Characteristics of Mental Health Disorders in Children and Adolescents
~ Part 1 ~

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Symptom Presentations

- Often, overlap in symptom presentation
- Child may have co-existing conditions
- Medication side effects may complicate symptom pictures
- Adolescent may be using substances that further complicates symptom picture

Teacher Stress

- A child with emotional and behavioral problems places great stress on teachers
- Requires much greater efforts at planning, organizing, supervision, monitoring, rewarding, guiding, and structuring
    - Far in excess of what other children require
- This challenge can elevate teaching to a new, higher level
  - You are and will continue to become a master teacher!

ADHD Overview

- Historically ADHD or ADD
- Now, three types of ADHD
  1. Characterized by Inattentiveness
  2. Characterized by Hyperactive or Impulsive Behavior
  3. Combined type

Signs of Inattentive Behavior

- Has difficulty following instructions
- Has difficulty focusing on tasks
- Loses things at school and at home
- Forgets things often
- Becomes easily distracted or has difficulty listening
- Lacks attention to detail, makes careless mistakes or is disorganized
- Fails to complete homework or tasks

Signs of Hyperactive/Impulsive Behavior:

- Is fidgety.
- Leaves seat when shouldn’t.
- Runs or climbs inappropriately.
- Talks excessively.
- Difficulty playing quietly.
- Always on the go.
- Blurts out answers.
- Has trouble waiting turn.
- Interrupts.

ADHD Facts

- 3-5% - 7-8 % of children in US
  - 3:1 males to females in kids
- 4-5% of adults in US
- Most children ADHD have normal or above average intelligence, 40-60% have a learning difficulty
- ADHD is nobody's fault. Research finds biology and genes play a large role in ADHD. (30-40% of kids with ADHD have a relative ADHD)
- Includes more than just problems with attention span and activity level
- Impairment in child's ability to
  - Control own behavior ("impulsive")
  - Keep future goals and consequences in mind
  - Motivate self

The Problem of Self-Control

- A chronic problem with impulsiveness
  - Starts in childhood
    - "hyper," touching everything, impatient, interrupts
  - Not just a temporary state that child outgrows
    - Often, impulsiveness persists into adulthood, even if adult is no longer "hyper"
    - 50-75% of ADHD children have problems as adults
  - *Not* caused by parental failure to control child
  - *Not* caused by inherent "badness" in child

What to Expect

- When interested in something, more on task
- Hyperactivity and Hyper-responsiveness
  - They really are more active than other children
  - Not just too much movement but too much behavior
    - Behaviors occur too quickly, too easily
    - Excessive talking, touching, looking around, etc.
    - Again, this is a problem with inhibition
- Difficulty Following Instructions
  - Distractible
- Doing Work Inconsistently
  - Not related to laziness
  - Can do the work, but cannot maintain consistent pattern

More Than Just Inattention…

- The very things most of us do to help control ourselves are problems for ADHD children:
  - Stop and think
  - Inhibit behavior
  - Plan, then act
  - Sustain action despite distraction
- Problems are *not* due to a lack of skill but a lack of self-control
- Not a problem with knowing what to do but with doing what one knows
  - importance of reminders at the "point of performance"

Poor Self-Control

- Ability to wait: As humans, we can wait for far longer periods of time before responding than any other species can
- Ability to inhibit immediate urges helps us to:
  (1) create a sense of past and future
  (2) talk to ourselves to control behavior
  (3) control emotions, and create internal motivation
  (4) come up with new responses (problem solving)
- Someone with ADHD has problems in all these areas

Consequences of Poor Self-Control

- Poor Emotional Self-Control
  - Difficulty internalizing emotions
  - Internalized emotions are related to motivation, determination, and willpower
  - Without internal motivation, we need incentives, encouragement, and rewards from the outside
- Poor Problem Solving
  - Requires breaking down old information and putting it back together in new ways

Treatment

- Medication
  - Stimulants
    - Methylphenidate (e.g.Ritalin, Concerta, Metadate, Focalin)
    - Amphetamines (e.g. Adderall, Dexedrine)
    - New, long-acting stumlant - Vyvanse
  - Straterra (a non-stimulant, an antidepressant)
  - Side effects
    - Largely benign (<5% discontinue due to side effects)
    - Most common = insomnia, loss of appetite, headaches, stomach aches
- Behavioral Therapy with parent education
- Research has shown the following to not be scientifically proven to work
  - Special diets, chiropractic adjustment, vitamin & herbal supplements

