

# MENTAL HEALTH DISORDERS IN CHILDREN


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# Overview of Childhood Disorders

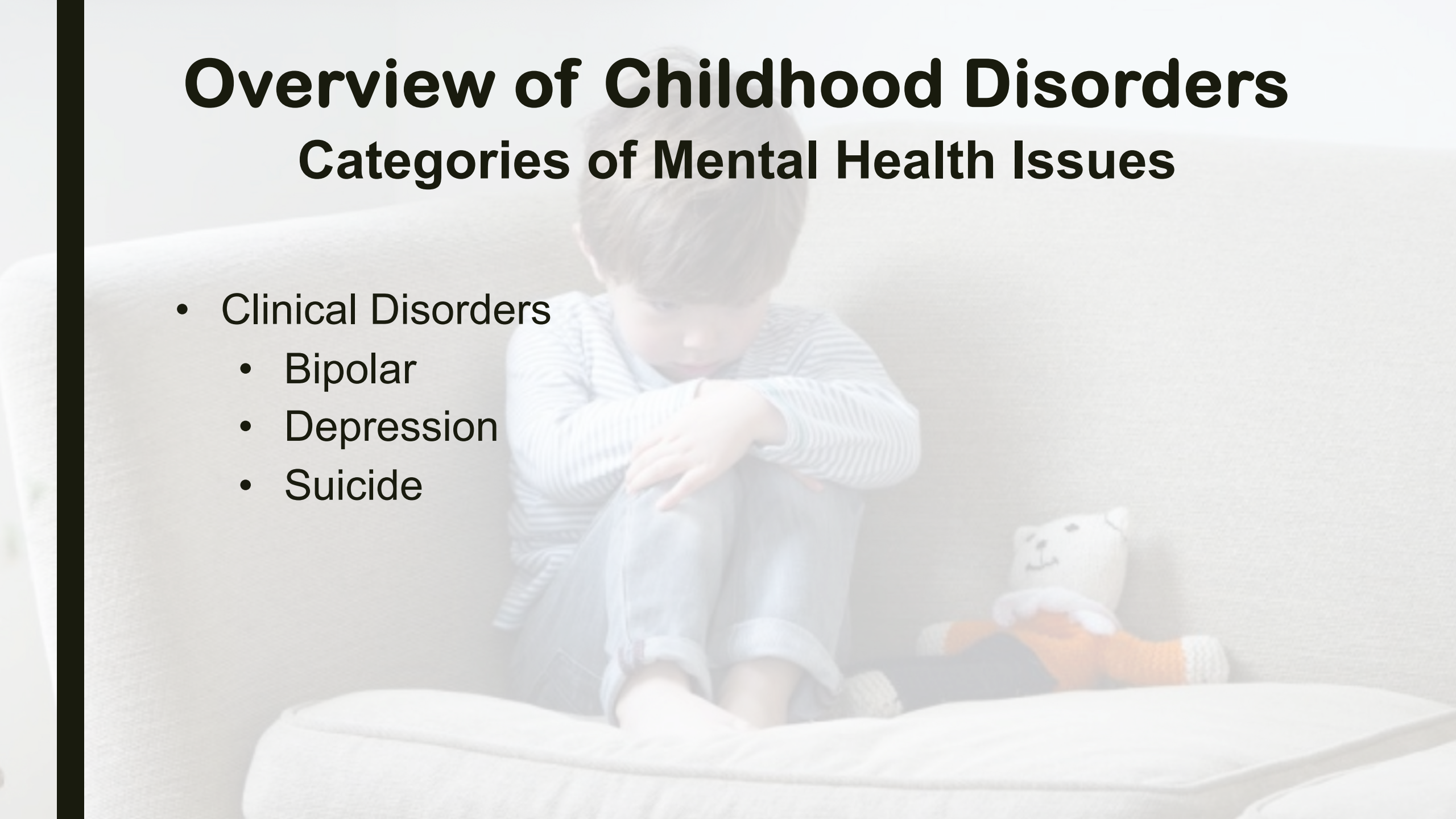
## Categories of Mental Health Issues

- Growth & Developmental - Stages and Norms
    - Asperger's
    - Autism
    - MR
  - Behavioral Disorders
    - ADHD
    - Opposition/Defiance
    - Conduct
    - Separation Anxiety
- 
- A young child with dark hair, wearing a blue and white striped long-sleeved shirt and blue pants, is sitting on a light-colored couch. The child is looking down and has their hands clasped in their lap. To the right of the child, a white teddy bear with orange limbs is visible on the couch. The background is a plain, light-colored wall.

# Overview of Childhood Disorders

## Categories of Mental Health Issues

- Clinical Disorders
  - Bipolar
  - Depression
  - Suicide



# Overview of Childhood Disorders

## Categories of Mental Health Issues

- Diagnosis
  - Ability to communicate
  - Wide range of “normal”
- Pathologic
  - Not age Appropriate
  - Deviates from Cultural Norms
  - Impairs Adaptive Functioning



# Asperger's Autism Spectrum Disorder Overview

- Effects 2:10,000 with higher incidence in males (4:1 ratio)
- Autism Spectrum – No cognitive or language impairment
- Suspensions in pre-school years
- Socially “awkward” to an extreme
- Difficulty continues into adulthood
- Etiology – unknown; genetic or familial tendency



# Asperger's Autism Spectrum Disorder Diagnosis - DSM-IV criteria

- Two of the following
  - Impaired Non-Verbal Communication
  - Failure to develop peer relationships
  - Lack interests in other people
  - Lack of social and emotional reciprocity



# Asperger's Autism Spectrum Disorder Diagnosis - DSM-IV criteria

- One of the following
  - Preoccupation with a restricted interest that is abnormal in intensity
  - Inflexible adherence to routines or rituals
  - Repetitive motor mannerisms
  - Persistent preoccupation with parts of an object



# AUTISM SPECTRUM DISORDER



## HIGH-FUNCTIONING AUTISM

### LEVEL 1

Needs support  
Patient's social and communication skills and repetitive behaviors are only noticeable without support.

## AUTISM

### LEVEL 2

Needs substantial support  
Patient's social and communication skills and repetitive behaviors are still obvious to the casual observer, even with support in place.

## SEVERE AUTISM

### LEVEL 3

Needs very substantial support  
Patient's social and communication skills and repetitive behaviors severely impair daily life.



