

H-9- Are There any RCBHD's?  
Recognizable Complex Behavioral Health Disorders (**RCBHDs**)

**Neurodevelopmental Disorders**  
**Complex Post Traumatic Stress Disorder**  
**Autism Spectrum Disorder**  
**Difficult Temperament**  
**Early Onset Schizophrenia**  
**Bipolar Disorder- types I, II, and Mixed**  
**Personality Disorders**  
**Genetic Syndromes**  
**Complex Eating Disorders**

1. Neurodevelopmental disorders- these complex problems arise during the “developmental period”- before age 6. The causes can occur in utero or during the first few years of life. The result of these causes can impact developmental abilities, medical health, and mental health, so symptoms can be quite varied. The particular importance of identifying these difficulties is that they impair the “building” of our neurological systems and our abilities in ways that are long-lasting and difficult to repair.
  - a. **In utero** or during the birthing process
    - i. **Exposure** to drugs, substances, and toxins (alcohol, marijuana, valproic acid, others)
      1. Physical- short stature; small head circumference; unusual facial characteristics; hand, finger, and toe abnormalities, gross and fine motor coordination problems
      2. Intellectual- serious cognitive delays, memory problems, judgment problems, impulse control problems, poor frustration tolerance, poor adaptive functioning, delayed or slow rate of learning, difficulties with communication
      3. Social- altered social drive, diminished social knowledge, low social grace, relationship difficulties, poor empathy for others
    - ii. **Brain damage** due to stroke, bleeding in the brain, low oxygen to fetus, birth trauma or other congenital difficulties (Cerebral Palsy, methamphetamine related stroke, prematurity related ventricular bleeding)
      1. Physical- movement problems, muscle spasms, fine and gross motor control problems, speech articulation problems
      2. Intellectual- low IQ, poor impulse control, mood instability and lability, attention problems, brief psychosis under stress
      3. Social-as above
  - b. During **early childhood**
    - i. **Medical** problems- infection, drug exposure, enzyme problems, inflammation, prolonged fever, cancer, cancer treatments

1. Depending on WHEN the events happened, the result will be related to the developmental stages of the child
  - ii. **Physical trauma** to head and brain- problems depend on when and where in the brain the traumatic injury is
  - iii. **Emotional and psychological trauma**- see complex PTSD below
2. Complex Post Traumatic Stress Disorder (PTSD)- sustained excessive arousal of multiple brain systems early in life (during the developmental period) due to exposure to traumatic experiences AND/OR exposure to neglectful environments during crucial developmental stages before regulatory system architecture is in place can seriously impair the attainment of developmental milestones, interfere with cognitive development, lead to mental health symptoms, and later contribute to the excessive and problematic use of substances.
  - a. Typical PTSD symptoms of distressing memories (sometimes pre-verbal memories), distressing dreams, dissociative reactions, psychological distress, and physiological reactions when reminded of traumatic experiences. Also avoidance of reminders, avoidance of people and interpersonal relationships, negative emotional states, diminished interest in activities, social withdrawal, reduced expression of positive emotions. Also, irritable behavior, angry outbursts, hypervigilance, exaggerated startle, concentration problems, sleep disturbance.
  - b. Fear memories, poor ability to care for self (hygiene, body rhythms), secondary enuresis, poor frustration tolerance, maladaptive problem solving
3. Autism Spectrum Disorder- this set of difficulties usually becomes apparent in the 2<sup>nd</sup> or 3<sup>rd</sup> year of life. Loss of developmental abilities, diminished social interest, communication problems, and limited range of interest are usually the prominent diagnostic symptoms. In addition, other areas of problems can arise:
  - a. “Theory of Mind” problems
  - b. Self-regulation problems
  - c. Sensory sensitivity and management of sensory input
  - d. Obsessive rumination or preoccupation with internal stimulation over involvement with external world
  - e. Attention, cognitive difficulties, adaptive function problems
  - f. Can be associated with seizure disorders, gastrointestinal difficulties, sensitivities to medicines or foods
4. Difficult Temperament- This set of problems could be described as the beginnings of a person’s personality. Like “shyness” or having a shy, slow to warm up temperament, having a difficult temperament means symptoms of “challenges” can arise any day due to the “load” of daily experiences of stimuli. Any child who exhibits 4 of these characteristics could be considered “difficult”. Having these characteristics doesn’t necessarily mean the child will have problems- it is in the interaction between the child and other people (caregivers, peers, or teachers) that the problems can arise through “temperamental mismatch”. The areas of temperament that can be “difficult” include:

- a. Attention span
  - b. Impulse control
  - c. Hyperactivity
  - d. Intensity of emotional expression
  - e. Body rhythm difficulties
  - f. Negative persistence
  - g. Adaptability to change
  - h. Response to new environments
  - i. Sensory sensitivities
  - j. Overall general mood (sour, negative versus happy)
5. Genetic Syndromes- these syndromes are becoming more frequently identified due to the availability of genetic testing. In the past, physical manifestations were usually noted before genetic testing was done; now, abnormalities not well explained by other conditions indicate a need for genetic testing. This testing can lead to novel treatments. Examples of genetic abnormalities include Fragile X, Trisomy 21, enzyme deficiencies, XXY, XYY.