



PEDIATRIC MENTAL HEALTH

Ages 4-12

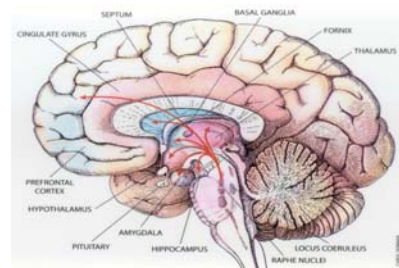
VIDEO CLIP

Camp Erin

HUMAN DEVELOPMENT(2)

- Erik Erikson
 - Trust vs. Mistrust
 - Autonomy vs. shame
 - Initiative vs. guilt
 - Industry vs. inferiority

BRAIN AND BEHAVIOR



PSYCHOSOCIAL SCIENCES

- Attachment Theory
- Learning Theory
- Classical conditioning
- Operant conditioning
- Cognitive Learning Theory
- Social Learning Theory

MULTIAXIAL ASSESSMENT

- Axis I: Clinical Disorders
- Axis II: Personality Disorders/
Mental Retardation
- Axis III: General Medical Issues
- Axis IV: Psychosocial Stressors
- Axis V: Global Assessment of
Functioning

MULTIAXIAL ASSESSMENT

- Axis I: Depressive Disorder NOS
Generalized Anxiety Disorder
- Axis II: MMR (PD dx > age 18)
- Axis III: Asthma, Otitis media
- Axis IV: Victim of child abuse
- Axis V: GAF=62

PERVASIVE DEVELOPMENTAL D/O'S

- Autistic Disorder
- Aspergers Disorder
- Pervasive Developmental Disorder, NOS

AUTISTIC DISORDER(1)

- (A) Social Impairment Marked impairment non-verbally
 - Underdevelopment of Peer relations
 - Lack of sharing enjoyment, markedly limited interests
 - Lack of social or emotional reciprocity

AUTISTIC DISORDER (2)

- (B) Impairment in Communication AEB
 - Underdevelopment of language
 - Limited abilities in initiating or sustaining conversations
 - Idiosyncratic or repetitive language patterns
 - Lack of make believe play or social imitative play

AUTISTIC DISORDER (3)

- (C) Restricted, repetitive patterns of bx, interest and activities AEB
 - Unusual Preoccupation in an area of interest
 - Adherence to routines or rituals
 - Repetitive motor mannerisms
 - Persistent preoccupation with parts of objects

ASPERGERS DISORDER (1)

- (A) Social Impairment Marked impairment non-verbally
 - Underdevelopment of Peer relations
 - Lack of sharing enjoyment, markedly limited interests
 - Lack of social or emotional reciprocity

ASPERGERS DISORDER (2)

- (B) Restricted, repetitive patterns of bx, interest and activities AEB
 - Unusual Preoccupation in an area of interest
 - Adherence to routines or rituals
 - Repetitive motor mannerisms
 - Persistent preoccupation with parts of objects

ASPERGERS DISORDER(3)

- (C) Disturbance causes clinically significant impairment in social, occupational or other area of functioning.
- (D) No clinically significant delay in language
- (E) No clinically significant delay in cognitive development or in the development of age-appropriate self held skills, adaptive behavior and curiosity about the environment.

PERVASIVE DEVELOPMENTAL D/O

- Severe and pervasive in the development of social interactions associated with impairment in verbal or NV communication skills or with the presence of stereotyped bx, interests, and activities.
- Does not meet criteria for Autism or Aspergers.

ADHD

- Subtypes
 - Predominantly Inattentive Type
 - Predominantly Hyperactive-Impulsive Type
 - Combined Type
 - Not Otherwise Specified

ADHD INATTENTIVE

- 6 or more symptoms for at least 6 months
 - Fails to give close attention to details/makes careless mistakes
 - Difficulty sustaining attention tasks/play
 - Does not listen when spoken to directly
 - Poor follow through on chores, duties, etc.
 - Has difficulty organizing
 - Avoids tasks that require mental effort
 - Frequently loses items
 - Easily distracted
 - Forgetful of daily activities

ADHD HYPERATIVE/IMPULSIVE

- 6 or more for at least 6 months
 - Fidgets with hands or squirms in seat
 - Leaves activities when expected to stay
 - excessively motor active when inappropriate
 - Has difficulty with leisure activities/being quiet
 - “driven by motor” or often “on the go”
 - Talks excessively
 - Blurts out answers
 - Trouble waiting for turn
 - Often interrupts or intrudes on others

ADHD

- At least some of the symptoms were obvious before the age of 7
- Impairment is seen in two or more settings
- Impairment must be clinically significant in social, occupational or academic setting

ADHD NOS

- Symptoms of ADHD are prominent but do not meet the criteria for Combined type, Inattentive type

