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Decision Trees for Use in Childhood Mental Disorders

Henry A. Doenlen, M.D.

The third edition of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (1) provides specific diagnostic categories for use in childhood mental disorders, even though these diagnoses are not limited to children. In addition, many of the diagnostic categories used for adults are considered appropriate for use in children. DSM-III instructs the clinician to diagnose children by first considering the section “Disorders First Evident in Infancy, Childhood, or Adolescence” before considering the disorders described elsewhere. However, this may lead to problems because some major diagnostic categories such as affective disorders and schizophrenia are not included in the childhood section. This may lead some clinicians to overlook a more accurate diagnosis outside the childhood section, i.e., using Overanxious Disorder instead of Major Depression.

In an attempt to help the clinician to understand the structure of the classification system, DSM-III contains a set of decision trees. Although these trees may be useful for adult diagnosis, they are not quite as useful in diagnosing children. The main problem is that children generally are brought to psychiatrists with behavioral complaints which are related by their parents. Children are more likely than adults to act out their feelings in non-specific ways. For example, a child’s verbalization of worries to his parents may be a symptom of Separation Disorder, Major Depression, or Overanxious Disorder. Use of the decision trees in DSM-III would require the clinician to make an initial distinction between anxious mood and depressed mood. This is difficult with children, who often are unable to verbally label their feelings. Another factor complicating diagnosis in children is their greater imagination leading to the assessment of hallucinations or delusions which may not necessarily indicate psychosis.

This article proposes an alternate set of decision trees that may be helpful in the diagnosis of mental disorders in children and adolescents under the age of 18 years. Like the DSM-III decision trees, these trees are only approximations of the actual diagnostic criteria. Thus, they are not meant to replace the actual diagnostic criteria in DSM-III.

The following decision trees should be used in the order presented. Thus,

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Dr. Doenlen wrote this paper while a senior child fellow at Thomas Jefferson University, Philadelphia, Pennsylvania.
the first tree would apply to any emotional or behavioral problem, the next to psychotic problems, then speech and language problems, and so on. Generally, use of an individual tree should result in only one diagnosis from that tree. Exceptions to this are tree branches labeled “continue,” which indicates that the remainder of the tree should be examined even if a diagnosis was already indicated. All decision trees should be used in the diagnostic considerations regarding each patient because a patient may have more than one applicable diagnosis. Each diagnosis suggested by the trees should be confirmed by application of the actual DSM-III diagnostic criteria. Special care should be taken to apply the exclusionary criteria for age or other features as stated in DSM-III. The tree for Organic Brain Syndromes would be the same as published in DSM-III, so it will not be repeated here. Also, the possibility of psychosexual disorders should be remembered even though there is no tree for them here or in DSM-III.

The author’s hope is that these decision trees may be useful for residents studying child psychiatry. In addition, this article should stimulate discussion among clinicians who have different ideas about child psychiatric diagnosis. Such ideas may be used to modify and improve this attempt to organize the diagnostic categories. If individual residents find the trees helpful, a study might eventually be done comparing diagnosis made with and without the decision trees. The diagnosis may be compared for accuracy with those obtained by the child psychiatry faculty. In the field trials for DSM-III, the overall kappa coefficients of agreement for phase one was .68 and phase two was .52. Spitzer considered kappa values of 0.7 and above to indicate “good agreement.” Perhaps the use of either the decision trees presented here or a series of modified decision trees may improve the diagnostic agreement among clinicians.

### CHILD MENTAL DISORDER DECISION TREES

1) **Diagnostic Considerations for All Symptoms**

- Any behavioral or emotional symptom?
  - + yes
  - Symptoms under voluntary control?
    - + no  + yes
    - + Goal only to take patient role?-----------------------yes: Factitious dis. psych. sx.
    - + + no
    - + Goal obviously recognizable?--------yes: Malingering
    - + + no
  - Known organic etiology (including neurologic and other physical disease as well as drug or alcohol ingestion?)--------yes: consider organic brain synd.
    - + no
  - consider other categories
2) *Psychosis Decision Tree*