## **Autism in the U.S.**

**1 in 42 Boys  
1 in 189 Girls**

**44%**

Children on the spectrum with average or above-average intellect (IQ higher than 85).

**10%**

Children who also are savants, or patients showing remarkable memory and skill in a specific area, such as music.

**20%**

Children with enlarged brains as infants and toddlers.

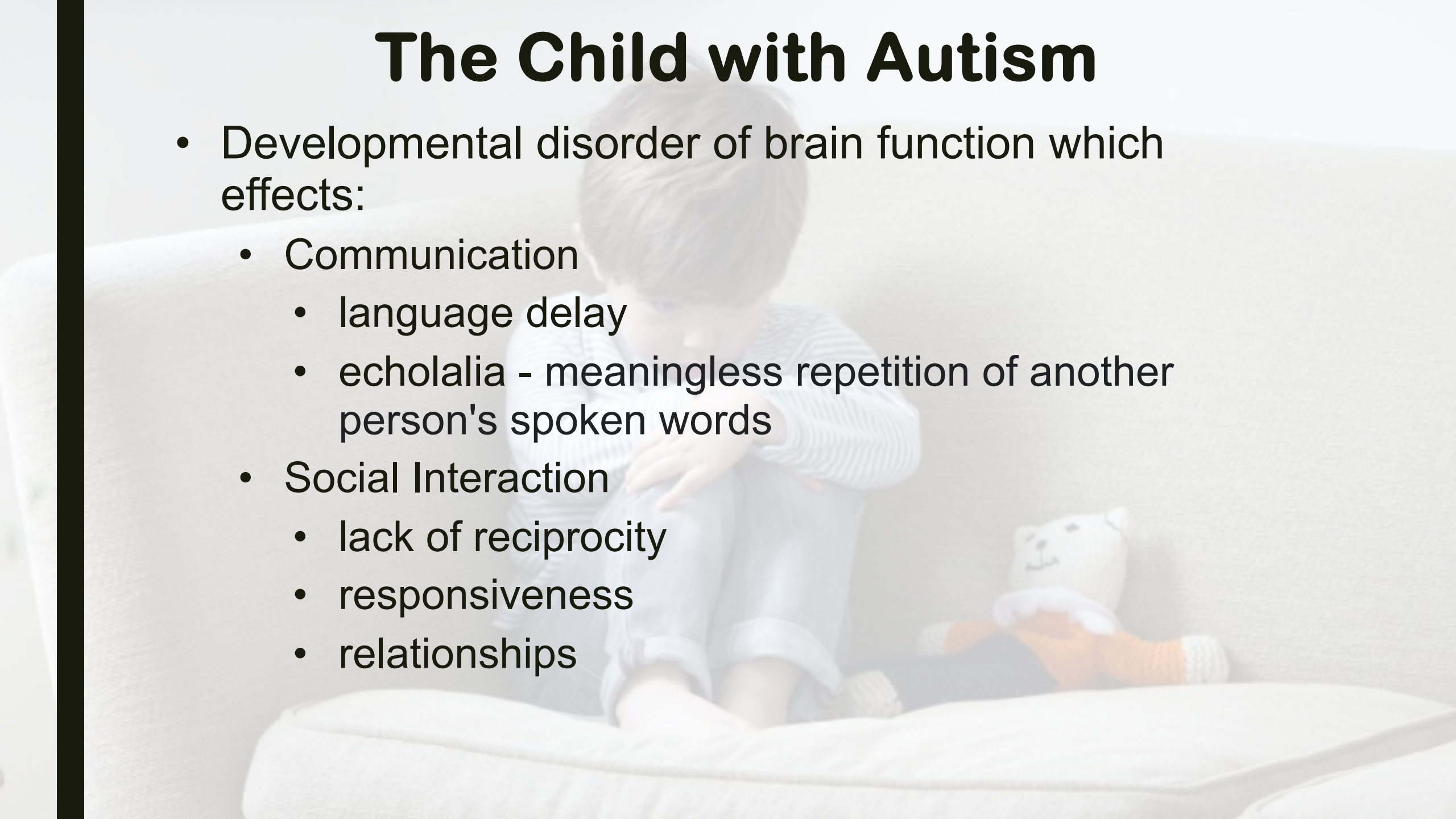
# Medical Management of Asperger's

A young child with dark hair, wearing a blue and white striped long-sleeved shirt and blue pants, is sitting on a light-colored couch. The child is looking down and has their arms crossed over their lap. To the right of the child, a white teddy bear with orange limbs is sitting on the couch. The background is a plain, light-colored wall.

- Social Skills Training
  - role play social situations
- Cognitive/Behavior Therapy
  - Talk Therapy
- Medications
  - Co-morbidities
- Physical Therapy
  - Family Coping
- Support groups

