

# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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3615 Wisconsin Avenue, NW  
Washington, DC 20016-3007  
202.966.7300 800.333.7636  
Fax 202.966.2891  
Email: executive@aacap.org  
http://www.aacap.org

November 17, 2010

Office of Regulations  
Social Security Administration  
137 Altmeyer Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401

Re: Docket No. SSA-2007-0101; Revised Medical Criteria for Evaluating  
Mental Disorders

To Whom It May Concern:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide our comments regarding the Social Security Administration's (SSA) proposed revisions to the medical criteria for evaluating mental disorders. Our comments to proposed 112.00-112.14 follow.

AACAP is a medical membership association established by child and adolescent psychiatrists in 1953. Now over 8,000 members strong, AACAP is the leading national medical association dedicated to treating and improving the quality of life for the estimated 7-12 million American youth under 18 years of age who are affected by emotional, behavioral, developmental and mental disorders. AACAP's members actively research, evaluate, diagnose, and treat psychiatric disorders and pride themselves on giving direction to and responding quickly to new developments in addressing the health care needs of children and their families.

### **112.00A What are the mental disorders listings for children age 3 to the attainment of age 18, and what do they require?**

The proposed rule makes several changes to 112.00A that the AACAP supports. We agree with using identical introductory texts for the adult and the child listings with the changes in 112.00 that are unique to or different for the child population, such as "references to a child's ability to do age-appropriate activities, as opposed to an adult's ability to function in a work setting" and child-specific examples. We support the change in the listing categories that will have them reflect current major diagnostic categories, such as Mental Retardation to Intellectual Disability/Mental Retardation and Affective Disorders to Mood Disorders. The AACAP strongly supports

the change from Attention Deficit Hyperactivity Disorder to Other Disorders Usually First Diagnosed in Childhood or Adolescence, and the inclusion of tic disorders and others not currently listed. AACAP applauds the addition of the separate listing for eating disorders, and especially for the creation of both these categories in the adult listings.

We also support the expanding the standard that already exists for children under age 3 to older children and adults that will allow a claimant to meet a listing based on “extreme” limitation of one mental ability. This addition to the rules more accurately reflects the reality of a child’s ability to function at age-appropriate levels.

**112.00B How do we describe the mental disorders listing categories for children age 3 to the attainment of age 18?**

We support the proposed rule’s new section with the descriptions, symptoms and signs, examples of specific mental disorders within that category (except 112.05 as noted), and especially the inclusion of a statement that the child’s mental disorder does not have to match one of the examples in the section, but rather can qualify if the disorder can be included in one of the listing categories and satisfies the other criteria of the appropriate listing.

**112.00C What are the paragraph B criteria?**

In general, AACAP supports the proposed paragraph B criteria in the adult listings for the child listings with the included tailoring of the criteria to use terms appropriate to childhood functioning. However, we are concerned by the change in wording in paragraphs B1 and B3 from “or” to “and”. The proposed rule for the relevant paragraphs state:

- Understand, remember, and apply information.
- Concentrate, persist, and maintain pace

The SSA argues that a person is expected, within appropriate settings, to be able to understand, remember, and apply information, as well as be expected to be able to concentrate, persist, and maintain pace. However, having “and” rather than “or” could have the unintended consequence of setting a higher standard in which a claimant would have to demonstrate limitation in each of the three components of B1 and B3. This is not the intent, but an adjudicator could find that the listing is not met if the child can concentrate and persist but has extremely limited ability to maintain pace.

We therefore recommend that SSA change the wording from “and” to “or” in Paragraphs B1 and B3 for all of the specific listings and rewrite the introduction to make it explicitly clear that a person can be found to have a limitation even if not all three parts of the paragraph are met, ie that a “marked” or “extreme” limitation in any one of the three components from paragraphs B1 or B3 will meet the requirements of that particular paragraph.

**12.00E What are the paragraph C criteria, and how do we use them to evaluate mental disorders in children age 3 to the attainment of age 18?**

AACAP supports the inclusion of paragraph C criteria for all the child listings except 112.05. The ability to use the alternative paragraph C criteria without having to first consider whether a claimant's mental disorder meets paragraph B criteria, will help the SSA reach a correct decision earlier in the process. We also support the use of the term "serious and persistent mental disorders" rather than "chronic mental impairments" as chronic is a specifier of certain disorders that provides information about the duration of criteria in those disorders and is not a reflection of the one year documented history required by paragraph C.

**12.00F How do we consider psychosocial supports, highly structured settings, and treatment when we evaluate the functioning of children age 3 to the attainment of age 18?**

AACAP supports the recognition of the role that psychosocial supports and highly structured settings can play in helping a child function, and the examples are appreciated. However, there should be a statement clarifying that this list is not exhaustive and that all types of supports and highly structured settings must be considered. Additionally, as the goal of most mental health systems is to help a person function in the least restrictive setting possible and with many communities promoting wraparound care for children, this should be included in the list of examples.

**12.00I – How do we use 112.14 to evaluate developmental disorders of infants and toddlers from birth to attainment of age 3?**

AACAP supports the change in the listings to create the new listing for all children from birth to age 3 as it reflects the current medical and research fields regarding early child development. The focus on developmental disorders rather than on mental disorders and the subsequent proposed paragraph B criteria are also consistent with current literature.

Thank you for the opportunity to comment. We would be happy to speak with you further about our comments. Please contact Kristin Kroeger Ptakowski, Director of Government Affairs and Clinical Practice at [kkroeger@aacap.org](mailto:kkroeger@aacap.org), 202-966-7300, ext 108.

Sincerely,



Laurence Greenhill, M.D.  
President