ADHD HISTORICAL TIMELINE

Minimal Brain Damage	1920's
Minimal Brain Dysfunction	1930's
Efficacy of Amphetamine	1937
Hyperactive Child Syndrome	1950
Hyperkinetic Reaction of Childhood (DSM-II)	1968
ADD or Hyperactivity (DSM-III)	1980
ADHD (DSM-III)	1987
ADHD (DSM-IV)	1994

ADHD FACTS

- Prevalence 10 % of school children (2% female 8% male)
- Most commonly diagnosed behavior disorder of children ages 6 - 12 years old in North America

ADHD RATING SCALES

- Elementary School
 - Child Behavioral Checklist (CBCL)- Parent, Teacher, or Youth Forms
 - Conners Parent and Child Rating scales (CPRS and CTRS)
 - SNAP (Swanson, 1988)
 - Vanderbilt AD/HD Diagnostic Rating Scales

VIDEO CLIP

- <http://www.pbs.org/wgbh/pages/frontline/shows/m/educating/watch/>
- Robins Story

DISRUPTIVE BEHAVIOR DISORDERS

- Conduct Disorder
- Oppositional Defiant Disorder
- Disruptive Behavior D/O NOS

CONDUCT DISORDER(1)

- Aggression to People/Animals
 - Bullies, threatens or intimidates
 - Initiates physical fights
 - Used weapon that can cause harm
 - Physically cruel to people/animals
 - Has stolen w/o confronting victim
 - Forced sexual activity

CONDUCT DISORDER(2)

- Destruction to Property
 - Deliberate fire setting behavior
 - Deliberate destruction of property

CONDUCT DISORDER(3)

- Deceitfulness or theft
 - Breaking into homes/cars
 - Lies to obtain goods or favors or to avoid obligations
 - Stolen items of nontrivial nature w/o confronting a victim

CONDUCT DISORDER(4)

- Serious violations of rules
 - Stays out later than approved by parents
 - Has run away from home two times
 - Truant from school, beginning before age 13

CONDUCT DISORDER(5)

- Behavior causes clinically significant impairment in functioning
- If > age 18 criteria not met for Antisocial personality disorder

CONDUCT DISORDER(6)

- Childhood onset (sxs present prior to age 10)
- Adolescent onset (sxs absent prior to age 10)

OPPOSITIONAL DEFIANT D/O

- Pattern of negative and hostile bxs for atleast 6 months (4+)
 - Loses temper
 - Argumentative with adults
 - Defies rules
 - Deliberately annoys people
 - Blames others for his/her mistakes
 - Touchy or easily annoyed
 - Angry and resentful
 - Spiteful and vindictive

DISRUPTIVE BX D/O

- Clinically significant impairment that does not meet criteria for ODD or CD.

TIC DISORDERS

- Tourette's Disorder
- Chronic Motor or vocal Tic Disorder
- Transient Tic Disorder
- Tic Disorder, NOS

TOURETTES DISORDER

- Multiple motor and 1 + vocal tics
- Tics occur throughout day, nearly every day for 1 year
- Tic causes marked distress/impairment
- Onset before age 18

OTHER TIC DISORDERS

- *Chronic motor tic disorder*: one or more motor tics for greater than one year
- *Chronic vocal tic disorder*: one or more vocal tics for greater than one year
- *Transient tic disorder*: one or more tics for greater than 4 weeks but less than 12 months
- *Tic disorder NOS* (not other wise specified)

MOOD DISORDERS

- Bipolar Disorder
- Major Depressive Disorder
- Dysthymic Disorder

BIPOLAR DISORDER

- 4 of 7
- Inflated self-esteem or grandiosity
- Decreased need for sleep
- Increased talkativeness or pressure
- Racing thoughts or flight of ideas
- Distractibility
- Increased activity or psychomotor agitation
- Excessive involvement in consequential bxs.

- Symptoms must last for one week

BP VS ADHD

<i>Mania Item</i>	<i>Bipolar</i>	<i>ADHD</i>
Irritable Mood	97%	72%
Grandiosity	85%	7%
Elevated Mood	87%	55%
Daredevil Acts	70%	13%
Uninhibited People Seeking	68%	21%
Silliness/Laughing	65%	21%
Flight of Ideas	6%	10%
Accelerated Speech	97%	78%
Hypersexuality	45%	8%

VIDEO CLIP

- <http://www.pbs.org/wgbh/pages/frontline/parents/>
- The Medicated Child
 - Debate over Bipolar
 - Jessica's Story

MAJOR DEPRESSION

- Depressed or irritable mood
- Anhedonia
- Sleep difficulties
- Weight or appetite change
- Decreased concentration
- Thoughts of suicide or death
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness/guilt

DYSTHYMIC DISORDER

- Appetite change
- Sleep change
- Decreased energy
- Low self esteem
- Difficulty making decisions
- Feelings of hopelessness

ANXIETY DISORDERS

- Separation Anxiety Disorder
- Generalized Anxiety Disorder (overanxious d/o)
- Reactive Attachment Disorder
- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder

