Children and Adolescent Overview of Mental Illness

Keyuana Muhammad, M.A.
The Chicago School Forensic Center
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Objectives

- Increase knowledge about common mental health concerns in childhood and adolescence
- Identify signs to alert when to refer to mental health treatment
- Increase knowledge about mental health interventions
Overview of Children with Mental Illness

• One in five children has a diagnosable mental health problem
  • nearly two-thirds of children get little or no help
  • untreated mental health problems can disrupt children’s functioning at home, school, and in the community
    • Cause an increased risk of school failure, increased contact with the criminal justice system, increase risk for suicide
What is Mental Illness

- A pattern or collection of psychological and behavioral symptoms that significantly create distress and/or impairments in at least one major domain of functioning and are not the result of culturally specific norms or the violation of socially conventional norms (APA, 2013).
Impact of Mental Illness

- Mental illness can disrupt typical child development
- Mental illness can limit the child’s ability to assess needs, identify dangerous situations, and problem solve
Signs a Child May Need Professional Help

- Social withdrawal and isolation
- Increased fear of things child is not generally afraid of
- Hyperactivity or fidgeting
- Returning to behaviors more common in younger children (e.g. bed-wetting and thumb sucking)
- Mood changes (increased sadness, depression, tearfulness, irritability, anger, temper tantrums)
- Self-destructive behavior (e.g. head-banging, cutting, aggressions)
- Persistent thoughts of death
- Stress reactions (complaints of headache, stomach ache, rashes)
Signs a Child May Need Professional Help

- Change in patterns
  - Decline in academic performance
  - Poor grades despite strong efforts
  - Constant worry or anxiety
  - Refusal to attend school/engage in normal activities
  - Decline in interests
  - Decline in hygiene
  - Sleep patterns (falling asleep, staying asleep, nightmares) and appetite
  - Sudden changes in friends and type of peer group
## Common Child and Adolescent Mental Health Concerns

<table>
<thead>
<tr>
<th>Mental Health Disorders</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>MAJOR DEPRESSION DISORDER</td>
<td>Decreased activity or energy level, depressed mood, mood swings, loss of interest or pleasure in activities</td>
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<td>Lack of concentration, decrease in self esteem and self-worth, feelings of guilt, irritability, withdrawal from friends and family, unexplained physical symptoms</td>
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<td>Becoming easily frustrated, self harm, or suicidal behavior or thoughts</td>
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<td>GENERALIZED ANXIETY DISORDER</td>
<td>Excessive worrying about a variety of events (past, present, and future) worrying interferes with daily life</td>
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<td>Restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbance</td>
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<td>POST TRAUMATIC STRESS DISORDER (PTSD)</td>
<td>Re-experiencing the trauma (nightmares, intrusive recollections, flashbacks, traumatic play, behavioral re-enactment)</td>
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<td>Avoidance of memories or situations that remind the child of the traumatic event</td>
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<td>Sleep problems</td>
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<td>Emotional numbing</td>
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<td>Symptoms of increased arousal and hypervigilance</td>
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<td>Altered cognitive function</td>
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<td>Regression</td>
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<td>Difficulties with physical contact (for abuse)</td>
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<td>Behavioral reenactment</td>
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<td>SEPARATION ANXIETY DISORDER</td>
<td>Refers typically to younger children who are extremely unwilling to separate from major attachment figures (parents, grandparents, older siblings) or from home. Nightmares, somatic complaints, inducing trembling, headaches, stomachaches, nausea, vomiting, stomach pain and sweating.</td>
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<td>CONDUCT DISORDER</td>
<td>Serious behavioral and emotional disorder that can occur in children and teens</td>
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<td>Pattern of disruptive and violent behavior</td>
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<td>Difficulty following rules</td>
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<td><strong>Aggressive behavior:</strong> behaviors that threaten or cause physical harm (fighting, bullying, cruelty to others or animals, using weapons, forcing another into sexual activity)</td>
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<td><strong>Destructive behavior:</strong> intentional destruction of property such as arson (deliberate fire-setting) and vandalism</td>
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<td><strong>Deceitful behavior:</strong> pattern of lying, shoplifting, breaking into cars or homes</td>
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<td><strong>Violation of rules:</strong> going against accepted rules of society or engaging in behavior that is not appropriate for the person’s age. running away, skipping school, playing pranks, or being sexually active at a young age</td>
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Gender Dysphoria

