Childhood and Adolescent Disorders

Wisconsin Child Welfare Professional Development System
University of Wisconsin- Madison

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Objectives

- Understand the definition of trauma and how trauma directly impacts brain development and the mental health of children and adolescents.
- Understand the definition of child and adolescent mental health/illness.
- Gain knowledge of the spectrum of childhood and adolescent disorders included in the DSM-5.

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Objectives

- Develop awareness of the experience of children or adolescents with mental health disorders or trauma histories, as well as the experiences and challenges for parents and caregivers.
- Utilize practical information and strategies to inform case planning.
- Develop a specific plan to implement the strategies, tools, knowledge and insights gained from training into practice.

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Introductory Exercise

- Introduce yourselves to the group with the following information;
  - Name
  - Position at agency/organization
  - Name of the agency/organization
  - Number of years you have worked in the field
  - Why you are interested in this topic

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Module 1 - Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

SAMSHA, 2012

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Traumatic Stress

- Results from intense adverse experiences
- Child is unable to manage the stress and it overwhelms their capacity to cope
- Elicit feelings of terror, powerlessness, and out-of-control physiological arousal
- Stress response system is permanently changed
- Significant impact on the developing brain
- Prolonged exposure to stress:
  - impairs connection of brain circuits
  - low threshold for stress
  - high levels of hormones
  - cognitive deficits (learning and memory)

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Trauma Experiences

- Forced displacement (i.e. foster care placement, immigration etc.)
- Natural disasters
- War/terrorism
- Bullying
- Emotional, physical, or sexual abuse or assault
- Serious accident or illness /medical procedure
- Victim/witnessing interpersonal, domestic, school or community violence
- Witnessing police activity or having a close relative incarcerated
- Serious illness, death/loss of a loved one
- Neglect

Adapted from National Child Traumatic Stress Network, 2008 www.ecmhc.org/tutorials/trauma

Through our eyes: Children, Violence and Trauma – Introduction

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Types of Trauma

Acute trauma

Chronic trauma

Complex trauma

Sanctuary trauma

Historical trauma

Medical trauma

Neglect

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What is an ACE?

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General Findings of the ACE Study in Wisconsin

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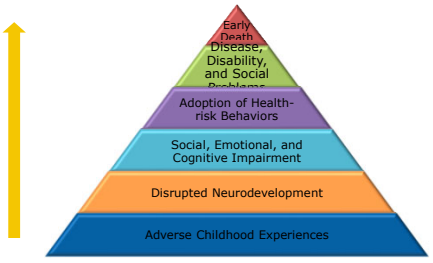
Long-Term Trauma Impact–ACE Pyramid



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Health Outcomes Related to Trauma

- Alcoholism
- COPD
- Illicit drug use
- Liver disease
- Multiple sexual partners
- Suicide attempts
- Unintended pregnancies
- Depression
- Fetal death
- Heart disease
- STD
- Smoking

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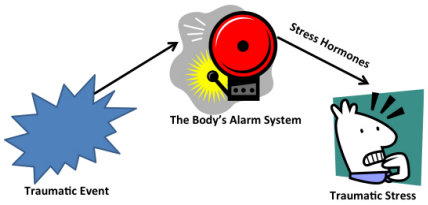
Traumatic Stress Response Cycle



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Impact of Trauma on Brain Development

- Brain structures that regulate emotion, memory, and behavior can be smaller in size
- Decreased integration of brain hemispheres and irregular brain activity correlated with poor emotional control & aggression
- Abnormally high levels of stress hormones

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Trauma and the Brain: Early Childhood

- In ***early childhood,*** trauma can be associated with reduced size of the cortex
- Young children can be impacted implicit or explicit memories
- Brain changes can affect IQ and the use of thinking to regulate emotions and lead to increased fearfulness and a reduced sense of safety and protection

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Trauma and the Brain: School-Age Children

- In ***school-age children,*** trauma undermines the development of brain regions that would normally help children:
  - Manage fears, anxieties, and aggression
  - Sustain attention for learning and problem solving
  - Control impulses and manage physical responses to danger, enabling the child to consider and take protective actions

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Trauma and the Brain: School-Age Children (cont'd)

Exhibit:

- Sleep disturbances
- New difficulties with learning
- Difficulties in controlling startle reactions
- Behavior that shifts between overly fearful and overly aggressive

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Trauma and the Brain: Adolescents

- In ***adolescents***, trauma can interfere with development of the prefrontal cortex, the region responsible for:
  - Consideration of the consequences of behavior
  - Realistic appraisal of danger and safety
  - Ability to govern behavior and meet longer-term goals

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Trauma and the Brain: Adolescents (cont'd)

- Adolescents who have experienced trauma are at increased risk for:
  - Reckless and risk-taking behavior
  - Underachievement and school failure
  - Poor choices
  - Aggressive or delinquent activity

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Trauma and the Brain: Adolescents (cont'd)