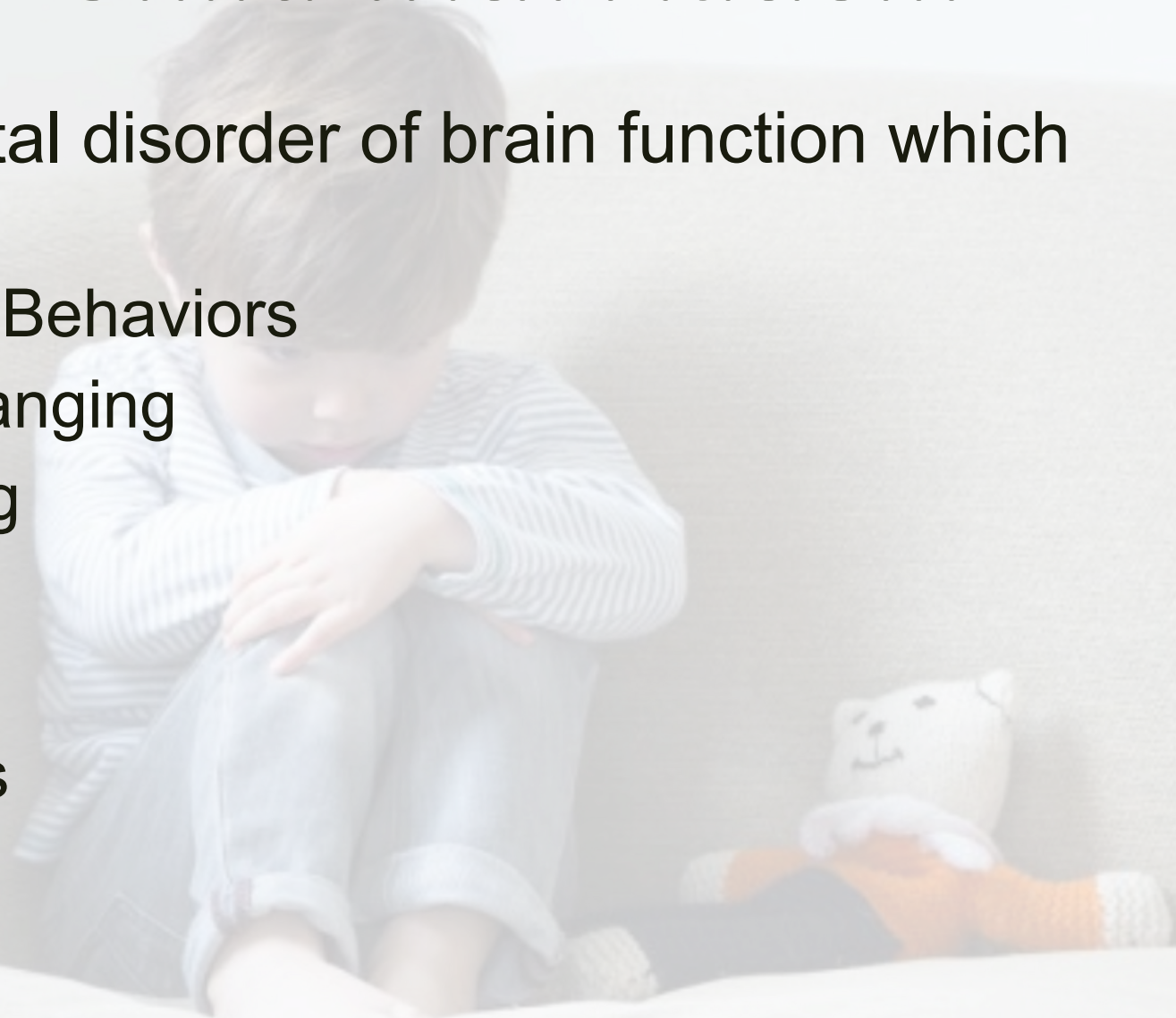
# The Child with Autism

- Developmental disorder of brain function which effects:
  - Communication
    - language delay
    - echolalia - meaningless repetition of another person's spoken words
  - Social Interaction
    - lack of reciprocity
    - responsiveness
    - relationships



# The Child with Autism

- Developmental disorder of brain function which effects:
  - Repetitive Behaviors
    - head banging
    - clapping
    - rocking
    - rituals
    - routines



# The Child with Autism

A young child with dark hair, wearing a striped long-sleeved shirt and light-colored pants, is sitting on a light-colored sofa. The child is looking down and has their hands near their face. To the right of the child, a white teddy bear with orange limbs is sitting on the sofa. The background is a plain, light-colored wall.

- Manifests between 24 -48 months age
  - 6:1000 with 4x males
- Cause is unknown
  - evidence supports multiple causes
  - Biologic
    - Abnormal brain structure
    - Brain Hypoplasia
    - Serotonin
  - Environment
    - Thimerosal in vaccinations
    - Teratogenic exposures
    - Food Additives and Dyes

# Autism - Dx and Outcomes

- Dx with DSM-IV criteria (page 382)
- Impaired Verbal Communication
  - Establishment of trust
  - Able to communicate needs and desires
- Impaired Social Interaction
  - Establishment of trust
  - Engagement in social interaction
- Risk for Harm to Self
  - No Harm to self
  - Engage in alternate behaviors

# Autism - Treatment and Support Interventions

- Establishment of therapeutic relationship – trust
- Limit Number of caretakers
- Decrease stimuli
- Provide w/familiar or security objects
- Maintain a routine
- Avoid abrupt changes
- Anticipate Needs
- Positive praise and reinforcement for desired behavior
- Protect from Self-Harm
- Ongoing Behavior Management Therapy
- Social Training
- Verbal Skills
- Parent Support
  - Autism Society of America



# Mental Retardation Cognitive Impairment

- Definition
  - Deficit in general intellectual functioning as measured by IQ
  - DSM-IV Criteria
- Etiology (Biologic and or Social)
  - Hereditary
    - Genetic, Chromosomal, Metabolic D/O
  - Perinatal Exposure
    - Infections, Ingestions
  - Acquired
    - Infection, STBI, Child Abuse, Social deprivation & neglect