Delusions, hallucinations, loose associations, or incoherence?
+ yes

School, social, and self-care functioning deterioration?
+ no + yes
+ Delusions, hallucinations,
+ loose associations, or
+ incoherence?
+ Duration 6 mo.? yes: Schizophrenia
+ no
+ Duration 2 wks.? yes: Schizophreniform disorder
+ no
+ After significant stress? yes: Brief reactive psychosis
+ no

Initially manic or depressed? yes: Affective dis. with psychosis
+ no

Paranoid delusions without hallucinations? yes: Paranoid disorder
+ no

School, social, and self-care functioning deterioration?
yes: Atypical psychosis
+ no

consider Anxiety, other categories

3) *Language Decision Tree*

Speech or language difficulties?
+ yes

Delusions, hallucinations, loose associations? yes: consider Psychosis
+ no

Onset before age 2.5 yrs.?
+ no + yes
+ Pervasive lack of
+ responsiveness to people? yes: Infantile autism
+

Gross impairment of sustained social relationship before age 12 yrs.? yes: Childhood onset pervasive development dis.
+ no

Multiple distortions of development involving language and social functioning? yes: Atypical pervasive dev. dis.
+ no

Magical thinking, inadequate rapport, odd speech, suspiciousness? yes: Schizotypal personality
+ no
Ability to comprehend spoken language, and to speak?
+ no + yes
+ Refuses to speak?----------yes: Elective mutism
+ + no
+ Disruption of rhythmic flow of
+ speech?------------------yes: Stuttering
+
+ IQ less than 70?---------------------yes: Mental retardation
+ + no
Hearing impaired?------------------yes: Deafness
+ + no
Failure to develop consistent articulation
with intact comprehension and expression? -yes: Develop. articulation dis.
+ + no
Intact comprehension with failure of vocal
expression?---------------------------------yes: Expressive develop. lang. dis.
+ + no
Failure of comprehension and expression? --yes: Receptive develop. lang. dis.

4) Relationship Problem Decision Tree
Impaired or problematic relationships?
+ yes
Delusions, hallucinations, loose associations,
incoherence?--------------------------------yes: consider Psychosis
+ + no
Age less than 8 mo., apathetic after neglect,
reverses with caretaking?----------------yes: Reactive attach. dis. infancy
+ + no
Pervasive social impairment with odd
behavior, language, or speech deficits
before age 12 yrs.?
+ no + yes
+ Onset before age 2.5 yrs.?-----+-----yes: Infantile autism
+ +------no: Pervasive developmental disorder
+
Speech or language problems with parents?-yes: consider language prob. tree
+ + no
Depressed mood? -----------------------yes: consider Depression
+ + no
Magical thinking, illusions, odd speech,
suspiciousness?----------------------yes: Schizotypal personality
+ + no
Anxious with other people?
+ no + yes
+ Age greater than 2.5 yrs?---------no: assume normal stranger anxiety
Persistent excessive shrinking from strangers, longer than 6 mo.? yes: Avoidant disorder
+ no
Hypersensitive to rejection and need for strong guarantee of uncritical acceptance? yes: Avoidant personality
+ no
Anxious only when anticipating or experiencing separation from parent/caretaker? yes: Separation anxiety disorder
+ no
Fears incapacitation outside home, public places? yes: Agoraphobia
+ no
Irrational, fear of scrutiny or embarrassment? yes: Social phobia
+ no
Occurred after significant stress less than 3 mo. ago? yes: Adjustment reaction with withdrawal
+ no
Avoidance of peer relationships? yes: Schizoid dis. of child./adol.
+ no
No mental disorder in patient?
+ no + yes
Problem with parent? yes: Parent-child problem
+ no
Problem with spouse? yes: Marital problem
+ no
Problem with other family member? yes: Other sp. family circumstances
+ no
Long term relationship impairment? no: consider other categories
+ yes
Emotionally cold, aloof, close to less than 3 people? yes: Schizoid personality dis.
+ no
Unstable relationships, angry outbursts?
+ no + yes
+ no
Grandiose self-importance, exploitative? yes: Narcissistic personality dis.
+ no
Overly dramatic, demanding? yes: Histrionic personality dis.
DECISION TREES

Perfectionistic, excessive devotion to productivity, rigid? yes: Compulsive personality dis.
+ no
Passively allows others to assume own responsibility, lacks self-confidence? yes: Dependent personality dis.
+ no
+ Other, mixed or atyp. pers. dis.