- Changes in dopamine levels during adolescence lead to risk-taking behavior
- Adolescence offers a window of opportunity to make new connections based on experiences
- With adult support, adolescents can learn self regulation, coping skills, and mastery by taking risks

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Impact of Trauma on Learning and School Performance

- Decreased reading ability
- Lower GPA
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions

National Child Traumatic Stress Network - Child Trauma Toolkit for Educators 2008

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Impact of Trauma on Learning and Development

Trauma can impair the acquisition of developmental competencies

Brain is activated (alarm state); children feel vulnerable and unsafe

Children develop coping strategies that are not understood by the adults in their lives, or by themselves

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Impact of Trauma on Behavior

- Anxious
- Difficulty with impulse control
- Impaired short term memory
- Confusion, disorientation
- Acting out
- On edge
- Daydreaming

Be aware of both the children who act out and the quiet children who don't appear to have behavioral problems.

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Impact of Trauma: Behavior Over Time

- Poor hygiene, appearance
- Deterioration in relationships
- Sleeping/eating difficulties
- Academic failure
- Use of drugs or alcohol
- Avoidance of people or places
- Increase in discipline issues
- Absenteeism

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Trauma and Mental Health Disorders

- Some children and youth show signs of stress immediately, others later – or they may not exhibit symptoms at all
- Many children and youth who have trauma histories are labeled, misdiagnosed and medicated

HO 2

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Resiliency Factors

Family support
Having a strong relationship with at least one competent and caring adult
Feeling connected to a positive role model/mentor
Peer support
Competence
Having talents/abilities nurtured and appreciated
Self-efficacy
Self-esteem
School, work and community connectedness
Spiritual belief

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Resiliency

Support and Promote Positive, Stable Relationships

- Being separated from an attachment figure can be very stressful for a child
- Maintaining positive connections enhances psychological safety and resilience
- In order to form positive attachments, stability and permanency are critical
- Workers can play a huge role in promoting positive relationships and helping them maintain connections

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What can we do to help?

- Assume a trauma lens
- Get a good trauma history
- Know about the resources in your community that can help trauma victims
- Ensure that others who are caring for the child are aware of the trauma history and triggers
- Develop a case plan and crisis plan to address the trauma indicators

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Protective Factors

Individual characteristics

Community characteristics

Family characteristics

Cultural protective factors

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When should a referral be made for additional help?

- When reactions are severe or go on for longer than a month and interfere with a child's functioning
- Don't feel you have to be certain before making a referral
- Let a mental health professional evaluate the likelihood that the child could benefit

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What are Child and Adolescent Mental Disorders?

The term *child and adolescent mental disorder* means all mental disorders that can be diagnosed and begin in childhood or adolescent years

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What are the symptoms of child and adolescent mental disorders?

- Change over time as a child grows
- May include difficulties with how a child plays, learns, speaks and acts or how the child handles their emotions
- Symptoms often start in early childhood, although some disorders may develop throughout the teenage years.
- Diagnosis is often made in the school years and sometimes earlier
- Some children with a mental disorder may not be recognized or diagnosed as having one

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Examples of Child and Adolescent Mental Disorders

Some examples of childhood mental disorders are:

- Attention-deficit/hyperactivity disorder (ADHD)
- Behavior disorders (ODD, IED, CD)
- Mood and anxiety disorders (phobias)
- Autism spectrum disorders
- Substance use disorders
- Tourette Syndrome

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Prevalence

- Children's mental disorders affect boys and girls of all ages, ethnic/racial backgrounds, and regions of the United States
- It is estimated that 13 –20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year
- An estimated $247 billion is spent each year on childhood mental disorders

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What is the impact of mental disorders in children?

- Mental health is important to overall health
- Mental disorders are chronic health conditions that can continue through the lifespan
- Children with mental disorders can have problems at home, in school, and in forming friendships
- This can also interfere with their healthy development
- Suicide

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Can child and adolescent mental disorders be treated?

- Child and adolescent mental disorders can be treated and managed
- Evidence-based treatment options
- Everyone, including caretakers, professionals and educators should work closely together
- Early diagnosis and appropriate services for children and their families can make a difference

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Module 2 – Trauma and Stressor-Related Disorders (DSM-5)

- Include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion
- Include
  - Reactive Attachment Disorder (RAD),
  - Dis-inhibited Social Engagement Disorder (DESD),
  - Post Traumatic Stress Disorder (PTSD),
  - Acute Stress Disorder (ASD) and
  - Adjustment Disorder
- Close relationship between these disorders and anxiety disorders, obsessive compulsive disorders and dissociative disorders

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Reactive Attachment Disorder Definition

- Child's basic needs for comfort, affection and nurturing aren't met
- Loving, caring, stable attachments with others are not established
- Clinical features manifest between the ages of 9 months and 5 years
- Behaviors manifest differently at different ages
- Unclear whether RAD occurs in older children