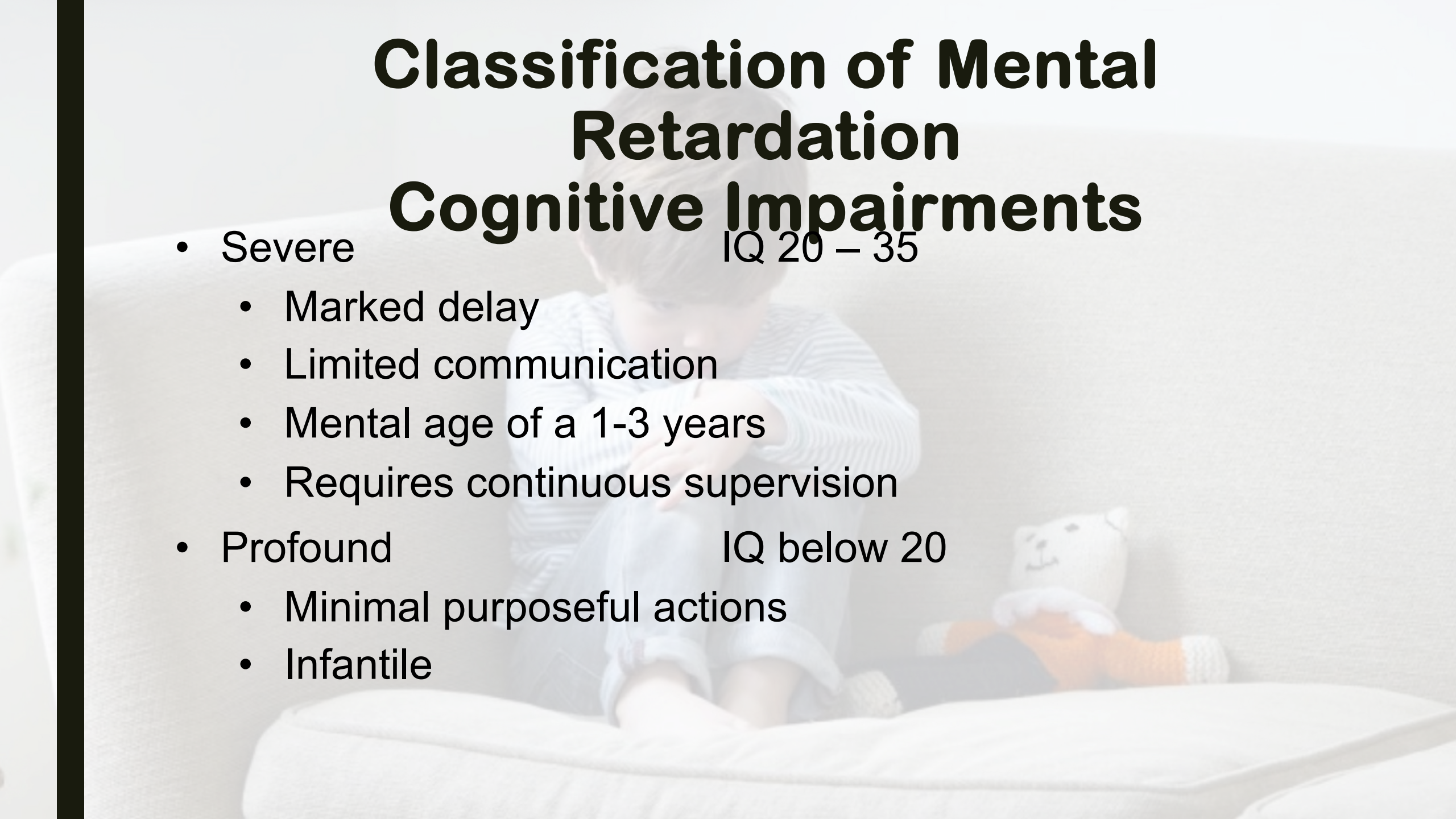
# Classification of Mental Retardation

- Mild **Cognitive Impairments** IQ 50 - 70
  - Slower to talk and perform ADLs
  - Mental age of 8-12 years
  - Likely to achieve skills for self-maintenance with support
- Moderate **Cognitive Impairments** IQ 36 - 49
  - Noticeable delays
  - Simple speech
  - Mental age of 3-7 years  
Simple tasks with supervision
  - Not capable of self-maintenance

# Classification of Mental Retardation

## Cognitive Impairments

- Severe IQ 20 – 35
  - Marked delay
  - Limited communication
  - Mental age of a 1-3 years
  - Requires continuous supervision
- Profound IQ below 20
  - Minimal purposeful actions
  - Infantile



# Mental Retardation Treatment Outcomes

A young child with dark hair, wearing a striped shirt, is sitting on a light-colored couch. The child is looking down at their hands, which are resting on their lap. To the right of the child, a white teddy bear with orange limbs is visible on the couch. The background is a plain, light-colored wall. The overall scene is softly lit and slightly out of focus, emphasizing the text overlay.

- Risk for Injury
  - No physical harm
- Self Care Deficit
  - Self Care needs fulfilled
- Impaired Communication
  - Means of communication established
- Impaired Social Interaction
  - Interacts with others
- Impaired Growth and Development
  - Maximize developmental capacity

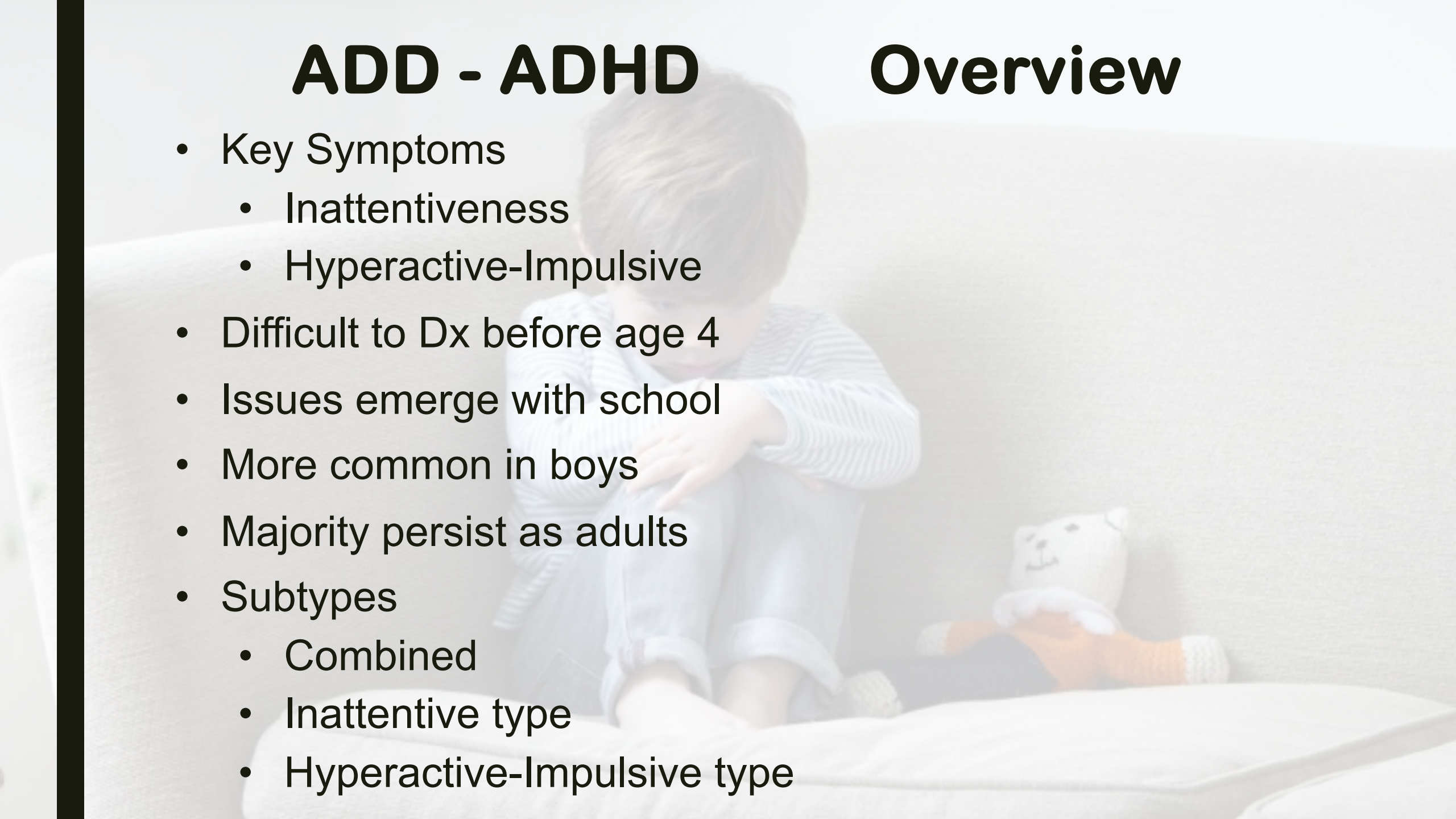
# Treatment Interventions for Mental Retardation

