

Temperament Characteristics Mistaken for Psychopathology



Sean C. McDevitt & William B. Carey

Presented at OTC 21, Seattle WA, October 21, 2016

Everyone has a temperament

- Temperament is always normal, by definition;
- Each individual has a specific profile of traits;
- 9 NYLS characteristics are most used clinically;
- The characteristics that are on the extremes are the most noticeable Some individuals have few or no extreme scores;
- At the extremes there are qualitative as well as quantitative differences that mark the boundary between normal and disordered behavior.

Behaviorally normal? Or Not?

- Traditional view is that some individuals are "ill" with an emotional or behavioral disorder and everyone else is healthy;
- Ignores the reality that there is a full range of "subclinical" behavioral and adjustment issues that could benefit from professional attention;
- A comprehensive look requires us to look at temperament, behavioral symptoms, adjustment and psychopathology in a different way.

Continuum of Normal to Abnormal

- Level Zero: Temperament/environment conflict with “normal” misbehavior; no adjustment issues, no pathology.
- Level One: Significant, but infrequent or transient behavioral/adjustment problems requiring attention;
- Level Two: Adjustment issues where problem behavior diminishes the quality of functioning in an important area: home, school, friends, community;
- Level Three: Symptoms and adjustment problems meet criteria for a DSM5 diagnosis.

Normal temperament variations sometimes confused with clinical problems

- There are some superficial similarities, but important elements are missing from temperament issues;
- Most important ones are the qualitative presentation and the impact on adjustment.

There are qualitative differences in temperament at the extremes

- In primary care, unless there are safety concerns, it is usually best to treat the presenting behavior as being within the normal range;
- Identify temperament qualities that may be involved and present suggestions for changes in by the caregiver;
- In clinical settings, temperament scores within the ± 2 standard deviation limits are almost always normal presentations.

Boundaries between temperament and dysfunction can blur

- Without understanding temperament variations, it is easy to label or characterize behavioral style as pathology rather than a normally occurring trait.
- Sometimes confused with psychiatric symptoms or even diagnostic of an entire diagnosis;
- Clinicians need to understand the nature and limits of temperament dimensions.

Dimensions of Temperament

- Activity Level
- Rhythmicity
- Approach
- Adaptability
- Intensity
- Mood
- Persistence
- Distractibility
- Sensory Threshold

Qualitative changes

Activity Level

- Activity Level: the amount of physical motion during the day: sleep, eating play, dressing, bathing, school, playground, etc. High to low.
- In the extreme it becomes “hyperactivity”; ? Confused with ADHD hyperactive-impulsive.
- Low Activity can be seen as “psychomotor retardation;” Confused with Depression.

Qualitative changes

Regularity

- Regularity of physical functions-hunger, sleep, elimination, predictability. Regular to irregular.
- Extreme of regular becomes “rigid” or "inflexible";
- Extreme irregularity has been characterized as “dysregulation” Can be labelled as “ADHD-impulsive.”

Qualitative changes

Approach-Withdrawal

- Initial response to new things-people, situations, places, foods,toys, etc.. Ranges in normal children from Curious to Cautious.
- Approaching becomes “intrusive” or “impulsive”; withdrawing becomes “avoidant” or “isolating.”
- Withdrawing can be confused with social anxiety disorder, separation anxiety, attachment disorder, selective mutism.

Qualitative changes

Adaptability

- Ease or difficulty in modifying behavior in the desired direction.
- Normal ranges from quick transition to change vs gradual acceptance of change.
- Gradual adaptability becomes “inflexibility”; quick adaptability becomes “easily led.”
- Confused with ADHD-inattentive, poor executive functions, ODD, OCD, Aspergers, Hypersensitivity.

Qualitative changes: Intensity

- Intensity means the energy level of responses regardless of quality or direction.
- It ranges from mild to intense. It is the “volume switch” of emotional expression.
- On the intense extreme it becomes characterized as explosiveness; may also be viewed as manic, hypomanic.
- Extreme mildness becomes “timidity” and seen as hypo sensitive, under-responsive.

Qualitative changes Mood

- The overt amount of pleasant, friendly affect vs. unpleasant, serious behavior, as expressed externally.
- Ranges from generally positive to generally serious or negative.
- Extremes of negative mood may be seen as Depression, Bipolar rage or anger, negative affect;
- Positive mood becomes denial or lack of discrimination.

Qualitative changes: Persistence

- Length of time activities are pursued with or without obstacles. Ranges from low to high.
- High persistence can be confused with obsessiveness, perseverative behavior;
- Very low persistence can be confused with inattentive ADHD.

Qualitative changes Distractibility

- The degree to which external stimulation interrupts of changes behavior; high to low.
- Highly distractibility becomes inability to focus or inattentive, or manic when shifting quickly from one activity to another .
- Very low distractibility becomes obsessive or unresponsive.

Qualitative changes

Sensory Threshold

- Sensory threshold indicates the amount of sensitivity to light, sound, taste, texture and temperature.
- Low threshold can be confused with "sensory sensitivities" or lack of emotional control;
- High threshold children are nonreactive, which can be viewed as unresponsive or stubborn, or stimulus seeking. Associated with conduct issues.

Temperament Qualities Can Complicate Treatment

- Although temperament is normal, difficult temperament qualities can complicate treatment of the conditions that do occur.
- See Ross Greene's work on *The Explosive Child*, where therapy goals are limited by inflexible, explosive patterns of reaction.

Where is the boundary between normal and abnormal?

- Normal temperament-environment conflict can be resolved through taking steps to improve fit.
- When temperament-related behavior looks like a symptom, the distinction is whether the behavior is serious enough to impair the person's adjustment, or seems to be present independent of the context in which it occurs.

Conclusion

- Temperament is a normal phenomenon.
- On the extremes it may create conflict between the person and environment.
- Some psychiatric symptoms and conditions may be confused with normal temperament variations.
- Distinction between the two, temperament and psychopathology is based on qualitative differences in the behavior and impact on adjustment.
- Difficult temperament may create complications in the treatment of individuals for psychiatric conditions.

Contact Information

Sean C. McDevitt, PhD

B-DI

14636 N 55th Street
Scottsdale, AZ 85254

smcd@b-di.com

602-494-4727

www.b-di.com