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Reactive Attachment Disorder Symptoms

- Withdrawal, fear, sadness or irritability that is not readily explained
- Sad and listless appearance
- Not seeking comfort or showing no response when comfort is given
- Failure to smile
- Watching others closely but not engaging in social interaction
- Failing to ask for support or assistance
- No interest in playing peek-a-boo or other interactive games

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Reactive Attachment Disorder Causes

- Serious social neglect is a diagnostic requirement and the only known risk factor for the disorder
- Basic needs are not met consistently
- Majority of severely neglected children do not develop the disorder (disorder is rare)
- Unclear as to why some children develop RAD and others don't

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Reactive Attachment Disorder Risk Factors

- Live in a children's home or other institution
- Frequently change placements
- Have inexperienced parents
- Prolonged separation from parents or other caregivers due to hospitalization
- Extreme neglect
- Have a mother with postpartum depression
- Parents with mental illness/anger problems/drug/alcohol abuse

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RAD Differential Diagnosis

- Similarities with ASD (Autism Spectrum Disorder)
  - Aberrant social behaviors
  - Stereotypic behaviors such as rocking or flapping
- Differences with ASD
  - Children with RAD have experienced a history of severe social neglect whereas children with ASD will rarely have a history of social neglect
  - Restricted interests and repetitive behaviors characteristic of ASD are not a feature of RAD
- Developmental delays often accompany a diagnosis of reactive attachment disorder but should not be confused with the disorder

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Comorbidity with RAD

- Conditions associated with neglect, including cognitive delays, language delays etc. often co-occur with RAD
- Medical conditions, such as severe malnutrition may accompany signs of the disorder
- Depressive symptoms also may co-occur with RAD

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Disinhibited Social Engagement Disorder Definition

- Culturally inappropriate, overly familiar behavior with relative strangers
- Behavior violates the social boundaries of the culture
- Should not be diagnosed before children are developmentally able to form selective attachments (a developmental age of at least 9 months)

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DSED Symptoms

- Reduced or absent reticence in approaching and interacting with *unfamiliar* adults
- Overly familiar verbal or physical behavior
- Diminished or absent checking back with caregiver after venturing away, even in unfamiliar settings
- Willingness to go off with an unfamiliar adult with little or no hesitation

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DSED Causes

- Conditions of social neglect
- Features remain stable over time particularly if the conditions of neglect continue
- Indiscriminate behaviors in toddlerhood, attention-seeking behaviors in preschoolers

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DSED Risk Factors

- Serious social neglect is the only known risk factor for DSED (and diagnostic requirement)
- The majority of severely neglected children do not develop the disorder
- No clear link with neurobiological factors has been established
- Has not been identified in children who experience social neglect after age 2

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DSED Complications

- Significantly impairs young children's abilities to relate interpersonally to adults and peers
- Verbal and physical over-familiarity and inauthentic expressions of emotions, particularly with adults
- Peer relationships are most affected in adolescence, with both indiscriminate behavior and conflicts apparent
- Prognosis is only moderately associated with the quality of the care-giving environment following serious neglect
- The disorder often stays the same even when the care-giving environment shows marked improvement

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DSED Differential Diagnosis

- Social impulsivity that sometimes accompanies ADHD (Attention Deficit/Hyperactivity Disorder) may look like DSED (impulsive attention seeking behaviors)
- Children with DSED do not necessarily show difficulties with attention or hyperactivity.

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DSED Comorbidity

- Limited research
- Conditions associated with neglect (cognitive delays, language delays etc.) may co-occur with DSED
- Children may be diagnosed with DSED and ADHD concurrently

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RAD and DSED Interventions

Strategies:

- Be nurturing, responsive and caring
- Provide consistent caregivers
- Security, stability and sensibility
- Provide a positive, stimulating and interactive environment for the child
- Addressing the child's medical, safety and housing needs, as appropriate

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RAD and DSED – Other services

- Individual and family psychological counseling
- Play therapy in the presence of caregivers
- Education of parents and caregivers about the condition
- Parenting skills classes

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RAD and DSED Coping and Support

- Help caregivers find resources
- Find respite for caregivers
- Teach stress management skills
- Encourage caregivers to take time for themselves
- Acknowledge it's okay to feel frustrated or angry at times

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Post Traumatic Stress Disorder (PTSD) Definition

The essential feature of posttraumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more major traumatic events.