ODD and Conduct Disorders

- ODD (Oppositional Defiant Disorder) coexists with ADHD 40-80%
- Conduct Disorder (more severe behavioral disorder) coexists with ADHD 20-56%
- The impact of ADHD on emotional self-regulation contributes to oppositional behavior
- Research finds that ADHD medications reduce oppositional behaviors if ADHD is present
- Some oppositional behavior is related to inconsistent, indiscriminate, emotional, and sporadic discipline.

Classroom Management

- Set and clearly display simple and clear rules using positive language (e.g. refrain from - Don’t push. Don’t hit – rephrase - Hands to yourself. Respect others.)
- Develop routine and structure
- Develop classroom behavioral plan with rewards and consequences
- Be *consistent* with behavioral plan – they will *test the limits less* when they know you are consistent
- Use traditional desk arrangement when you have students with problematic behaviors
- Schedule most difficult subjects in the am

Strategies to Improve Positive Behaviors

- Learn what motivates your disruptive student
  - praise, high fives, overheard praises, stickers, chart that goes home daily
- Use positive language
  - "Show me you can make a good choice"
  - Refrain from "no" & "don't"
  - Instruct child what to do
    - "No-Don't touch your neighbors desk."
    - Change to: "Please keep your hands to yourself."
- Tell don't ask ("Please _____" vs. "Could you _____?")
- Redirect child's behavior
  - If the child appears headed for off-task behavior - redirect ("Michael, please help me with handing this out" or "Please find your math book.")

More Strategies to Improve Positive Behaviors

- Provide frequent feedback
  - Especially for positive behavior
  - Attempt to make 8 positive comments for every one negative comment
- Provide immediate feedback for positive behavior and immediate consequences for negative behavior – the longer you wait, the less effective the feedback/consequence

Smile/Behavior Chart

- Visual feedback for students throughout the day
- The greater the disruptive difficulties, the more time periods you break the chart into
- Great way to communicate with parents
- Great way to find patterns for difficult times to problem solve further
- With behavior improvements, time increments increase (e.g. am, pm)
  - For younger students, use smile, straight face, frown
  - For older students, use point system: 0,1,2

Strategies for Children with Attention Problems

- With use of chart or behavioral plan, remember to change rewards periodically to keep motivating (may have to change chart or behavioral plan to keep motivating also)
- Use Incentives before Punishment
- Put Physical Reminders at the Point of Performance (signs, lists, rules, etc.)
- Help the child get started with a task (sometimes there is a struggle with initiation, & *not* necessarily motivation)
- Break longer projects or assignments into smaller "chunks"

Strategies to Help with Self Control

- Provide artificial motivation for boring tasks
    - Think Win-Win
    - "First and then"
- Explain less and let consequences speak instead
    - "Act, Don't Yak!"
- Anticipate Problem Situations – Make a plan!
    - Plan things to keep child busy and interested
- Give "motor" breaks (e.g. running errands, sharpen pencil, hand out worksheets)
- Develop and use cue phrases
  - "Stop and Think" or "Make a good choice"
- Praise frequently for displays of impulse control and on-task behavior
- Keep a Sense of Priorities – Pick your Battles!
- *Don't* Personalize the Child's Problems

Tips to help with Organization

- Use a clear folder for completed assignments as visual reminder
- Allow child to keep extra set of books at home
- Teach student to use assignment notebook/planner
- Teach organization to child, but also learn child's organizational style so it works for him/her
- Allow time in day for desk/backpack organization
- Use guided assistance during organization time

Tips to help with Memory

- Establish eye contact with student prior to giving essential instructions
- Teach the child memory strategies (e.g. grouping, chunking, mnemonic devices)
- Changing tasks more frequently alleviates some of drain on working memory
- Keep new information and instructions brief and to the point, or repeated in concise fashion