- Physical Needs
  - Provide for ADLs
  - Encourage Self-Care
- Safety
  - Create a safe environment
  - Protect from self harm – devices
- Establish means/ method for communication
- Early intervention/special education programs to maximize potential
- Support families and help in setting realistic goals
- Counsel adolescent/family on sexual maturity and responsibility, marriage, childbearing and vocation

# ADD - ADHD

# Overview

- Key Symptoms
  - Inattentiveness
  - Hyperactive-Impulsive
- Difficult to Dx before age 4
- Issues emerge with school
- More common in boys
- Majority persist as adults
- Subtypes
  - Combined
  - Inattentive type
  - Hyperactive-Impulsive type



# ADD - ADHD

# Etiology

- Biologic
  - Genetic – familial
  - Biochemical – alterations in dopamine, serotonin, norepinehrine
  - Anatomical variations – lobe size
  - Intrauterine exposure – teratogens
  - CNS disorders – seizures, infection
- Environmental
  - Lead
  - Food additives , dyes, sugars

# ADD - ADHD

- Inattentive
  - Unable to listen
  - Inattentive
  - Forgetful
- Hyperactive
  - Restless
  - Excessive motor activity
  - Difficulty with quiet activities
  - Talks excessively

# Behaviors

- Impulsive
  - Interrupts
  - Blurts out
  - Difficulty waiting turns





# ADD - ADHD

## Treatment Outcomes

- Risk For Injury
  - No physical harm
- Impaired Social Interaction
  - Interacts with others
- Low self-esteem
  - Positive self regard
- Noncompliance
  - Participates in therapeutic activities



# ADD - ADHD

# Interventions

- Protect from injury
- Provide safe environments for physical activity
- Set boundaries
- Identify unacceptable behaviors and consequences
- Provide structure and routines – feedback systems
- Convey acceptance and provide opportunities for success
- Limit distractions in the environment
- Empower child to manage own behavior
- Medication Therapy

# ADD - ADHD

# Medications

- Dextramphetamin - Dexedrine
- Methamphetamine - Desoxyn
- Combo – Adderall
- Methylphenidate – Ritalin
- Dexmethylphenidate – Focalin
  - Anorexia, Insomnia, Weight Loss, Decreased Growth
- Atomoxetine – Strattera
  - Same as above, increase BP/Pulse, sexual Dysfunction
- Bupropion – Wellbutrin
  - CNS stimulation, anorexia, weight loss

# Management of Numerous Side Effects

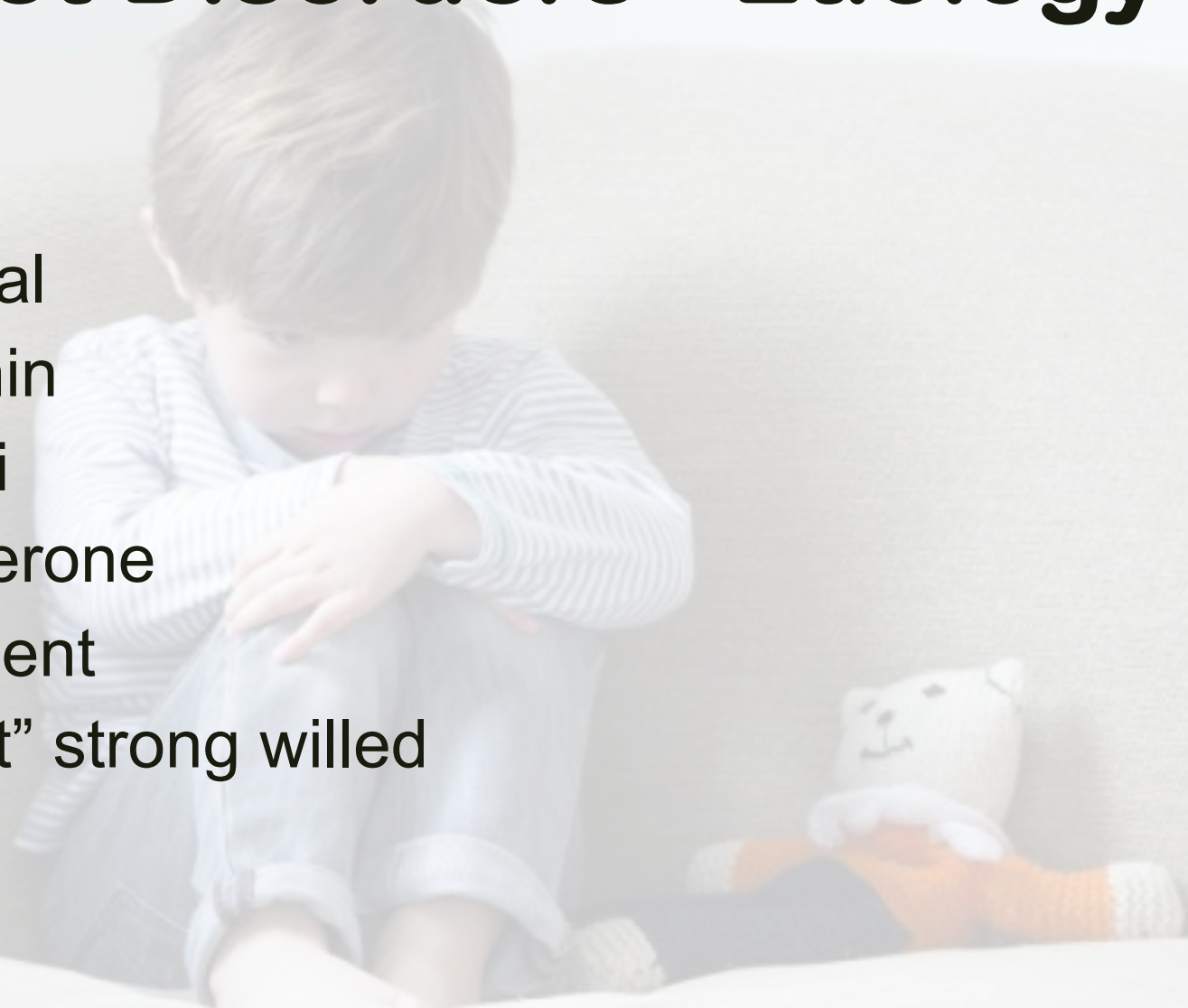
- Administer after meals
- Monitor growth and weight
- Administer in AM, or 6 hours before bedtime
- Use cautiously in clients with cardiovascular disorders
- Monitor liver function tests
- Monitor for new psychotic disorders
- Monitor OTC that may contain similar components
- Medication “holiday” to assess behaviors off therapy

