

Emotional and Mental Issues in Children and Adolescents

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Myths and Misperceptions

- “My kid wouldn’t do that.”
- “This is a problem in poor neighborhoods.”
- “That kid is just bad.”
- “That kid has weak parents.”
- “It will never happen to my family”

DSM-IV TR

- Diagnostic and Statistical Manual of Mental Health (“the mental illness bible”)
- Child and adolescent disorders not due to medical or substance abuse problems
- Must cause some level of disruption
- Range is severity
- Many disorders diagnosed in childhood continue in to adulthood

Disorders Covered

Behavioral Disorders

- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder

Anxiety Disorder

- PTSD

Mood and Thought Disorders

- Depression and Bipolar Disorders
- Schizophrenia

Causes of Mental Disorders in Children

- Heredity
- Biology: neurotransmitters are out of balance or not working properly
- Psychological trauma
- Environmental stress

Attention Deficit Hyperactivity Disorder

- Most commonly studied and diagnosed disorder in children
- 3-5% or 2 million children nation wide
- Boys three times more likely to be diagnosed
- ADHD: 6 months of persistent inattention and or hyperactivity and impulsivity
- Begins before age 7
- 30-50% continue symptoms in to

Attention Deficit Hyperactivity Disorder

- Three subcategories

Predominantly Inattentive

- Easily distracted, daydream, do not listen
- Miss details
- Forgetful
- Become bored quickly
- Unable to organize
- Difficulty completing tasks and learning new things

Attention Deficit Hyperactivity Disorder

Predominantly Hyperactivity-Impulsive

- Talk nonstop
- Fidget
- Constantly moving
- Touch or play with everything
- Difficulty doing quiet tasks or activities

Attention Deficit Hyperactivity Disorder

Predominantly Impulsive

- Very impatient
- Blurt out inappropriate comments
- Show emotions without restraint
- Act without regard of consequences
- Difficulty waiting their turn or for things they want

Attention Deficit Hyperactivity Disorder Management

Behavioral Interventions

- Family therapy (high divorce rate)
- School based interventions
- Social skills training
- Parent management training

Pharmacological

- Stimulants (Ritalin) increase dopamine and norepinephrine to increase neurotransmission

Oppositional Defiant Disorder

- ODD: an ongoing pattern of disobedient, hostile and defiant behavior toward authority figures which goes beyond normal childhood behavior.
- Must interfere with ability to function in school, home or society
- Cannot be the result of another disorder
- Behavior must occur for at least 6 months
- Typically begins by age 8
- 2-16% of children

Oppositional Defiant Disorder

Symptoms (4 or more)

- Often loses temper
- Often argues with adults/authority figures
- Often refuses to comply with rules
- Often deliberately annoys people
- Often blames others for their mistakes/misbehavior
- Often easily annoyed by others
- Often angry, resentful, spiteful and

Oppositional Defiant Disorder

- Strongly associated with development of Conduct Disorder
- If untreated 52% will show symptoms for up to three years
- Half of untreated children develop Conduct Disorder

Oppositional Defiant Disorder Management

- Child and age specific
- Positive reinforcement
- Social skills training
- Family therapy
- Individual psychotherapy

Conduct Disorder

- Conduct Disorder: pattern of repetitive behavior where the rights of others or the current social norms are violated
- Major public health problem
- Harm to self and others
- Increase risk of injury, depression, substance abuse, suicide and homicide
- Can develop in to Antisocial Personality Disorder

Conduct Disorder

Symptoms (over 12 months...3 or more)

- Often bullies, threatens, intimidates
- Often initiates physical violence
- Has used a weapon that can cause serious harm
- Has been physically cruel to people or animals
- Has stolen while confronting the victim
- Has forced someone into sexual activity
- Has deliberately set fire to or destroyed

Conduct Disorder

- Often lies to obtain goods/favors or avoid obligations
- Often stays out late at night at night (under 13)
- Has run away from home over night at least twice
- Often truant from school

Conduct Disorder

- Seen in an estimated 5% of children
- Approximately 80% are male
- Closely related to juvenile delinquency
- Studies show they enjoy watching others suffer

Conduct Disorder Management

- Medications
- Social skills training
- Family therapy
- Behavior modification

PTSD

- 3-6% of high school students have PTSD
- Girls 2-3 times more likely
- Sexual abuse
- Physical abuse
- Violent crime
- Natural disaster
- Peer or family suicide
- Neighborhood violence

Depression/Suicide

- 20% of teens will experience depression
- 5% teens suffer depression at any given time
- 30% of teens with depression develop substance abuse problems
- Less than a third get help
- Number one cause of teen suicide
- Third leading cause of death (every two hours)

Bipolar

- Often masked as depression in children
- 15% of children diagnosed with ADHD may have bipolar
- Lack of studies
- 15-30% of children with a bipolar parent and 50-75% of children with two bipolar parents develop the disorder

Schizophrenia

- 1 in 40 000 compared to 1 in 100 for adults
- Average age of onset is 18-25

Dealing with Children in Crisis

- Put safety first
- Don't lie
- Don't make promises you can't keep
- Always keep your composure
- Count on seeing them again
- Provide choices when possible
- Negotiate when appropriate
- Include family if possible

Negotiate

- Both side get some needs met
- Honor some of the subjects needs
- Only offer two choices
- Be open to modified versions of the two choices
- Use “I can’t do that, but there is another option...”
- Pick your battles

Engaging the Family

- Understand this is traumatic for the family
- Understand your presence may change every ones behavior
- Obtain a full history from the family
- Assess parents contribution to the problem
- Assess parents understanding of the problem
- Use parents as part of the solution