Teaching Styles

- Be more animated, theatrical, dramatic
- Call on the student often
- Allow restlessness or standing at work area
- Touch when talking
- Agree on non-verbal signals as reminders
- Allow student to do work on whiteboard or colored sheet of paper to pique interest
- Use participatory teaching methods when possible
- Intersperse low appeal with high appeal activities
- Limit lecture time and increase hands-on learning
- Use computer when possible (vs. worksheets) for skill building
- Teach problem solving skills

Classroom Tips

- Give one-step directions
- Proximity: Seat child close to teacher or keep child near teacher during activities
- Have child feel “in the middle” of the activity/action
- Praise on-task behaviors
- Pair student with study buddy to serve as role model for needed areas

More Classroom Tips

- Have child restate rules at start of each activity
- Use visual cues (color-coded) with rules to review at start of each new activity
- Use visual cues to remind child of impulse control (e.g. stop sign)
- Allow doodling or other mindless motor movement
- Keep small fidget toys available
- Communicate with the child's parents regularly

Autism Spectrum Disorders

- 2-6 per 1,000 children
- 4:1 males to females
- Autism, Asperger Syndrome, Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS), Rett Syndrome, and Childhood Disintegrative Disorder.

Behaviors Range from Mild to Severe

- Little eye contact or avoids eye contact
- Failure to respond to name
- Difficulty interpreting tone of oice
- Difficulty reading facial expressions
- Failure to respond to others' emotions
- Repetitive movements (rocking, spinning, hand-flapping)
- Delayed language development
- Lack of spontaneous or make-believe play
- Fixation on parts of objects
- Rarely smiles
- Social struggles

Causes

- No known direct cause
- Questions if related to thimerosal, a mercury-based preservative in MMR vaccine, but recent studies refuting the link
- Abnormalities in several regions of the brain (e.g. cerebellum, amygdale, hippocampus, septum, and maxillary bodies)
- Genetic predispositions (e.g. families with one child with ASD run risk of 5-10% of having a second child with ASD

Treatment

- Educational/behavioral interventions
  - Emphasize highly structured and often intensive, skill-oriented training that is tailored to the child
  - Social skill training
  - Speech/language services
- Medications
  - To decrease self-injurious behaviors, inattentive symptoms, mood symptoms
    - (e.g. antipsychotic drugs, stimulants, and antidepressants)
  - To treat epilepsy which co-occurs 1/3 of the time

Asperger Syndrome

- One of the Autistic Spectrum Disorders
- Affects Social and Emotional Development
- No speech delay
- Average to above average IQ typically
- Restricted interests
- Meltdowns
- Poor motor skills and clumsiness

Treatment

- Psychosocial Interventions
  - Individual psychotherapy
  - Parent education and training
  - Behavioral modification
  - Social skills training
  - Educational interventions
- Medication
  - For hyperactivity, inattention, and impulsivity – stimulants, clonidine, antidepressants, Strattera
  - For irritability and aggression – mood stabilizers, beta blockers, clonidine, naltrexone, and neuroleptics
  - For preoccupations, rituals, and compulsions - selective serotionin reuptake inhibitors (SSRIs), tricyclic antidepressants
  - For anxiety - SSRIs, tricyclic antidpressants

Classroom Considerations

- What is the student's biggest deficit?
  - Social
    - Teach social skills, use social stories
    - Pair with classmate who models good social skills
  - Cognitive (slow processing, especially auditory processing)
    - Allow extra time
    - Give instructions in visual form, when possible
    - Allow student to communicate needs without words, when appropriate

More Classroom Considerations

- What creates the biggest difficulty at school?
  - Transitions
    - Prepare student in advance (use visual schedule)
    - Keep transitions as routine as possible
    - Give a task during transition (e.g. counting)
  - Changes in routine
    - Satisfy need for predictability
    - Have a visual schedule for student to follow
    - Refer to rules whenever appropriate
  - Sensory Overload
    - Give sensory breaks
    - Allow for physical movement/motor breaks (e.g. sending student on errands, allowing frequent bathroom breaks, etc.)