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PTSD Development

- Any age after the first year of life
- Symptoms usually begin within the first three months after the event
- May be a delay of months or years
- Expression of re-experiencing can vary across development

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PTSD Symptoms in Young Children

Symptoms in young children:

- Emotional or behavioral changes (numbing)
- Focus on imagined interventions
- Preoccupied with reminders
- Mood changes
- Avoidant behavior
- Symptoms of increased arousal & hypervigilance
- Regression
- Difficulties with physical contact
- Reduced participation in new activities
- Sleep problems

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PTSD Symptoms in Adolescents

Symptoms in adolescents in addition to previous symptoms

- Reluctance to pursue developmental opportunities (dating, driving)
- May judge themselves as cowardly
- Harbor beliefs of being changed in ways that make them socially undesirable and estrange them from peers
- Lose aspirations for the future

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PTSD Cause

Various physical findings have been noted in children with PTSD, including the following:

- Smaller hippocampal volume
- Altered metabolism in areas of the brain involved in threat perception (eg, amygdala)
- Decreased activity of the anterior cingulate
- Low basal cortisol levels
- Increased cortisol response to dexamethasone
- Increased concentration of glucocorticoid receptors and, possibly, glucocorticoid receptor activity in the hippocampus

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PTSD Risk and Prognosis

- Childhood emotional problems by age 6
- Lower socioeconomic status, lower education, exposure to prior trauma, childhood adversity, cultural characteristics, lower intelligence, minority racial and a family psychiatric history
- Severity of the trauma
- Dissociation that occurs after the trauma and persists
- Negative appraisals of the event
- Inappropriate coping strategies

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PTSD - Culture and Gender

Culture

- Risk of onset and severity may differ across cultural groups
- Expression of the symptoms may vary

Gender

- More prevalent among females than males across the lifespan
- Females experience symptoms for a longer duration than do males

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PTSD Complications

- PTSD is exhibited across social, interpersonal, developmental, educational, physical health and occupational domains
- Irritable or aggressive behavior in children and adolescents can interfere with family/peer relationships and school behavior
- Reckless behavior may lead to accidental injury to self or others, thrill seeking or high risk behaviors

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PTSD and Suicide

- Traumatic events increase a person's suicide risk
- PTSD is associated with suicidal ideation and suicide attempts
- PTSD may indicate which individuals with suicide ideation eventually make a suicide plan or actually attempt suicide

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Trauma and PTSD

Children who have experienced chronic or complex trauma may be diagnosed with Post-Traumatic Stress Disorder (PTSD).

PTSD may be diagnosed in children who have:

- Experienced, witnessed or been confronted with one or more trauma events
- Responded to these events by experiencing symptoms of PTSD

Source: American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5). Washington, DC: Author

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Symptoms of PTSD and Trauma

PTSD	Trauma
Re-experiencing the traumatic event	Affective arousal (irritable or angry mood)
Intense psychological or physiological reactions	Sleep problems/avoidance
Avoidance of thoughts, feelings, places, and people	Fear and anxiety
Negative changes in thoughts and mood	Depression and sadness
Increased arousal	Aggression
	Impulsivity and attention problems

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PTSD and Differential Diagnosis

- Must pay attention to differences with:
  - Adjustment disorders
  - Anxiety disorders and obsessive-compulsive disorders
  - Major depressive disorders
  - Personality disorders
  - Dissociative disorders
  - Psychotic disorders and
  - Traumatic brain injuries – when it occurs in the context of a traumatic event.

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PTSD Interventions

- Provide a safe/secure environment
  - Respect, compassion, containment
  - Consistency in daily routines
  - Opportunities for relaxation and positive experiences
- Debriefing
- Cognitive Behavioral Therapy
- Play Therapy
- Medication options

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Module 3 - Disruptive, Impulse-Control and Conduct Disorders (ODD, IED and CD)

- Involves the self control of emotions and behaviors
- Behaviors violate the rights of others (aggression, destruction of property)
- Bring the individuals into conflict with societal norms or authority figures
- Underlying causes can vary greatly

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Oppositional Defiant Disorder (ODD) Definition

- Frequent and persistent pattern of uncooperative, angry/irritable mood, argumentative/defiant and hostile behavior or vindictiveness.
- Symptoms may be confined to only one setting
- Behavior is toward authority figures and seriously interferes with functioning
- Must be observed with persons other than siblings and in interactions with adults or peers who they know well

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ODD Definition

- Diagnostic threshold of four or more symptoms within the preceding 6 months in the DSM-5
- Persistence and frequency of symptoms should exceed what is normative
- Symptoms are part of a pattern of problematic behavior
- Individuals do not see themselves as angry, oppositional or defiant but justify their behavior

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ODD Symptoms

- Frequent temper tantrums
- Excessive arguing with adults (authority)
- Oppositional to rules
- Active defiance and refusal to comply with adult requests and rules
- Deliberate attempts to annoy or upset people
- Blaming others for his or her mistakes or misbehavior
- Often being touchy or easily annoyed by others
- Frequent anger and resentment
- Mean and hateful talking when upset
- Spiteful attitude and revenge seeking – no remorse

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ODD Causes

- More prevalent in families in which child care is disrupted
- Families in which harsh, inconsistent, or neglectful child-rearing practices are common
- Unclear whether there are neurobiological markers specific to ODD
- The prevalence is relatively consistent across different race and ethnicities