• Significant distress or impairments in social, occupational, or other areas of functioning associated with the incongruence between biological gender and expressed gender

• Distinguish between children, adolescent, and adults
  • Children, for at least 6 months, there is repeated assertion to be the expressed gender, with manifestations that can include cross dressing, cross gender roles in play, rejection of activities typically associated with biological gender, preference for kids of the other gender, dislike of biological sexual anatomy, a desire for the sexual characteristics associated with the expressed gender.

  • *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013)
Gender Dysphoria

• For adolescents and adults, less emphasis on behavior; subjective experience incongruence between biological gender and expressed gender for at least six months coupled with significant distress or impairment in important areas of functioning (e.g., expressing the experience of feeling and reacting as the expressed gender, preoccupation with gaining primary or secondary gender characteristics such as hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex.

• The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013)
Complex Trauma

- Complex trauma is defined as chronic or multiple exposure to developmentally adverse victimization, including physical, sexual and emotional abuse, neglect, witnessing domestic and community violence, and impaired care-giving due to substance abuse or mental illness.
- Why have a Complex Trauma Diagnosis
  - helps us have a better understanding of the clinical presentation of children adolescents exposed to chronic interpersonal trauma
Adolescent Development and Complex Trauma

- **Attachment**
  - Avoidant, helpless or disconnect themselves from others
  - Lacks empathy
  - Guarded
  - Relationships may be superficial, overly dependent clingy, oppositional
  - Problems trusting others
  - Destructive relationship patterns and re-enactments are often at the expense of their well being

- **Biology**
  - Sensorimotor developmental problems
  - Increased medical problems or somatic complaints (stomach aches, head aches, digestion concerns)
    - the body remembers the trauma
Adolescent Development and Complex Trauma

• **Affect Regulation**
  - Not attached to or unable to describe their internal states or interpret emotions from others
  - Severe problems with modulating emotional expression

• **Dissociation**
  - May feel like they are in a dream or are not reality based

• **Behavioral Control**
  - Resistant to changes in routine and inflexible to rituals
  - Impaired executive functioning (frontal lobe)
  - Increases in impulsive responses (aggression)
Adolescent Development and Complex Trauma

- **Cognition**
  - Abused and neglected children often show lower IQs and may be developmentally delayed
  - Attention and learning problems
  - Decrease in executive functioning
  - Intrusion of unwanted thoughts, nightmares, and feelings of distress
- **Self Concept**
  - Difficulty with identity development
Causes of Mental Health Symptoms for Court Involved Children

• Event(s) happened that led to court involvement and disrupted the family unit
• Court related matters that disrupt the parent-child attachment or impairs the parent’s ability to carry out a parent plan
  • Abuse, death of a parent, parental incarceration, parent mental illness, divorce
Attachment

• A bond between two individuals that generally involves one who is wiser, more resourceful (and often stronger) than the other; creating a reliance (or dependence) on the one with power to survive and thrive.
  • Attachment forms a sense of security for the child that serves the basis for children to then explore their world, gain mastery in a wide range of areas to become self-sufficient.
  • Attachment, for better or worse, is integral in shaping child development and functioning.
Causes of Mental Health Symptoms for Court Involved Children

- Tragedy or extreme stress
  - Inability to make ends meet in the face of marginalization or financial strain
  - Stressors that are beyond the child’s ability to cope or manage
- It's normal for stress to cause a child to be upset
- If a child is unable to recover and functioning at the level of pre-stressor, then the child is in crisis
How are mental illnesses diagnosed in young children?