Classroom Characteristics

- Positive attitude – see the student's strengths first
- Frequent reinforcement/praise of appropriate behavior, describing specific behavior
- Sense of humor – avoid power struggles and getting your feelings hurt
- Willingness to try new things – you may need to keep trying until something works
- Use of clear, simple, and unambiguous language
- Providing written or visual instructions – not just verbal directions
- Special work station when noise of other distractions disrupt work
- Allow for repetition of instructions & frequent monitoring of work pace
- Immediate feedback on performance, including reinforcement for both effort and productivity
- Willingness to reduce homework load to compensate for slower processing
- Using individual checklists for routine task
- Using signs, brief written instructions and frequent visual reminders at point of performance

Anxiety Disorders

- Generalized Anxiety Disorder
  - Chronic, exaggerated, and excessive worry about everyday, routine life events & activities
  - Usually anticipate the worst and often complain of fatigue, tension, headaches, and nausea
- Obsessive-Compulsive Disorder (OCD)
  - Repeated, intrusive and unwanted thoughts (obsessions) and/or rituals that seem impossible to control (compulsions).
  - Compulsions often include counting, arranging, and rearranging objects, and excessive hand washing
  - Adolescents may be aware that symptoms are excessive and irrational, but younger kids may only be distressed if prevented from carrying out the compulsion

Anxiety Disorders

- Post-traumatic Stress Disorder (PTSD)
  - Occurs after experiencing a trauma such as abuse, natural disaster, or extreme violence
  - Symptoms presentation may include nightmares, flashbacks, numbing of emotions, depression, anger, irritability, distractibility, and exaggerated startle response
- Panic Disorder
  - Characterized by panic attacks
  - Sudden feelings of terror that strike repeatedly and often without warning
  - Symptoms – chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying
  - May also experience unrealistic worry, self consciousness, and tension