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ODD Risk Factors

- First symptoms appear during the preschool years and rarely later than early adolescence
- Problems in emotional regulation and poor frustration tolerance
- Often precedes the development of conduct disorder
- Children/adolescents are at risk for antisocial behavior, impulse-control problems, substance abuse, anxiety, and depression
- Behaviors increase in frequency in preschool and adolescence

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ODD and Differential Diagnosis

- Conduct disorder and ODD are both related to conduct problems
- Intermittent explosive disorder shows serious aggression toward others
- Depressive and bipolar disorders involve same emotional response but as part of a mood disorder

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ODD Comorbidity

- Rates of ODD are much higher in persons with ADHD
- Persons with ODD are at risk for anxiety disorders and major depressive disorders
- Adolescents also show a higher rate of substance use disorders

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ODD Parenting Techniques

- Give effective timeouts
- Avoid power struggles
- Remain calm and unemotional in the face of opposition, or take your own timeout, if necessary
- Recognize and praise your child's good behaviors and positive characteristics
- Offer acceptable choices to the child, giving him or her a certain amount of control
- Establish a schedule for the family that includes specific meals that will be eaten at home together, and specific activities one or both parents will do with the child
- Limit consequences to those that can be consistently reinforced and if possible, last for a limited amount of time

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ODD Interventions

- Individual and Family Therapy
- Parent-Child Interaction Therapy
- Cognitive Problem Solving Training
- Social Skills Training
- Parent Training
- Medications primarily with comorbid ADHD

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Intermittent Explosive Disorder Definition

- Repeated episodes of impulsive, aggressive, violent behavior or angry verbal outbursts grossly out of proportion to the situation
- Often have less severe episodes in between more severe destructive and assaultive episodes.

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IED Symptoms

Aggressive episodes may be preceded or accompanied by:

- Irritability
- Increased energy
- Rage
- Racing thoughts
- Tingling
- Tremors
- Palpitations
- Chest tightness
- Feeling of pressure in the head

Depression, fatigue or relief may occur after the episode

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IED Causes

- Environment
- Genetics
- Brain chemistry

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IED Risk Factors

- History of substance abuse
- History of physical abuse
- Age
- Being male

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IED Culture and Gender Issues

- Cultural differences are not documented adequately
- In some studies IED is greater in males
- Other studies have found no gender differences

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IED Complications

- Self-harm
- Impaired interpersonal relationships
- Trouble at work, home or school

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IED Differential Diagnosis

- Diagnosis should not be made when IED episodes occur during an episode of another mental disorder
- Diagnosis should not be made in children ages 6 – 18 years when the outbursts occur in the context of an adjustment disorder

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IED Differential/comorbidity

- Other diagnoses to rule-out or determine comorbidity
  - Disruptive mood dysregulation disorder
  - Antisocial personality disorder or borderline personality disorder
  - Anxiety disorders
  - Substance abuse, intoxication or withdrawal
  - ADHD, conduct disorder, oppositional defiant disorder or autism spectrum disorder

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IED Interventions

Psychotherapy

Medication

Encourage parents/caregivers to utilize same tips as for ODD

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Conduct Disorder (CD) Definition

- A negative and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated
- Four main groupings:
  - Aggressive conduct that causes or threatens physical harm to other people or animals
  - Nonaggressive conduct that causes property loss or damage
  - Deceitfulness or theft
  - Serious violations of rules

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CD Symptoms

- Deceitfulness or theft, lying to obtain goods or favors
- Commit serious violations of rules (school, parental, workplace)
- Children with CD often have a pattern (beginning before age 13) of staying out late at night and running away overnight (not associated with physical/sexual abuse in the home)
- Children with CD may often be truant from school

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CD Symptoms

- Misperceive the intentions of others as more hostile and threatening than is the case
- Personality traits such as poor self control, poor frustration tolerance, irritability, temper outbursts, suspiciousness, insensitivity to punishment, thrill seeking/risk taking
- Substance misuse particularly in adolescent girls
- Suicidal ideation, attempts and completed suicide occur higher than expected

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CD Symptom Progression

- Symptoms vary with age
- Symptoms that emerge first tend to be less serious (lying, shoplifting)
- Problems that emerge last tend to be more severe (rape, theft while confronting a victim)
- Wide variances which often predict outcome

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CD Causes

- Difficult under-controlled infant temperament and lower than average intelligence
- Family risk factors
- Genetic and environmental factors
- Risk is increased with a biological or adoptive parent or a sibling with conduct disorder
- More common in children of parents with severe alcohol use disorder, depressive or bipolar disorders or schizophrenia or biological parents who have a history of ADHD or CD
- Slower resting heart rate

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CD Risk

- Can occur as early as preschool years
- Early-onset type predicts a worse prognosis (increased risk of criminal behavior, CD, and substance related disorders)
- First significant symptoms emerge during the period from middle childhood to middle adolescence
- ODD is common precursor to CD
- Usually diagnosed before age 16

