

Need help with a difficult client ?

Wonder what is underlying certain behaviors ?

Try the ***BEHAVIORAL DIAGNOSTIC GUIDE***
for Developmental Disabilities

by A. Gedye, PhD (1998)

Undetected medical conditions. Undiagnosed seizures and psychiatric disorders. Unrecognized adverse effects of medication. Researchers are reporting these errors in more and more studies of people with developmental disabilities (Benage et al., 1995; Bosch et al., 1997; Ryan & Sunada, 1997; Ziring, 1987). These errors reflect the reason this book was written.

Such unrecognized conditions often present as “behavioral problems” in this population. Clinicians and caregivers need better, more systematic ways to identify difficult-to-recognize conditions which may underlie behavioral problems. Where does one start with someone who is nonverbal, unpredictably aggressive, and already taking 3 or 4 medications? What does aggression during acute pain look like in a person who cannot talk? What does aggression during a traumatic flashback look like? How is it different from other causes of aggression? What does medication-induced delirium look like, and are people aggressive in such a state? What are the clues that can lead to the correct diagnosis of a puzzling clinical presentation?

Sometimes “clues” to the underlying cause can be found in the neurological literature, pharmacology literature, psychiatric and medical literature, food allergy literature, or even the parasitology literature. Sometimes the clues are in journal articles describing people with a particular syndrome e.g., Fragile X, Prader-Willi, or Down syndrome. Clues can also come from your own experience with certain disorders or from hearing of a similar case that had a particular condition.

What if someone put together clues both from published research covering a broad range of disciplines and from considerable clinical experience? What if someone compiled a “catalog of clues” that would direct caregivers and clinicians to the types of features to look for? Hmmm. We would want such a “catalog” to be organized so one could turn to the relevant pages quickly.

The busy clinician needs clues to know *what* to screen for. Alternatively, a physician can run a battery of 30-40 tests and hope some answers surface. (Though that approach may encounter resistance from health insurers who balk at casting such a wide net.) If there were a way to narrow the search for *which conditions to test for, which factors to rule out*, this would shorten the time taken to make the correct diagnosis, and thereby shorten the time without proper treatment.

In creating the ***Behavioral Diagnostic Guide***, I have amassed a broad range of literature and clinical experience and organized it into over 70 diagnostic categories. I was fortunate to have excellent feedback from several experts in the field. Two prominent psychiatrists who specialize in this field and a physician with over 30 years in this area have enriched and clarified parts of this book. A prolific researcher and psychologist has also provided input. Other dedicated professionals have contributed to this undertaking. It is the first book of its kind for those working with developmentally disabled people. If this book leads you, the reader, to finally uncover the conditions underlying severe behaviors in even one individual, then acquiring this book will have been worthwhile.