose children as a standard of clinical practice.

THE **MIDDLE** GROUND

# Diagnosing Children: Proceed… With Caution

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According to the Centers for Disease Control and Prevention (2021), 1 in 5 children have a mental, emotional, or behavioral disorder, such as anxiety, depression, attention-deficit hyperactivity disorder (ADHD), or autism spectrum disorder (ASD). Diagnosing children is a major conundrum and likely not an easy one to solve given its many confounds. Children vary widely in their development, which complicates the diagnosis process. Children's diagnoses tend to depend on behavioral presentation and caregiver report, because children are developmentally limited in language skills. Children are also dependent on their familial environments and are reactive to stress in their environments. The American Psychiatric Association's (2013) diagnostic manual (i.e., DSM-5), which is used to diagnose children, has a slew of issues.

The DSM-5 uses a categorical system with a demarcation between *normality* and *disorder.* This demarcation is one of the major criticisms of this system and is specially marked when it comes to children (Cartwright et al., 2017). Given this current system, many children who have subthreshold symptoms are not diagnosed early enough to receive the help they need. To overcome this shortcoming, about 10% of providers use imprecise coding where more broad or narrow diagnoses are used for the child (Cartwright et al., 2017).

Despite these caveats, diagnosis can be the catalyst for change in a child's life. In a school system, diagnosis can help a child receive much-needed special education services. An accurate diagnosis allows professionals to communicate, and caregivers to educate

# Human Connection May Reduce the Need for Medical Diagnoses

*KELLEE CLARK, MFT, LMFT, RPT*



The pursuit of diagnosis, as a medical act, must be carefully considered and may not be the best starting point for some clients. From a medical model, diagnosis often leads to preoccupation with symptoms, potentially creating missed opportunities for further assessment in children, particularly assessment of the family system. Curiosity, through a thorough anamnesis, allows for connection. Connection is needed to assess and heal social relationships and, more importantly, when connection has been ruptured, repair is needed. In fact, healthy development relies on repairing ruptures 30% of the time (Gold & Tronick, 2020).

Among the theories about the developing mind, social baseline theory is garnering more attention in mental health fields. Social baseline theory, "suggests the human brain expects access to social relationships that mitigate risk and diminish the level of effort needed to meet a variety of goals," (Coan & Sbarra, 2015, p. 87). Human beings are designed to be in connection with others. Children's survival is dependent on their caregivers, and The National Scientific Council on the Developing Child (NSCDC; 2010) noted that environmental influences in early childhood shape the construction of their brains.

Babies as young as 11 months of age adaptively miscue to stay in connection with the caregiver and begin to hide their needs based on what they have learned their caregiver can manage (Nachmias et al., 1996). The American Psychiatric Association (2013) often describes symptoms deriving from circumstances that appear to show the child does not want to be in connection or cannot connect with others. However, social baseline theory posits that connection is the human baseline. When children have access to relationships that are reliably responsive and supportive, the baseline (re)sets to seeking out and being available for connection. "The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live" (Center on the Developing Child, 2015, para. 5). Diagnostic symptom focus can identify the child as "the problem," thereby isolating them in their respective systems, and can result in connection ruptures. Epigenetic data suggests that diagnosis should be the last step in intervention, particularly in early childhood (NSCDC, 2010).

With the emergence of epigenetics, the mental health field is learning that genes are not destiny. Although children may display characteristics of diagnosable mental illnesses, their developing brains respond and process events very differently than fully developed adult brains. When children have an experience of "being held" over and over again in responsive and reliable relationships they are buffered from adverse effects of other stressors (Tronick & Gold, 2020). Many children referred to play therapy have not had these repetitive experiences. Tronick and Gold (2020) stated, "By immersing ourselves in a new set of interactions over time, with hundreds of thousands of moments of engaging with the mess, we create new meanings by moving through mismatch to repair" (p. 213). Diagnosis with a mental illness may not suggest promoting these reparative experiences in response.

Starting with interventions that assess the systems children are in, addressing stressors on and in their systems, and repairing ruptures can support the process of reorganizing the brain structure of these children, and possibly reduce the need for a mental illness diagnosis.

themselves on how to help and care for the child. Early diagnosis is crucial, especially with more serious disorders where early intervention is critical for the prognosis of the child. For example, the social and communication deficits associated with ASD, if diagnosed early, grant the child a better chance of diminishing symptoms to an adaptive level of functioning. Diagnosis also provides access to care because third-party payers will not reimburse for services without diagnoses; without these financial services, many families cannot afford treatment.

Caregivers are typically the first to notice changes in their children's behavior. Research shows that there is a tendency for caregivers to wait when new behaviors emerge (i.e., Cartwright et al., 2017). However, it is important that parents seek consultation when professionals or they note developmentally incongruent behavior in their child. When there are familial stressors, such as divorce, family composition changes, or other stressors, caregivers are cautioned to watch for persistent behavioral changes and are advised to consult with pediatricians and mental health professionals when warranted.

Play therapy providers have an ethical obligation when diagnosing and treating children. Despite diagnostic limitations, validity and reliability may be increased by considering additional factors in the diagnostic process. The diagnostic process should include a thorough clinical interview to identify factors such as trauma history, multicultural backgrounds, language spoken in the home, acculturation, and undocumented immigrant status, to name a few. Lehti et al. (2016) found that children with two immigrant parents were more likely to receive an ADHD diagnosis. The likelihood increased when the parent's country of origin had a low level of development. In summary, diagnosing children has its utility, despite its caveats. When doing so, culture and the child's other environmental factors must be considered to yield as accurate a diagnosis as possible.

# POINT, COUNTER POINT, THE **MIDDLE** GROUND

## Diagnosing children: Standard practice or treacherous terrain?

**CLINICAL EDITOR'S COMMENTS:**
*This column features insights and differing perspectives on important play therapy issues. Contributors present opposing arguments for the sake of intellectual exploration and debate, and perspectives expressed may not be their own.*

### References


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We invite you to contribute your ideas and manuscripts for publication consideration on the following upcoming topics.

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  *Essays due by July 1, 2021*
- Should the play therapist be the parent's individual therapist or refer them to another clinician? (December 2021 issue)
  *Essays due by August 15, 2021*

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