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CD Risk

- Risk factors tend to be more common and severe with childhood onset of CD
- In a majority the disorder remits by adulthood and many achieve adequate adjustments by adulthood
- At risk for later mood disorders, anxiety disorders, PTSD, impulse control disorders, psychotic disorders, somatic symptom disorders and substance related disorders

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Culture and Gender Related Issues

- CD may be misapplied in settings where patterns of behavior are viewed as near-normative (very threatening, high crime areas or war zones)
- Males with CD exhibit fighting, stealing, vandalism and school discipline issues
- Females are more likely to exhibit lying, truancy, running away, substance use and prostitution
- Males exhibit physical and relational aggression. Females tend to exhibit relatively more relational aggression

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CD Complications

- Peer rejection, association with delinquent peer group, neighborhood exposure to violence
- School suspension or expulsion, legal difficulties, sexually transmitted diseases, unplanned pregnancy and physical injury from accidents or fights
- Associated with early onset of sexual behavior, alcohol use, tobacco smoking, drug use, and reckless and risk taking acts

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CD Complications

- Accident rates are higher
- Consequences predict health difficulties when individuals reach midlife
- Contact with criminal justice system
- Common reason for treatment referral and is frequently diagnosed in mental health facilities for children, particularly in forensic practice

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CD Differential Diagnosis

- CD and ODD are both are both related to symptoms that bring individual in conflict with adults and other authority figures
- ODD less severe than CD and does not include aggression toward individuals or animals, destruction of property or a pattern of theft or deceit
- ODD includes problems in emotional dysregulation (angry, irritable) that are not CD
- Both ODD and CD can be given

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CD Differential Diagnosis

- ADHD behaviors do not violate societal norms or the rights of others
- Depressive and bipolar disorders – can be comorbid to CD
- IED is not premeditated and is not committed to meet some tangible objective
- Adjustment disorders – CD must meet repetitive and persistent pattern

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CD Comorbidity

- ADHD and ODD are both common with CD
- comorbid presentation predicts worse outcomes
- CD can also co-occur with a number of mental disorders including anxiety disorders, depressive or bi-polar disorders, substance related disorders
- Academic achievement is often below the level expected on the basis of age and intelligence (may indicate 'learning disorder')

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CD Pre-school Interventions

- Effective interventions for conduct disorders in pre-school age children include Head Start programs
- Medications have not been shown to be effective in this age group.

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CD School-Age Interventions

- Parenting skills training, training the child in peer relationship skill, academic skill development, and social skills training
- Pro-social skills and anti-social behaviors need to be addressed separately
- Problem solving skill training
- Individual psychodynamic psychotherapy is not effective

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CD Adolescent Interventions

- Most promising approach has been *Multi-systemic Therapy (MST)* for violent conduct disorders
- Cognitive behavioral approaches and skill training are still being studied
- For both school age children and adolescents, medications should be given as indicated for comorbid conditions and to manage aggression

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Module 4 - Neurodevelopmental Disorders (Attention-Deficit/Hyperactivity Disorder & Autism Spectrum)

- Group of conditions with onset in the developmental period
- Typically manifest early in development often before the child enters grade school
- Are characterized by development deficits that produce impairments of personal, social, academic or occupational functioning.

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Neurodevelopmental Disorders

- Neurodevelopmental disorders frequently co-occur
  - Children with autism spectrum disorder often have intellectual issues and children with ADHD often have a specific learning disorder
  - ASD is diagnosed when characteristic deficits of social communication are accompanied by excessively repetitive behaviors, restricted interests and insistence on sameness

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Autism Spectrum Definition (ASD)

Serious neurodevelopmental disorder:

- Persistent impairment in reciprocal social communication and social interaction, and
- Restricted, repetitive patterns of behavior, interests or activities
- Symptoms are present in early childhood and limit or impair everyday functioning

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Autism Spectrum Disorder Development and Course

- Manifestations vary greatly depending on the severity
- Behavioral features first become evident in early childhood
- Losses of language and social skills are rare in other disorders and may be a useful "red flag" for ASD
- May be other losses of skills (self-care, toileting, motor skills etc.)

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ASD Development and Course

- ASD is not a degenerative disorder
- Typical for learning and compensation to continue throughout life
- Symptoms are most often marked in early childhood or early school years with developmental gains in some areas in later years.

Autism Speaks Video Glossary

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ASD Cause

- Parental age, low birth weight, or fetal exposure to valproate, may contribute to risk
- Heritability estimates range from 37% to 90%
- Currently 13% of cases appear to be associated with a known genetic mutation
- Research exploring if viral infections, air pollutants, complications during pregnancy play a role
- No reliable study has shown a link between ASD and the MMR vaccine.