# Conduct Disorders - Overview

- Patterns of behavior that violate the rights of others
- Physical Aggression is Common
- Most common reason for psychiatric referral
- Higher Incidence Males
- Child Onset
  - Less than 10 years
  - Aggression, disturbed relationships
- Adolescent Onset
  - After 10 years
  - Less aggressive, better relationships

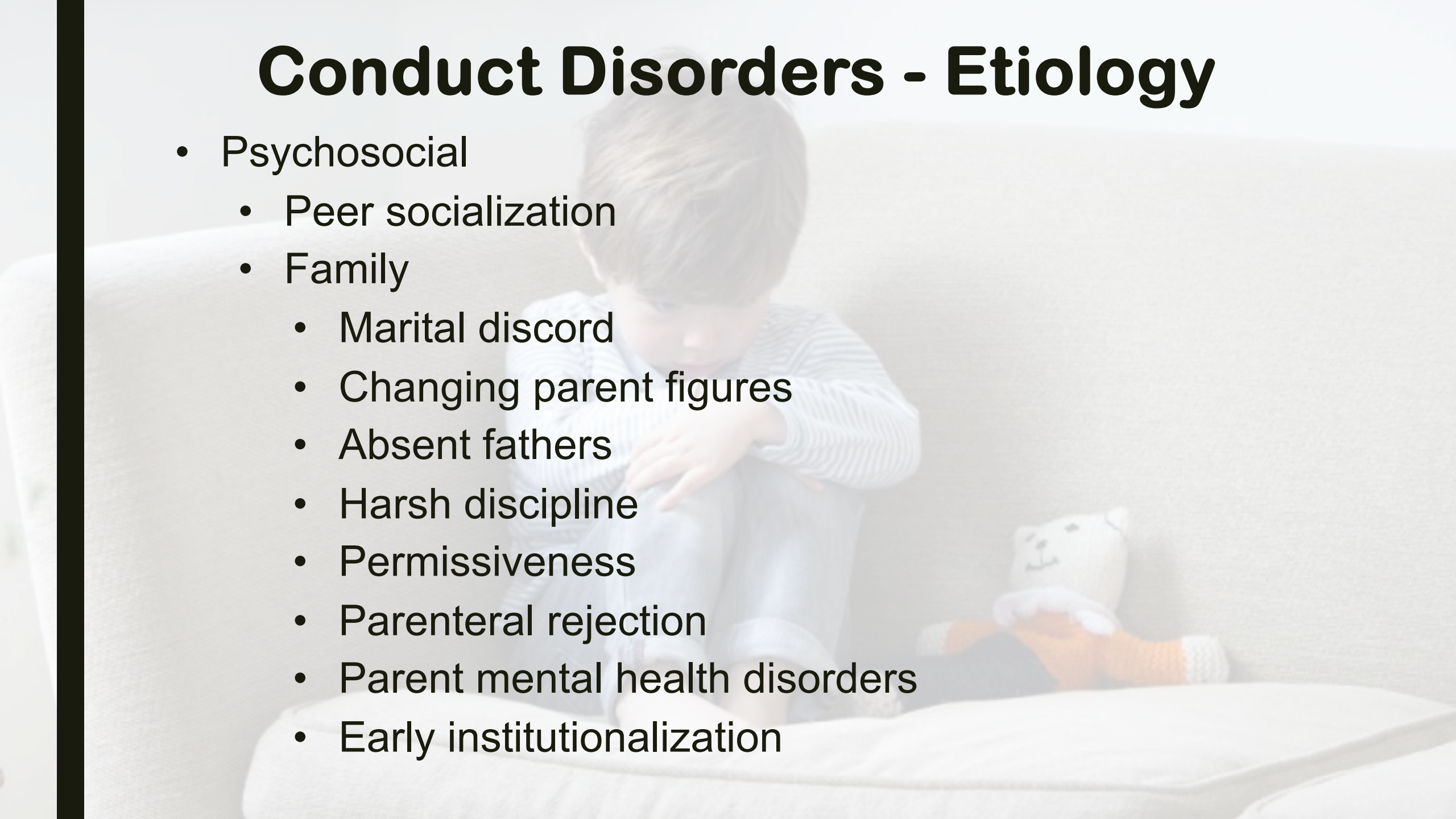
# Conduct Disorders - Etiology

- Biologic
  - Genetics
  - Biochemical
    - Serotonin
    - Nor- epi
    - Testosterone
  - Temperament
    - “Difficult” strong willed