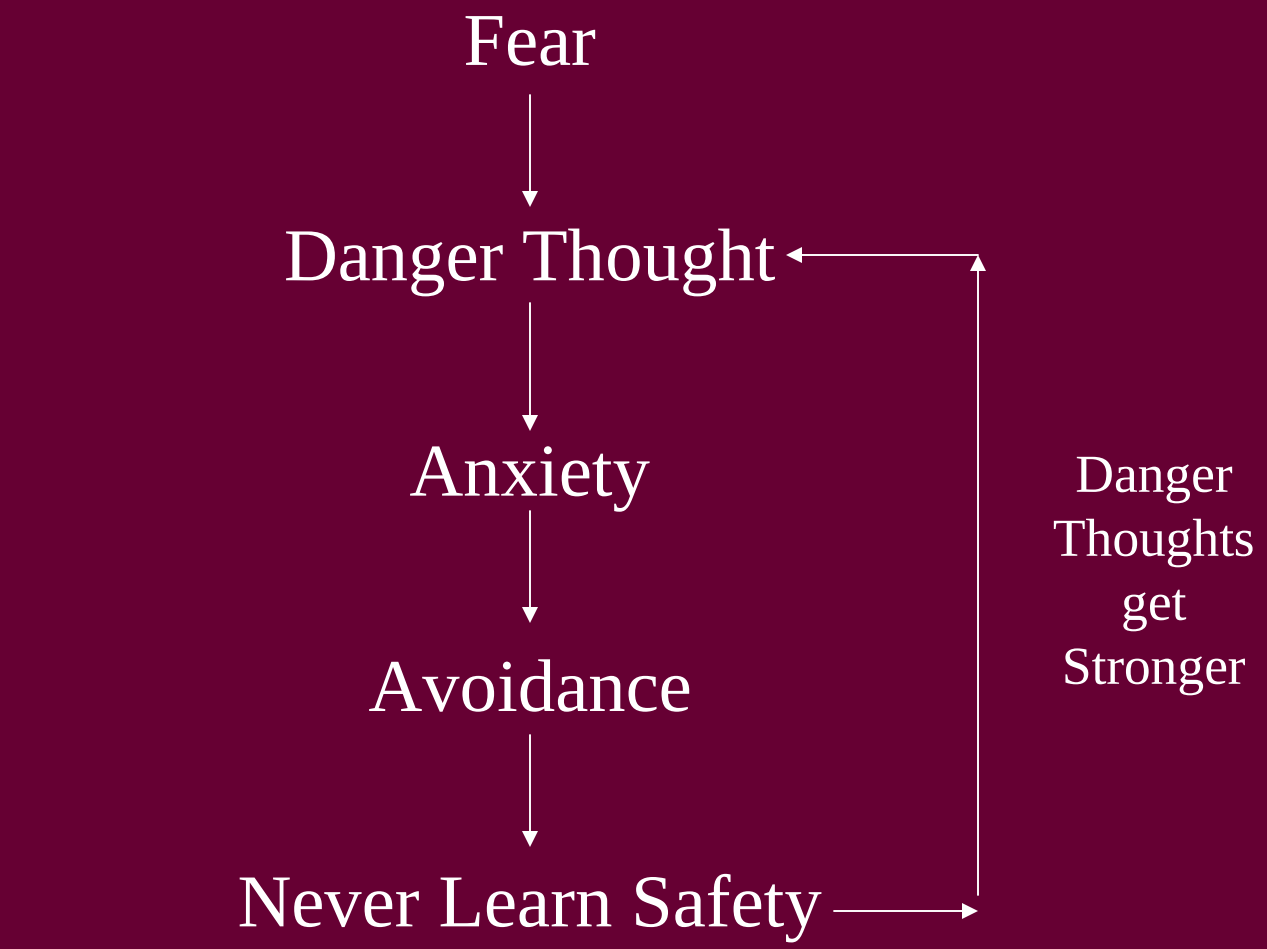
Anxiety Disorders

- Phobias
  - Disabling and irrational fear of something that really poses little or no actual danger
  - Fear leads to avoidance of objects or situations and can cause extreme feelings or terror, dread, and panic, which can restrict one's life.
  - Social phobia: includes hypersensitivity to criticism, difficulty being assertive, and low self esteem, leaving the individual to fear social situations, especially large group or unpredictable social situations
- Adjustment Disorder with Anxiety
  - Anxiety reaction in adjustment to some situation or event
- Anxiety Disorder Not Otherwise Specified (NOS)

Schools and Anxiety

- Schools can be very anxiety producing
- Lots of unpredictable aspects
- Lots of bright lights, people, and loud noises of kids, bells, etc.
- A very different environment than their safe base of home

Anxiety Avoidance Model



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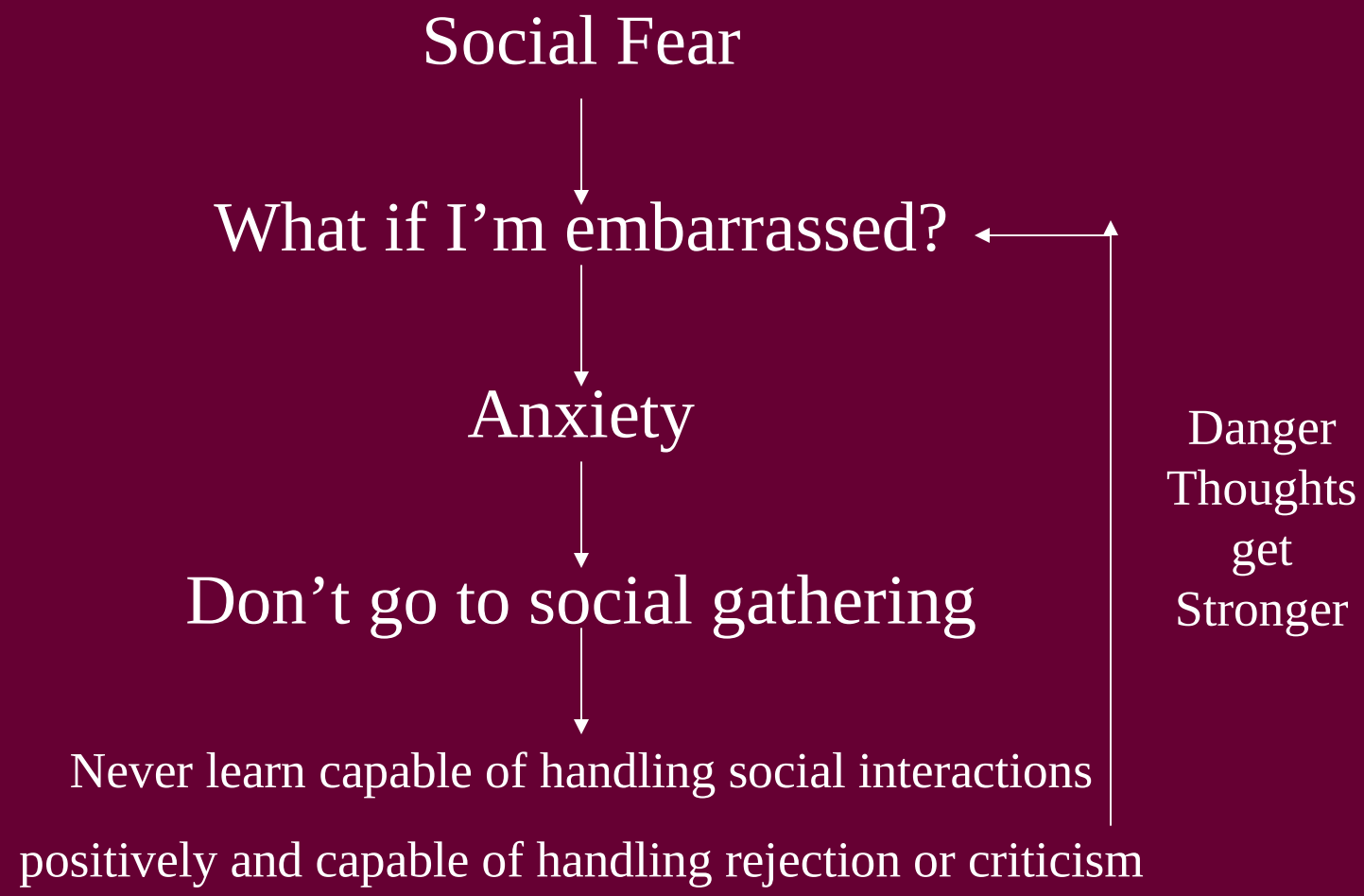