PREVALENCE OF PEDIATRIC ANXIETY DISORDERS

Anxiety Disorder	Children	Adolescents
Separation Anxiety Disorder	3.5 – 4.7%	0.7 – 2.0%
Generalized Anxiety Disorder	2.9 – 4.6%	5.9 – 7.3%
Social Phobia/Avoidant	0.9 – 1.6%	1.1%
Specific Phobia	2.4 – 9.2%	3.6 – 4.6%
Panic Disorder	<1%	0.6 – 4.7%

SYMPTOMS OF ANXIETY

- Cardiovascular
- Respiratory
- Skin
- Musculoskeletal
- Gastrointestinal
- Other physical
- Psychological
- Social/Behavioral
- Palpitation, ^bp
- SOB, ^ respiration
- Flushing, sweaty
- Temors, cramps
- Diarrhea, nausea
- HA, chest pain
- Fears, stress
- Clingy,

SEPARATION ANXIETY DISORDER

- Excessive distress during separation
- Persistent worry about harm, loss
- Forecasting of harmful events
- Reluctance to go places w/o parent/other
- Fear of being alone w/o parent/other
- Reluctance to go to sleep w/o parent/other
- Nightmare of separation themes
- Somatic complaints

GENERALIZED ANXIETY DISORDER

- Excessive anxiety (X 6 months)
- Restlessness or feeling keyed up
- Easily fatigued
- Trouble concentrating
- Irritability
- Muscle tension
- Sleep disturbance

REACTIVE ATTACHMENT DISORDER

- Developmentally inappropriate relatedness prior to age 5 AEB
 - Failure to initiate or respond appropriately to social interactions/relationships (inhibited subtype)
 - Indiscriminate sociability with attachment figures/strangers (disinhibited subtype)

SPECIFIC PHOBIA

- Persistent fear that is excessive or unreasonable
- Cued by specific object or situation
- Results in anxiety response
- Avoidance leads to impairment of routine
- > than 6 months in duration for minors

COMMON PHOBIAS IN CHILDREN

- Animals
- Blood
- Thunder
- Dark
- Strangers
- Fire
- Germs/dirt
- Heights
- Spiders
- Zoophobia
- Hematophobia
- Brontophobia
- Nyctophobia
- Xenophobia
- Pyrophobia
- Mysophobia
- Acrophobia
- Arachnophobia

SOCIAL PHOBIA/ANXIETY

- Fear of performance
- Fear of unfamiliar people/situations
- Afraid of scrutiny
- Forecasts embarrassment
- Situations are avoided
- Children will express with tantrums/tearfulness, freezing or shrinking

PTSD IN VERY YOUNG CHILDREN

- Very young children may present with few PTSD symptoms. This may be because eight of the PTSD symptoms require a verbal description of one's feelings and experiences. Instead, young children may report more generalized fears such as stranger or separation anxiety, avoidance of situations that may or may not be related to the trauma, sleep disturbances, and a preoccupation with words or symbols that may or may not be related to the trauma. These children may also display posttraumatic play in which they repeat themes of the trauma. In addition, children may lose an acquired developmental skill (such as toilet training) as a result of experiencing a traumatic event.

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POST TRAUMATIC STRESS DISORDER (1)

- Re-experiencing the traumatic event
 - Nightmares/flashbacks/distressing memories
 - Repetitive play with event related themes
 - Sudden "catastrophic" anxiety with cues
 - Sense of reliving event (trauma re-enactment)
 - Intense physiological/psychological distress with similar events

POST TRAUMATIC STRESS DISORDER (2)

- Avoidance or emotional numbness
 - Efforts to avoid thoughts/feelings
 - Efforts to avoid activities/places
 - Limited recall of aspects of trauma
 - Diminished interest in activities
 - Feelings of estrangement/detachment
 - Restricted affect
 - Sense of foreshortened future

POST TRAUMATIC STRESS DISORDER (3)

- Increased symptoms of arousal
 - Difficulty with sleep
 - Irritability/anger outburst
 - Poor concentration
 - Hypervigilance
 - Exaggerated startle response

POST TRAUMATIC STRESS DISORDER (4)

- Symptoms present for more than one month
- Symptoms cause impairment of functioning

PTSD IN MINORS

- 14-43% of boys/girls have experienced at least one traumatic event in their life
- 3 to 15% of girls and 1 to 6% of boys could be diagnosed with PTSD.

ADJUSTMENT DISORDERS(1)

- Onset of sx's related to stressor
- Either
 - Marked distress (more than typical)
 - Significant impairment in identified domain.

ADJUSTMENT DISORDER(2)

- Cannot be related to bereavement
- Acute-less than 6 months in duration
- Chronic-more than 6 months in duration

ADJUSTMENT DISORDER(3)

- Subtypes
 - w/ depressed mood
 - w/ anxiety
 - w/ anxiety and depression
 - w/ disturbance of conduct
 - w/ mixed emotions and conduct
 - unspecified