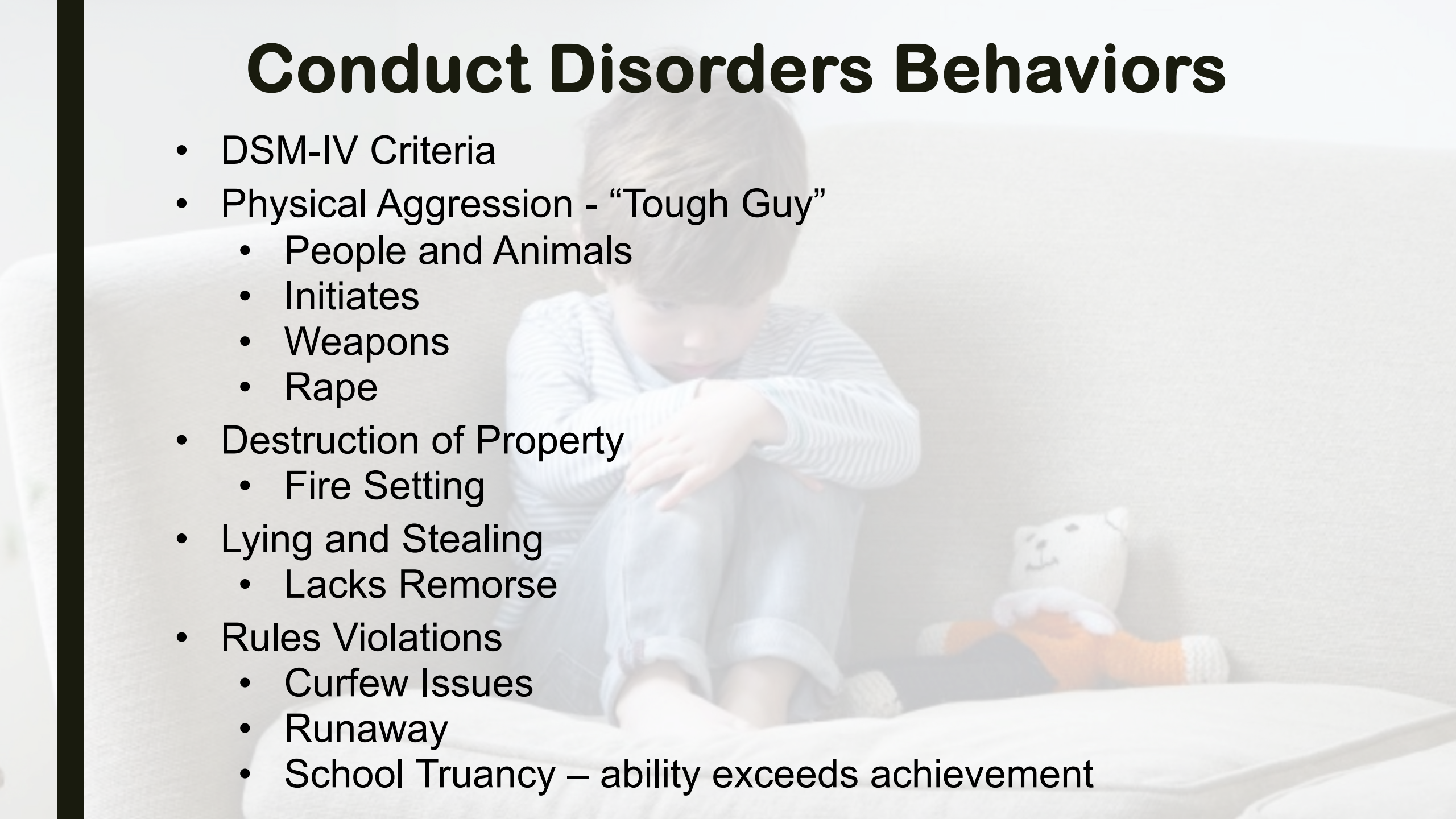


# Conduct Disorders - Etiology

- Psychosocial
  - Peer socialization
  - Family
    - Marital discord
    - Changing parent figures
    - Absent fathers
    - Harsh discipline
    - Permissiveness
    - Parenteral rejection
    - Parent mental health disorders
    - Early institutionalization



# Conduct Disorders Behaviors

- DSM-IV Criteria
  - Physical Aggression - “Tough Guy”
    - People and Animals
    - Initiates
    - Weapons
    - Rape
  - Destruction of Property
    - Fire Setting
  - Lying and Stealing
    - Lacks Remorse
  - Rules Violations
    - Curfew Issues
    - Runaway
    - School Truancy – ability exceeds achievement
- 
- A young boy with dark hair, wearing a blue and white striped long-sleeved shirt and blue pants, is sitting on a light-colored couch. He is looking down with a sad or thoughtful expression, his hands resting on his knees. To his right, a white teddy bear with orange limbs is sitting on the couch. The background is a plain, light-colored wall.