5) Anxiety and Overactivity Decision Tree

Anxious or overactive?
+ yes
Delusions, hallucinations, or thought disorder? yes: consider Psychosis
+ no
Anxiety in reaction to identifiable stressor within 3 mo? yes: Adjust. dis. with anxious mood
+ no
Short attention span, impulsive, and hyperactive? yes: Attention deficit disorder
+ no
Anxiety when anticipating or experiencing separation from parents or caretaker? yes: Separation anxiety disorder
+ no
Persistent shrinking from strangers? yes: Avoidant disorder
+ no
Persistent generalized anxiety? yes: Overanxious disorder
+ no
Fears incapacitation outside home or public places?
+ no
+ yes
+ Panic attacks? yes: Agoraphobia with panic attacks
+ + no: Agoraphobia w/o panic attacks
+
Excessive fears of scrutiny or embarrassment? yes: Social phobia
+ no
Fear of single object or situation? yes: Simple phobia
+ no
Recurrence of persistent ego-dystonic thoughts or behaviors? yes: Obsessive compulsive disorder
+ no
Reexperiencing a significant trauma with detachment and diminished outside interests? yes: Post-traumatic stress syndrome
+ no
Anxiety about physical illness? yes: consider physical illness tree
+ no
Distress regarding identity issues? yes: Identity disorder
+ no
Discrete panic attacks? yes: Panic disorder
+ no
Overactive without anxiety? no: Consider other categories, including Generalized Anxiety Disorder
+ yes
More talkative, decreased sleep, overoptimism? no: consider other categories
+ yes
Grandiosity or flight of ideas yes: Manic psychosis
+ no

6) Depression and Hypoactivity Decision Tree
Depressed or hypoactive?
+ yes
Dysphoric mood, appetite change, sleep change, slowed thinking, loss of pleasure
for greater than 2 wks.? yes: Major depression
+ no
+ Hallucinations, delusions? no: Major depression
+ yes: Maj. depression with psychotic features
+ Hallucinations, delusions? yes: consider Psychosis
+ no
Reexperiencing significant trauma, detachment, hyperalert? yes: Post traumatic stress dis.
+ no
Normal reaction to death of loved one? yes: Uncomplicated bereavement
+ no
Reaction to identifiable stressor within 3 mo.? yes: Adjust. dis. with depression
+ no
Periods of hypomania and depression for greater than 2 yrs.? yes: Cyclothymic disorder
+ no
+ no: Atypical depression

7) Learning Difficulties Decision Tree
Learning difficulties?
+ yes
Neurologic exam reveals specific neurologic disorder? yes: Axis III neurologic diagnosis
+ continue
Delusions, hallucinations, loose associations, or incoherence? yes: consider Psychosis
+ no
IQ less than 70?—yes: Mental retardation  
+ no
Reading more than 1 yr. behind that  
suggested by IQ?—yes: Developmental reading dis.  
+ no
Arithmetic more than 1 yr. behind that  
suggested by IQ?—yes: Developmental arithmetic dis.  
+ no
Short attention, impulsivity, hyperactivity?—yes: Attention deficit disorder with hyperactivity  
+ no
Disobedient or aggressive?—yes: consider disobedience tree  
+ no
Depression, anxiety, or social impairment?—yes: consider appropriate category  
+ no
Learning problem in reaction to  
identifiable stress within 3 mo.?—yes: Adjustment disorder with academic inhibitions  
+ no
Distress about identity issues?—yes: Identity disorder  
+ no
IQ between 71 and 84?—yes: Borderline intelligence  
+ no: Academic problem