• Children with mental illness are diagnosed after a doctor or mental health professional observes signs or symptoms or conducts an evaluation
  • Some doctors choose to diagnose children but the majority of physicians will refer the child to a professional trained to diagnose and treat children
  • A diagnosis is used to understand symptoms and guide treatment
Prognosis: Will the child ever get better?

- Some children get better with time
- Other children require ongoing professional help (e.g. individual therapy, group therapy, skills building groups)
- It is important for children to seek help immediately
  - Treatment may produce better results if started early
- Treatment Options
  - Psychotherapy for child, family or parent (to learn how to meet the unique needs of the child)
  - Psychotherapy in combination with psychotropic medication
Therapy

- Psychosocial therapies can be very effective alone and in combination with medications
- Psychosocial therapies are also called "talk therapies" or "behavioral therapy," and they help people with mental illness change behavior
- The amount of time varies based on the presenting problem and development of the child
Therapeutic Interventions

Cognitive Behavior Therapy (CBT) is a type of psychotherapy that can be used with children

• A person in CBT learns to change distorted thinking patterns and unhealthy behavior.
• Children can receive CBT with or without their parents, as well as in a group setting. CBT can be adapted to fit the needs of each child.
  • Example- Behavior modification in which caregivers and teachers carry out to target specific behavior; Coping skills training to improve ability to manage emotions and behavior
Treatment

• **Evidence Based Treatment**
  • Integration of clinical research, clinical judgment within the context of unique patient characteristics, culture, and preferences (not only because you are using research supporting)
  • Examples:
    • Cognitive Processing Therapy
    • Trauma-Focused CBT
    • Parent Child Interaction Therapy (PCIT)

• **Components of Trauma Treatment**
  • Safety and Stability phase
  • Skill Building
  • Exposure
  • Interventions for parents are aimed to improve parent’s capacity to address emotional and behavioral problems with their children—often used with young children who are not able to engage in talk therapy
Treatment Findings

• The studies that have been done on the treatment of Generalized Anxiety Disorder in children have shown that education about the nature of anxiety, education about ways to identify, evaluate, and change anxious thoughts, and training in relaxation strategies have all been used with some success.

• Children with anxiety are also taught to learn to recognize the physiological symptoms of anxiety, and are taught to use positive “self-talk” rather than negative self-talk to regulate their emotions and manage their behavior. Parents are included to provide reinforcement and rewards for children’s success, and to learn to implement and practice the skills with their children.

• PCIT has been found to reduce emotional and behavioral concerns among children
Psychotropic Medications

• What are Psychotropic medications?
  • substances that affect brain chemicals related to mood and behavior

• When should psychotropic medication be prescribed?
  • when recommended/prescribed
  • to manage severe and difficult problems
  • when the benefits of treatment outweigh the risks

General rule of thumb when medication is considered:
  • Minimal change with other interventions
  • Impairments in more than one domain (e.g., home, school, playground)
  • Improve or prevent further impairment
How Medication Affects Children

- Younger children handle medications differently than older children and adults
  - Brains of young children change and develop rapidly
  - Studies have found that developing brains can be very sensitive to medications
  - There are developmental differences in how children metabolize medication (how their bodies process medications)
What if you suspect a child is experiencing mental illness?

• Talk with the child’s family or caregiver about your concerns and assess if concerns are seen in other settings (e.g., home, school, with friends)
• Encourage the family to contact the child’s pediatrician or contact a mental health professional for an evaluation
• Consult with a child psychiatrist or psychologist
• Request a psychological evaluation
  • distinguish potential psychiatric conditions from learning disabilities or developmental delays
Referrals

- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Mental health programs at universities or medical schools
- State hospital outpatient clinics
- Family services, social agencies, or clergy
- Peer support groups
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies.
Reference