

PSYCHIATRIC ASSESSMENT AND DIAGNOSTICS IN CHILDREN WITH SEVERE MENTAL RETARDATION

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Despite of recent favourable developments in the field of psychiatric diagnostic among the persons with mental retardation, the diagnostic in children with severe mental retardation remains a precarious issue. Descriptive phenomenological method like DSM IV, does not satisfy and the investigators in this field are looking for new approaches. The developmental psychiatric approach is focusing on the specific developmental aspects in these children, in addition to their biopsychological characteristics. In the assessment the symptoms of the disorder are placed within a broad context of the total child's existence and its developmental process. The diagnostician attempts to discover the onset mechanisms of the disorders as well as the basic psycho-social needs of the child.

INTRODUCTION

The developmental approach to the phenomenon of mental retardation came into being in the late 1960's (Zigler 1967, 1969). The theorists were of the opinion that although retarded children have a slower rate and a lower final level of development, they follow similar universal sequences of development and perform on cognitive tasks identically with non-retarded children of the same mental age.

Later, investigators found, however, that different aspects of development, like motoric functioning, cognition, social development etc., may be divergent for those suffering from certain types of mental retardation like Down's syndrome and Fragile X (McCall 1981, Miller 1986, Dykens et al. 1989). The social aspects of mentally retarded children appear to be influenced by the environment to a greater extent than the cognitive aspects (Bregman and Hodapp 1991). These findings suggest that mentally retarded children may show discrepancies across different aspects of their psychosocial development.

Spurred on by the "Normalization" movement in the 1970's professionals caring

for the mentally retarded paid more and more attention to the behavioral disorders that occurred frequently among these individuals. Psychiatric disorders were often found within a background of behavioral difficulties (Menolascino 1970, 1977, Szymanski 1977). However, the diagnosis and classification of these disorders by means of the existing psychiatric diagnostic and classification systems was difficult (Szymanski and Tanguay 1980, Sovner 1986). It became obvious that the phenomenological descriptive approach used in ICD and DSM systems could not be applied at all levels of mental retardation (Bouras and Drummond 1992, Ballinger et al. 1991).

These systems could be used for the mildly and partially for the moderately mentally retarded, but at the lower levels, they were dissatisfactory (Szymanski 1988, Hucker et al. 1979, Sovner and Hurley 1986).

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