8) Disobedience Decision Tree

Disobedience, impulsivity, or aggression?  
+ yes
Delusions, hallucinations, loose associations,  
or incoherence?—yes: consider Psychosis  
+ no
IQ less than 70?—yes: Mental retardation  
+ no
Short attention, impulsivity, hyperactivity?—yes: Attention deficit disorder  
+ no
Violation of rights of others outside of societal norms?  
+ yes  
+ no
+ Impulsive gambling only?—yes: Pathological gambling  
+ + no
+ Impulsivity in potentially self-damaging acts, unstable  
+ relationships, intense anger,  
+ affective instability?—yes: Borderline personality disorder  
+ + no
+ Disobedient, negativistic,  
+ provocative opposition to
+ authority? ------------------------yes: Oppositional disorder
+ + no
+ Procrastination, intentional
+
Reaction to identifiable stressor within 3 mo.?
+ no + yes
+ Includes disturbance of emotions? -------------- + ---yes: Adj. dis. with mixed emotions and conduct
+ + ---no: Adj. dis. with disturbance of conduct
+
Repetitive acts?
+ no + yes
+ Fire setting without gain; only? ------yes: Pyromania
+ + no
+ Stealing without gain; only? ------yes: Kleptomania
+ + no
+ Persistent violations of rights of others? ---------------------yes: Conduct disorder
+
Otherwise normal behavior with episodes of loss of control of aggression resulting in serious assault or destruction?
+ no + yes
+ More than 1 episode? --------- + ---yes: Intermittent explosive dis.
+ + ---no: Isolated explosive disorder
+
Isolated antisocial acts? ------------------------yes: Antisocial behavior

9) Personality and Memory Change Decision Tree

Personality change or memory loss?
+ yes
Delusions, hallucinations, loose associations, or incoherence? ----------------------yes: consider Psychosis
+ no
More than 1 distinct personality, each dominant at particular times? ----------------yes: Multiple personality
+ no
Sudden inability to recall the past; travel, and new identity assumed? ----------------yes: Psychogenic fugue
+ no
Sudden inability to recall extensive personal information? ----------------------yes: Psychogenic amnesia
+ no
Depersonalization episodes (feelings of
unreality with impairment of functioning?—yes: Depersonalization disorder
+ no
consider other categories, including depressive and anxiety disorders

10) Eating Problem Decision Tree

Eating problem?
+ yes
Psychosis? ————yes: consider Psychosis
+ no
Change in appetite and weight in the
presence of depression? ————yes: consider Depression
+ no
Repeated eating of nonnutritive substance?—yes: Pica
+ continue
Weight loss?
+ no  + yes
+ Physical cause? ————yes: Physical illness
+  + no
+ Repeated regurgitation without
+ nausea in infancy? ————yes: Rumination dis. of infancy
+  + no
+ Binge eating? ————yes: Bulimia
+  + no
+ 25% weight loss, feeling fat,
+ refusal to maintain weight? ————yes: Anorexia nervosa
+  + no
+ ————Atypical eating disorder

11) Sleep Problem Decision Tree

Sleep problems?
+ yes
Repeated problems 30–200 min. after sleep
onset?
+ no  + yes
+ Walking during sleep? ————yes: Sleepwalking
+  + no
+ Abrupt awakening with anxiety
+ and autonomic arousal? ————yes: Sleep terror
+  + no
consider other categories, including depressive and anxiety disorders

12) Physical Complaints Decision Tree

Irrational complaints of physical symptoms?
+ yes
Symptom under voluntary control?
  + no  + yes
  + Is goal to assume patient role? -----no: Malingering
  +     + yes
  + Multiple hospitalizations?----- +----yes: Chronic factitious phys. sx.
  +     +-----no: Atypical factitious phys. sx.
  +
Actual physical condition worsened by
psychologic factors?------------------------yes: Psychol. affect physical cond.
  + no
Severe prolonged pain not physical or in
excess of physical?------------------------yes: Psychogenic pain
  + no
Alteration in physical functioning
suggesting physical disorder?------------------------yes: Conversion disorder
  + no
Seeking medical attention for multiple
symptoms for several years?------------------------yes: Somatization disorder
  + no
Fearful inappropriate belief of having
serious disease?------------------------+-----yes: Hypochondriasis
  +-----no: Atypical somatization dis.

13) Other Physical Problems Decision Tree

Other physical problems?
  + yes
Repeated involuntary urine voiding?--------yes: Enuresis
  + continue
Repeated passage of feces into inappropriate
place?----------------------------------------yes: Encopresis
  + continue
Recurrent repetitive, involuntary, rapid,
purposeless, movements?------------------------yes: Tic disorders
  + continue
Repetitive voluntary movements?------------------------yes: Atyp. stereotyped movement dis.

REFERENCES