

Clinical Evaluation of the Child **Francisco Baptista Assumpção***

Received: June 21, 2016; **Accepted:** June 20, 2016; **Published:** June 25, 2016

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The approach of mental illness has been transformed over time, from magical views (seen as manifestations due to external empirical causes or human or supernatural evil influences) to medical philosophical concepts (disease addressed as disruption of the internal balance designed as a cosmic view on the complex causes). It is on this latter aspect that structures the modern Medicine and Psychiatry.

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Citation: Assumpção FB. Clinical Evaluation of the Child. Acta Psychopathol. 2016, 2:3

Regarding the concept of Psychopathology, Emminghaus (1878) uses the term as a synonym of Clinical Psychiatry, whereas Théodule Ribot (at the beginning of XX century) thinks of a pathological psychology (in opposition to an experimental one), and Karl Jaspers (1913) considers it as the branch of psychology that studies the pathological phenomena opposed to a normal social psychology (animal or general). Ultimately Jaspers sees psychopathology as "the study of mentally ill man" and, as such, understands the study of mental morbid phenomena, of psychological symptoms, of diseases and mental abnormalities, and the study and establishment of concepts and laws on mental morbid manifestations or (within this perspective) it would constitute the study of the conditions and laws to which pathological or abnormal psychical phenomena are submitted. Therefore, essential for clinical activity. This delimitation of the field is of utmost importance since it derived consideration by the mentally ill, the vision of the psychic reaction as a whole, the importance of the constitution in the manifestation of general disease, the progress of drug therapy as well as knowledge of psychotherapeutic possibilities and, why not to say, psychosomatic concepts of disease and the very idea of doctor-patient relationship.

Considering the issue of child psychopathology, these concepts become more complex because they are interwoven with the development of concepts that make us think of the mental disorder, primarily as a difficulty in processing information designed in a competitive society, intolerant and discriminatory in that these difficulties are issues related to survival, since "... the behavior is the pacemaker of evolution" (Baldwin effect). Supports up then the ideas that child development proceeds in an integrated manner, with great influence of the learning that occurs mainly due to the interpersonal relationships since children learn more by observing than by listening and especially in the biological and affectionate security they should find out.

Thus, the human child walks from total heteronomy to wider autonomy starting this walk from the reflex and automatic

activities to gradually gain a fantastic tool with the advent of mental operations that provide an undeniable adaptive advantage characterized by the possibility of solving problems in the real absence of them, the ability to perform mental movements and the consequent greater speed in finding tasks' solutions. Gradually it becomes able to establish hypotheses on empirical data from the reversibility of thought, the classification ability and ranking, the possibility of assessing the reality of the emergence of the concept of chronological time (and thereafter temporality), the development of games of rules and construction games and an autonomous moral that will allow it to develop an ethical capacity that theoretically should allow it greater adaptability among its group.

Thus, studying the Child Psychopathology and especially clinically serve children presupposes a stance while understanding the individual in a global situation in which the observer himself is involved (this is very different from the evaluation in a laboratory or research project) as well order to understand and meet the individual studied. From these questions is that it builds the theoretical elaboration. It requires a specific semiology as art and science of diagnosis that encompasses a semiotechnics (art of examining) combined with professional experience (basis of heuristic knowledge), intuition and empathy. Also encompasses a propaedeutics as the ability to get together symptoms so that you can structure a diagnosis depending on the observation to verify the symptoms and pathogenesis, a nosochrony (installation, course and completion of clinical status), a etiopathogeny (which in child psychopathology involves causal theories and no known

causes and linearly determined) of a nosological model (while meeting the morbidly entities) and nosography (as a description of mental illness) and should also consider a antixeny (means of defense against morbigenic factors) to finally, one can propose a therapy.

Considering that nowadays psychiatric diagnosis is established on a Kraepellinian system, we must consider that this was grounded in a nosological approach supported by common characteristics, value for prognosis with the systematization and description of diseases, classifying them from the atheoretical model of symptoms, pathogenesis, etiology. Unfortunately, however, what we have seen with alarming frequency is the exclusive use of a descriptive, "pre-kraepellian" model (from mechanistic models of thought focused on linear approaches to diagnosis and treatment and that exactly why, include improperly the child psychopathology). However, diagnose something is to recognize a disease or a sick individual with a specific purpose be it clinical (for therapeutic purposes), communication, research (pathological or epidemiological) or other, labour license or forensic expertise. A diagnosis should thus have a clear purpose and that purpose is to determine their form of establishment. We have seen, however, inadequate mixtures purposes, using methods that do not favor the goal and, therefore, lead to superficial and inadequate diagnoses.

This is because we cannot forget that the diagnostic hypothesis is an effective operator that update the clinical's spirit to a number of different signals and a set of own psychopathological models that allow him to perceive, based on a logical path, the result of its investigation. So even grounded in a positivist model of science in which the deduction controls the analogy with comparative

analysis of the data and concepts established through deductions and inductions which provides a greater rigor in the establishment of the categories we can not forget that our biggest current problem is the epistemological to fit the phenomena with the consequent loss of their existential characteristics.

The child psychopathology in their clinical activity, has always used (and seems to have forgotten that in recent years) knowledge of dominant analogy derived from humanistic theories in which we observe the predominance of analogy, with induction and deduction intervening secondarily. Analogies are established along the listening and the inductive mechanism serves to generalize the obtained concepts. Obviously the lower initial accuracy as the emphasis on emotional-instinctual motivations relies on difficult to access information and therefore limited and more subject to error although it is extremely useful in the world's approach to relations concerning the individual and his environment, fundamental when we think the child in its development process. It is through it that we can enjoy the experience of the phenomenon itself, a philosophical perspective that helps to decompose the perception, wondering and defining categories (time, space, causality, continuity, etc.) that make up the personal universe.

Unfortunately it depends on the sensitivity and the observer's intuition and this has been replaced by mechanistic and generalized models. Maybe it's time to go back to thinking the child in all its breadth and not only in symptomatic descriptions. This under the risk of losing the broad understanding of the clinical feature of the individual to the example of what the School of Kos has proposed, back to deal with children and not diseases.