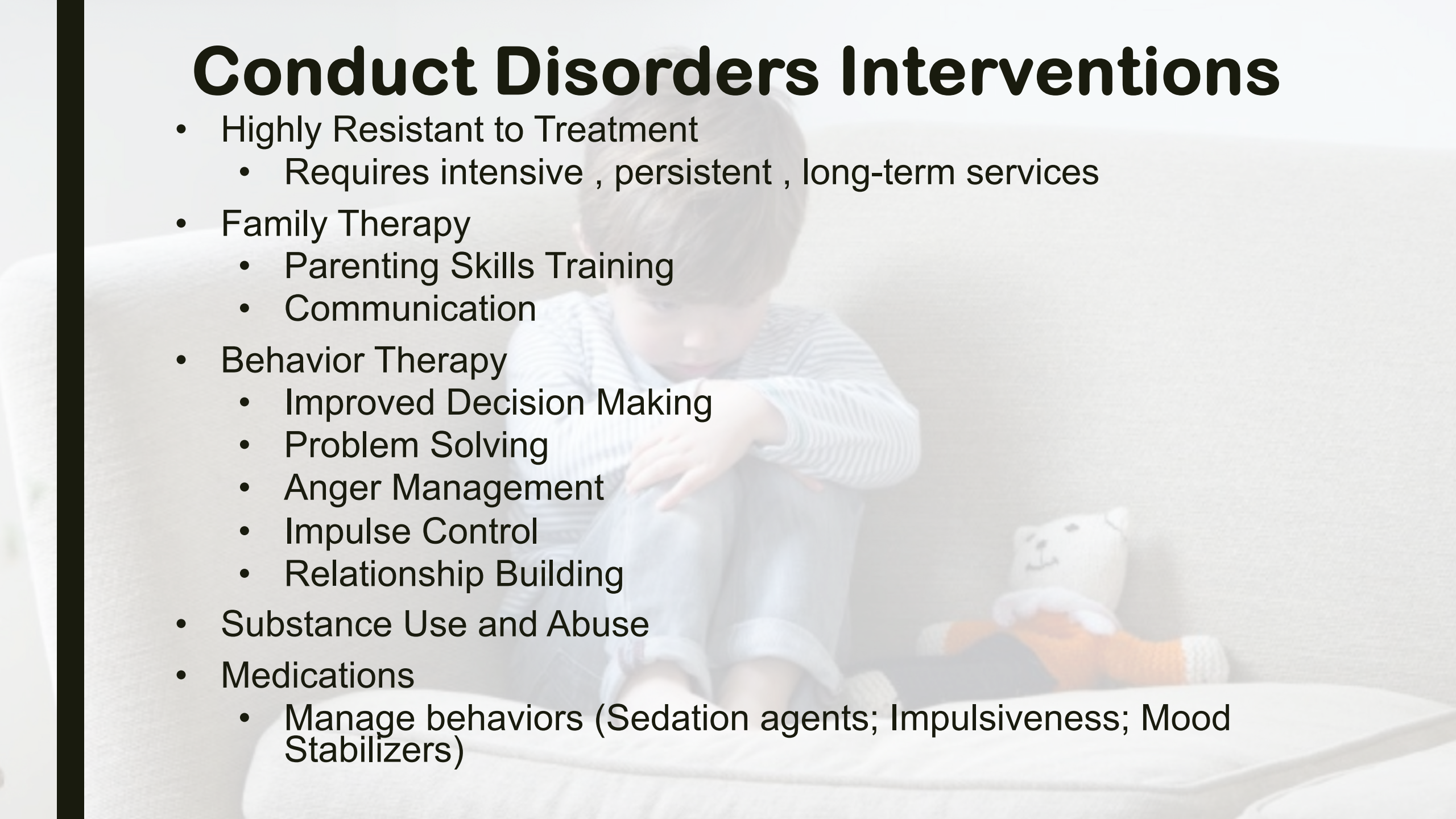


# Conduct Disorders

## Treatment Outcomes

- Risk for other directed violence
  - No harm to others
- Impaired Social Interactions
  - Interacts in socially appropriate ways
- Defensive Coping
  - Accepts feedback and responsibility
- Low Self-Esteem
  - Positive self regard
  - Discontinuation of exploitation

# Conduct Disorders Interventions

- Highly Resistant to Treatment
    - Requires intensive , persistent , long-term services
  - Family Therapy
    - Parenting Skills Training
    - Communication
  - Behavior Therapy
    - Improved Decision Making
    - Problem Solving
    - Anger Management
    - Impulse Control
    - Relationship Building
  - Substance Use and Abuse
  - Medications
    - Manage behaviors (Sedation agents; Impulsiveness; Mood Stabilizers)
- 
- A young child with dark hair, wearing a blue and white striped long-sleeved shirt and blue pants, is sitting on a light-colored couch. The child is looking down and appears to be holding something in their hands. To the right of the child, a white stuffed animal with orange limbs is visible on the couch. The background is a plain, light-colored wall.

# Oppositional Defiance Disorder Overview

- Negative, disobedient, defiance towards authority
- Stubborn, argumentative, temper
- Interferes with social, school, and work
- Do not violate rights of others
- Behaviors emerges in childhood
- Higher incidence in males

# Oppositional Defiance Disorder Etiology

- Biologic
  - Genetics
  - Biochemical
    - Serotonin, Norepinehrine, Testosterone
    - Temperament – “difficult” strong willed
- Family
  - Parenting Limitations
  - Impulsive Disordered Parent
  - Role Model
  - Absent Parent

# Oppositional Defiance Disorder Behaviors



- DSM-IV Criteria
- Passive Aggressive
  - Negative, stubborn, disobedient, testing, uncooperative, argumentative
- Attitude directed toward parents
- Project blame on others
- Poor relationships (limited friends), school performance

# Oppositional Defiance Disorder Treatment Outcomes

- Impaired Social Interactions
  - Interacts in socially appropriate ways
- Defensive Coping
  - Verbalize responsibilities for behaviors
  - Demonstrate effective Coping
- Low Self Esteem
  - Positive self regard
- Noncompliance
  - Participation in Therapeutic Activities

# Oppositional Defiance Disorder Interventions

- Family Therapy - Parenting Skills Training
  - Avoid Power Struggles
  - Set reasonable expectations - Structure
  - Impose limits
  - Follow Through – Consequences - Rewards
- Behavior Therapy
  - Improved Decision Making
  - Problem Solving
  - Anger Management
  - Social Skills Building

# Separation Anxiety Overview

- Excessive anxiety when separating or anticipating separation from home or parents
- May be triggered by a trauma event
- Most common on starting school
- Higher incidence in females
- May progress to panic disorder



# Separation Anxiety Etiology

A young child with dark hair, wearing a blue and white striped long-sleeved shirt and blue pants, is sitting on a light-colored couch. The child is looking down with a sad or anxious expression, their hands clasped in front of them. To the right of the child, there is a small, white stuffed animal with orange accents. The background is a plain, light-colored wall.

- Biologic
  - Genetics
  - Temperament – Shy, cautious
- Environment
  - Traumatic Event
  - Maternal Over Attachment
  - Overprotective Family
  - Parent Role Model Fears

# Separation Anxiety Behaviors

- Separation reluctance
- Tantrums, crying, screaming, clinging
- Reluctance to attend school
- Follow parent around the house
- Inability to sleep away from home
- Worry, nightmares – during separation harm will come to self or parent
- Phobias – fear of dark, ghosts, dogs

# Separation Anxiety Dx and Treatment Outcomes

- DSM-IV Criteria
- Anxiety
  - Uses adaptive activity to manage anxiety
  - Feels safe
  - Demonstrates trust
- Ineffective Coping
  - Demonstrate adaptive coping
- Impaired Social Interaction
  - Spend time with others

# Separation Anxiety Interventions

- Establish calm atmosphere
- Reassure client of safety
- Explore fears and worries
- Establish gradual separation goals – desensitize
- Identify alternative adaptive coping
- Alternate parenting techniques
- Anti-anxiety medications – severe cases

# Mental Health - Suicide Risk

- Rates rise during adolescence
- Leading causes death 15-24 years old
  - 1) Accidents 2) Suicide 3) Homicide
- Greater risk due to impulsive behaviors
- Risk Taking
- Most common methods is firearm (49%)
- Trigger more often relationship issues

# Depression

## Overview

- Approximately 4%-5% of children experience depression
- Etiology - usually a feeling of loss
  - Genetic Predisposition
  - Relationship Difficulties
  - Family Disruption
  - School Changes

# Depression

## Behaviors

- May vary or similar to adults
- Morbid Thoughts
- Excessive Worry
- Sadness
- Changes in School Performance and Relationships
- Sleeping and Eating Disturbances
- Self Harm - slashing

## Management

- Similar to adults
- Hospitalizations
- Anti Depressants
- Psychotherapy