Causes of Anxiety Disorders

- Question of biology or environment plays greater role
- Kids are more likely to have an anxiety disorder if caregiver has an anxiety disorder
- Some cases of OCD, occur following a strep bacteria or infection – another reason to treat strep throats seriously and promptly

Treatment

- Early intervention is key!
- Cognitive-Behavioral therapy
  - Modify way person thinks and behavior in dealing with the anxiety and fears and learns new coping skills to manage the behaviors.
- Family therapy
  - Understand the child and ways to help the child deal with the anxiety positively
  - Includes a parent understanding of ways to decrease the reinforcement pattern for avoidance behaviors
- Medication
  - Antidepressants (SSRI's) most commonly used (taken daily and will first see results after several weeks)
  - Antianxiety (Highly addictive and used as needed in specific situations to manage the anxiety)

Obsessive-Compulsive Disorder (OCD)

- 3 to 5 youngsters per average sized elementary school
- 20 teenagers in average sized high school
- Common obsessions for children and teens:
  - Contamination fears (germs)
  - Fixation on lucky/unlucky numbers
  - Fear of danger to self and others
  - Need for symmetry or exactness
  - Excessive doubt
- Common compulsions/rituals:
  - Repetitive cleaning or washing
  - Touching
  - Counting
  - Repeating
  - Arranging or organizing
  - Checking or questioning
  - Hoarding

Other Characteristics

- Adolescents may be aware that symptoms are excessive and irrational, but younger kids may only be distressed if prevented from carrying out the compulsion
- If aware, may hide rituals and be embarrassed for fear of being “different”
- May not be able to understand or explain why they must go through their rituals and feel down about themselves and may be getting in trouble for their behaviors associated with OCD if caregivers unaware of source of difficulty or how to deal with it

OCD and School

- Can greatly interfere with concentration and time management in academics
- May repeatedly check, erase, and redo work
- Late and incomplete schoolwork may result
- Participation may be limited due to fears and rituals

Cause

- Family pattern of biological imbalance of serotonin in the brain.
- *Tendency* to develop OCD may be inherited

Treatment

- Early intervention is integral!
- As a teacher, if you suspect signs, talk with parents immediately!
- Communication between school and parents very important to help child
- Cognitive-behavioral therapy
- Medication management (SSRI’s)

Further Teacher Resources

- Doll & Associates Newsletter Sign-Up
- Doll and Associates Website
  - www.dollandassociates.com
  - Visit the teacher page with further topics to help with emotional and behavioral concerns at school (e.g. bullying, separation anxiety, self-injurious behaviors, depression, anxiety, ADHD, anger, organization, and more)