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ASD Risk Factors

- Child's sex
- Family history
- Other disorders
- Extremely preterm babies
- Parents' ages

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ASD Cultural/Gender Factors

- Individuals with ASD are markedly impaired against the norms for their cultural context
- ASD is diagnosed four times more often in males than females
- Females are more likely to show intellectual disability

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ASD Complications

- Lack of social and communication skills may hamper learning (especially in peer settings)
- Insistence on routines and aversion to change, as well as sensory sensitivities, may interfere with eating and sleeping
- Difficult care routines (i.e. dental work, haircuts etc.)
- Being bullied by other children – trauma from interactions with others

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ASD Complications

- Adaptive skills are typically below measured IQ
- Difficulties in planning, organization and coping with change affect academic achievement
- Adults may have difficulty establishing independence through independent living and gainful employment

Carly's Voice

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ASD Differential Diagnosis

- Rett syndrome
- Selective mutism
- Language disorders and social communication disorders
- Intellectual developmental disorder
- Stereotypic movement disorder
- ADHD
- Schizophrenia

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ASD comorbidity

- About 70% of individuals with ASD may have at least one comorbid mental disorder and 40% may have two or more
- When criteria for ASD and ADHD are met both diagnosis should be given

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ASD Interventions

- Behavior and communication therapies
- Educational therapies
- Family therapies
- Medications

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ASD Coping and Support

- Find a team of trusted professionals
- Take time for yourself and other family members
- Seek out other families of children with ASD
- Learn about the disorder
- Keep records of visits with service providers
- Stay current on new technologies and therapies

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Attention-Deficit/Hyperactivity Disorder (ADHD) Definition

- Difficulty sustaining attention, hyperactivity and impulsive behavior
- Behaviors include wandering off task, lacking persistence, having difficulty sustaining focus, and being disorganized
- Hyperactivity refers to excessive motor activity when it is not appropriate, or excessive fidgeting, tapping, or talkativeness

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ADHD Symptoms

- Difficulty paying attention
- Frequently daydreaming
- Difficulty following through on instructions and apparently not listening
- Frequently has problems organizing tasks or activities
- Frequently forgetful and loses needed items, such as books, pencils or toys
- Frequently fails to finish schoolwork, chores or other tasks
- Easily distracted
- Frequently fidgets or squirms
- Difficulty remaining seated and seemly in constant motion
- Excessively talkative
- Frequently interrupts or intrudes on others' conversations or games
- Frequently has trouble waiting for his or her turn

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Attention-Deficit/Hyperactivity Disorder (ADHD) Features

- ADHD begins in childhood
- Several symptoms must be present before age 12 years
- Behaviors must be present in more than one setting and should be documented by people in those settings
- Symptoms may vary depending on the context in a given setting.

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ADHD Development and Course

- Most parents recognize when child is a toddler
- Most often identified during elementary school years
- Relatively stable through early adolescence
- Hyperactivity becomes less obvious in adolescence and adulthood

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ADHD Development and Course

- In preschool the main manifestation is *hyperactivity*.
- *Inattention* becomes prominent during elementary school
- During adolescence signs of hyperactivity are less common and may be confined to *fidgetiness or an inner feeling of jitteriness, restlessness or impatience*
- In adulthood, along with inattention and restlessness, *impulsivity* may remain even after hyperactivity has diminished

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ADHD Causes

- Heredity
- Environmental Factors

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ADHD Risk Factors

- Blood relatives
- Exposure to environmental toxins
- Maternal drug use, alcohol use or smoking during pregnancy
- Maternal exposure to environmental poisons — such as polychlorinated biphenyls (PCBs) — during pregnancy
- Premature birth

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ADHD Culture and Gender Related Issues

- Clinical identification rates in the U.S. for African American and Latino populations tend to be lower than for Caucasian populations
- May be due to rater bias suggesting that culturally appropriate practices are relevant in assessing ADHD
- ADHD is more frequent in males than females (2:1 in children)
- Females are more likely to present primarily with inattentive features

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ADHD Complications

- Often struggle in the classroom
- Tend to have more accidents and injuries
- Have poor self-esteem
- Are more likely to have trouble interacting with and being accepted by peers and adults
- Are at increased risk of alcohol and drug abuse and other delinquent behavior

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ADHD Differential Diagnosis

- ODD
- IED
- Other neurodevelopmental disorders
- Specific learning disorders
- Intellectual developmental disorder
- ASD
- RAD
- Anxiety Disorders
- Depressivd disorders
- Bipolar Disorder
- Disruptive Mood Deregulation disorder
- Substance Use disorders
- Personality disorders
- Psychotic disorders

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ADHD Co-existing Conditions

- Learning disabilities
- Anxiety disorders
- Depression
- Bipolar disorder
- Oppositional defiant disorder (ODD)
- Conduct disorder
- Tourette syndrome

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ADHD Interventions

- Medications
- Therapy/Interventions
  - Behavioral modification
  - Psychotherapy
  - Parenting Skills Training
  - Family
  - Social Skills Training
  - www.chadd.org

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Helping ADHD Children

- Home Tips
- School Tips

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Module 5 – Depressive Disorders

