



Developmental & Behavioral Pediatrics of the Carolinas

CMC- NorthEast

310 Medical Park Drive, Suite 202B
Concord, NC 28025
704-403-2626

WHAT DEVELOPMENTAL & BEHAVIORAL IS ALL ABOUT.

We most commonly address behavioral and medication management issues related to:

- Developmental Delay with or without behavioral symptoms
- ADHD plus mild co-morbidities such as Anxiety and Dysthymia
- Autism diagnostic clarification and medication management of target behaviors
- Genetic syndromes with behavioral symptoms

However, while it had been customary to take “all comers,” realistically our practice is not equipped to handle more significant co-morbidities such as:

- Conduct Disorder,
- Severe Mood Disorders such as Bipolar or Major Depressive Disorder
- Concerns for psychotic processes.

These children will be readily directed to psychology and/or psychiatry for further assessment and treatment since it is beyond the scope of DBP's.

Children presenting with primary or sole concerns for a Learning Disability eligibility determination are best initially assessed by psychologist. As physicians, we cannot perform the necessary psychoeducational testing (quantitative analysis) needed to establish a “learning disability” diagnosis, and can only provide overview of the evaluation process where a learning disorder is suspected.

There are also certain cases that may be initially addressed with therapy alone, including:

- Adjustment Disorders
- Separation Anxiety
- Family psychosocial problems, etc.

The following kinds of presenting concerns/symptomatology are best addressed by **psychiatry**:

- 1) Bipolar Disorder
- 2) Conduct disorder (i.e. serious rule breaking, violent behaviors, fire starting, threatening behaviors, etc.)
- 3) Psychotic Disorders (hallucinations, thought disorder, delusional thinking)
- 4) Severe depression (suicide ideation, anhedonia, recurrence, self-cutters, history of past psychiatric admission)
- 5) Severe Anxiety (i.e. panic attacks, social phobia, severe GAD)
- 6) Personality Disorders

The following kinds of presenting concerns/symptomatology may be initially addressed within the scope of initial therapeutic relationship with **therapist, LCSW, and/or psychologist**. Medication management is usually not first line treatment. :

- 1) Family problems
- 2) Adjustment to life Circumstances
- 3) Parental Discipline
- 4) Attachment problems (i.e. Reactive Attachment disorder)
- 5) Mild anxiousness or phobic fears
- 6) Mild depressive symptomatology, low self esteem.

If psychoeducational testing has already by completed, DBP's do provide consultation with regard to interpretation of the data and assist with formulation of treatment plan. However, the following kinds of initial presenting concerns are best **initially** addressed with a psychologist:

- 1) Actual assessment of IQ and adaptive measures to determine the degree of cognitive impairment (rule out mental retardation)
- 2) Actual psychoeducational testing to rule out Learning Disabilities.
- 3) ADHD **inattentive** subtype in the context of discrepant parent-teacher reporting, co-occurring LD, or co-occurring mood disorder where additional assessments are indicated
- 4) Complex learning issues where extensive psychometric testing is needed to better discern the learning profile and provide specific educational recommendations.

The following kinds of presenting concerns/symptomatology are best initially addressed by **Neurologist**:

- 1) Cerebral Palsy
- 2) Movement disorders
- 3) Global developmental regression (rule out metabolic or mitochondrial disorders)

Please feel free to call our office with any questions.