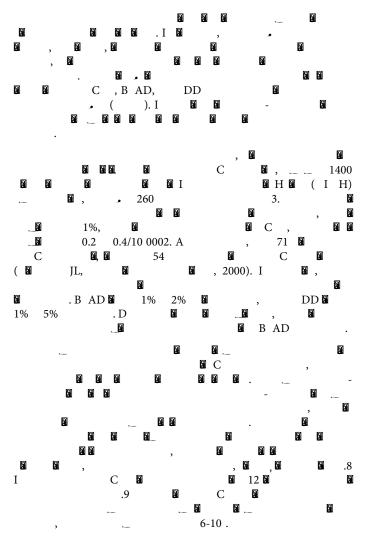# Journal of Child & Adolescent Behavior

Abstract

Despite the fact that the Diagnosic and Statisical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) provides identical symptoms and definitions for children, adolescents, and adults, the diagnosis of childhood psychosis raises a number of unresolved issues. When disinguishing between childhood-onset schizophrenia (COS) (12 years), bipolar affective disorder, major depressive disorder, and even obsessive-compulsive disorder and attention-deficit/hyperactivity disorder), fantasy lives of children, as well as issues with developing language and cognition (including retardation), all impair diagnosic accuracy: For problems that cannot be solved, the all-encompassing classifcation known as psychosis not otherwise specifed (PNOS) is always available. Neurocognitive issues are typical if nonpathognomonic features. There are a variety of screening tools and specialized versions of semisructured diagnosic interviews. Although smooth-pursuit eye-tracking movements may serve as a genetic marker for COS, the etiologies are more likely to be oligogenetic than to be associated with a

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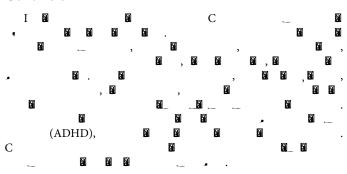
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