- Includes a variety of depressive disorders including disruptive mood dys-regulation disorder (DMDD), persistent depressive disorder (dysthymia) and major depressive disorder
- Bipolar is no longer part of this diagnosis
- Presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the capacity to function
- What differs are issues of duration, timing or presumed etiology

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Depression Symptoms in Children

- Sadness
- Irritability
- Clinginess
- Worry
- Aches and pains
- Refusing to go to school
- Being underweight

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Depression Symptoms in Teens

- Sadness/hopelessness/anger/rage/guilt
- Irritability
- Feeling negative and worthless
- Withdrawal from friends/activities
- Poor performance
- Poor attendance at school
- Feeling misunderstood
- Extremely sensitive/agitated/overreacts to criticism
- Using drugs or alcohol
- Eating or sleeping too much
- Self-harm
- Loss of interest in normal activities
- Avoidance of social interaction.

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Depression Causes

- About 5 percent of children and adolescents in the general population suffer from depression at any given point in time
- Children under stress, who experience loss, or who have attentional, learning, conduct or anxiety disorders are at a higher risk for depression
- Depression also tends to run in families

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Depression Causes

- Biological differences
- Brain chemistry
- Hormones
- Inherited traits
- Life events

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Disruptive Mood Dysregulation Disorder Development and Course

- Chronic, severe, persistent irritability
- Onset must before age 10 years
- Should not be diagnosed for children with a developmental age of less than 6 years
- Diagnosis should be restricted to age groups (7 – 18 years) where validity has been established
- Not just about tantrums

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Depression Complications

- Excess weight or obesity, which can lead to heart disease and diabetes
- Alcohol or substance abuse
- Anxiety, panic disorder or social phobia
- Family conflicts, relationship difficulties, and work or school problems
- Social isolation
- Suicidal feelings, suicide attempts or suicide
- Self-mutilation, such as cutting
- Premature death from other medical conditions

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Depression Treatment

- Individual and Family Therapy
  - Cognitive Behavioral Therapy
  - Psychotherapy
- Medications
  - Anti-depressents

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Module 6: Anxiety Disorders

- Social Anxiety Disorder

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Social Anxiety Disorder

- Social anxiety disorder, also known as *social phobia*, involves intense fear of certain social situations—especially situations that are unfamiliar or in which you feel you'll be watched or evaluated by others

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Social Anxiety Disorder Symptoms

- May look different in young people than in adults
- Childhood social phobia is often identified around age 12
- Interferes with day to day activities
- Research on impact of trauma on SAD
- Childhood maltreatment associated with symptom severity

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Social Anxiety Disorder Causes

Several factors can increase the risk of developing social anxiety disorder, including:

- Family history
- Negative experiences
- Temperament
- New social or school demands
- Having a health condition that draws attention

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Social Anxiety Disorder at Home Physical Signs and Symptoms

- Consistent and extreme fear of situations involving new people
- Extreme fear of social and performance situations
- Anxiety attacks when anticipating or attempting social interactions
- Fearfulness with peers as well as adults
- Avoidance of social situations
- Severe distress in routine social situations
- School refusal
- Reluctance to participate in ordinary outings or activities
- Depression or thoughts of not wanting to be alive

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Social Anxiety Disorder at School Physical Signs and Symptoms

- Difficulty transitioning from home to school
- Refusal or reluctance to attend school
- Avoidance of activities with peers
- Low self-esteem in social situations and academic projects
- Difficulty concentrating

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Social Anxiety Disorder at School Physical Signs and Symptoms (cont'd)

- Other anxiety disorders, mood disorders such as depression, or behavior disorders such as attention deficit/hyperactivity disorder (ADHD
- Learning disorders and cognitive problems

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Challenges to Diagnosing and Treating Social Anxiety Disorder in Children

- Symptoms vary over time and their appearance changes
- Other conditions, particularly other anxiety disorders
- Depression is also often present in these children
- Physical complaints
- Children may have difficulty talking about their fears
- Children may be unaware, or unwilling to admit
- Families may need to be coached

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Social Anxiety Disorder Interventions and Treatments

- Psychological interventions (counseling)
- Biological interventions (medicines)
- Accommodations at home and school

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Final Case Scenario

- What are some of the symptoms of trauma?
- What might be Sara and Jackson's ACE scores?
- What are the symptoms of a mental health disorder? What might be the diagnosis?
- What are some of the protective and resiliency factors?
- What interventions and services would you propose?

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Summary

- Understand the definition of trauma and how trauma directly impacts brain development and the mental health of children and adolescents
- Understand the definition of child and adolescent mental health/illness
- Gain knowledge of the spectrum of childhood and adolescent disorders
- Develop awareness of the experience of children or adolescents with mental health disorders or trauma histories, as well as the experiences and challenges for parents and caregivers
- Utilize practical information and strategies to inform case planning

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Thank You

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