The Most Common Misdiagnoses in Children

When symptoms have multiple causes, mistakes are made

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When you have a headache, you know there are many possible causes, ranging from the mild to the very serious. When you see your doctor, she will likely ask you detailed questions about how long the headaches have been taking place, what type of pain you are feeling, when they occur, and what other symptoms you’re experiencing. Without a thorough assessment and examination, it would be absurd for your doctor to diagnose you with a brain tumor or the flu, both of which can give you a headache. And, of course, the treatment for a brain tumor and a virus would look very different.

The same thing is true of mental illness: many common symptoms occur for a variety of reasons, and can reflect several different diagnoses. That’s why a good mental health professional will give your child a thorough evaluation based on a broad range of information before coming up with a diagnosis. It’s crucial to understand what’s really behind a given behavior because, just as in medicine, the diagnosis your child receives can drastically change the appropriate treatment. ADHD medications, for example, won’t work if a child’s inattention or disruptive behavior is caused by anxiety, not ADHD. And, just like a medical doctor, when a treatment doesn’t work, whether it’s therapeutic or pharmaceutical, one of the things a good clinician will do is reexamine the diagnosis.

Here we take a look at some of the common psychiatric symptoms that are easily misinterpreted in children and teenagers, leading to misdiagnosis. For each symptom, we explain the diagnosis it is commonly linked to, and what some of the alternate causes for what that behavior might be. (This list is only meant to be used as a guide, and it is important to always consult with a trained diagnostician before beginning treatment or assigning a label to your child.)

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The Effects of Bullying

From the National Child Traumatic Stress Network

Being bullied can severely affect a child’s or teen’s self-image, social interactions, or school performance, and can lead to mental health problems such as depression, anxiety, and substance use, and even suicidal thoughts and behaviors.

Signs that a child is being bullied may be physical, emotional, behavioral, social, or academic. Short- and long-term effects of bullying may include:

- Stress, anxiety, and depression
- Anger or frustration
- Loneliness and isolation
- Feelings of rejection, or poor self-esteem
- Changes in sleep and eating patterns
- Health complaints
- Poor relational skills
- School avoidance, including missing or dropping out of school
- Poor academic performance
- Separation anxiety
- Self-injury
- Eating disorders
- Suicidal or homicidal ideas or actions

Youth who witness bullying, known as bystanders, can also be affected. Bystanders may feel guilty about their own inaction, may feel unsafe at school, and can also be at increased risk for depression, anxiety, drug abuse, and absenteeism from school.

Bullying and Trauma

Children or teens who have been exposed to trauma and violence may be more likely to:

* Bully others
* Be more distressed by bullying or appear desensitized to bullying
* Be the targets of bullying themselves

The relationship between trauma and bullying is complex. Being bullied can lead to traumatic stress reactions including Posttraumatic Stress Disorder. For example, a 2012 study (Idsoe, Dyregov, & Idsoe, 2012) found that for all students who experienced bullying, 27.6% of boys and 40.5% of girls had PTSD scores within the clinical range. Symptoms were even worse for those students who both bullied others and had been the targets of bullying themselves.

Children who have experienced trauma are more likely to be bullied and to engage in bullying behavior. In some cases, children who experience trauma may develop social or interpersonal difficulties, making them more likely to become targets of bullying. Studies of Adverse Childhood Experiences, or ACEs, have found that children who report more ACEs are also more likely to exhibit bullying behavior (Sacks, et al., 2014).