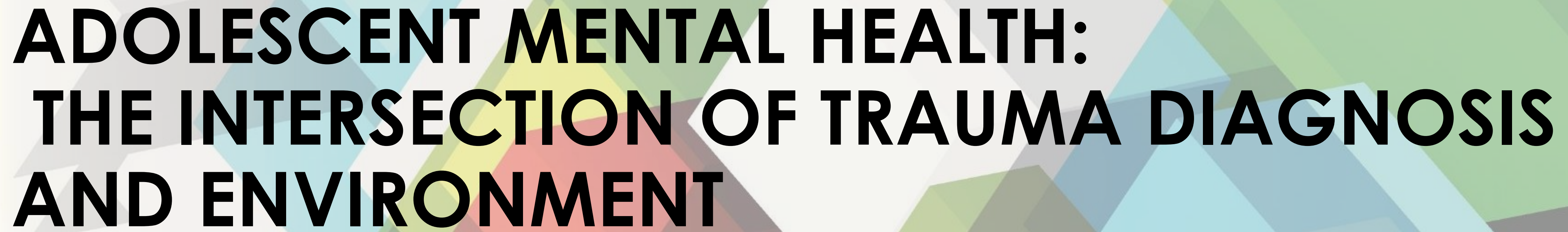


Laura Heitmann, LCSW, CMHL

OBJECTIVES

- Objective 1: Participants will discuss and be able to define mental illness.

Participants will be engaged in discussion about mental illness and will be able to identify how mental illness is diagnosed in adolescents and children.

- Objective 2: Participants will be able to identify between features of mental illness, a trauma response and behaviors resulting from a mal-adaptive environment.

Participants will identify issues that can cause trauma responses and issues that relate to a child's living environment that may mimic an ongoing behavioral health disorder.

SCOPE OF THE ISSUE…

- 1 in 6 youth ages 6-17 will experience serious mental illness each year.
- Suicide is the 2nd leading cause of death in ages 10-34.
- Only 50.6% of US youth with a mental illness received treatment in 2016
- 70.4 % of youth in the Juvenile Justice System have a diagnosed mental illness

www.nami.org

TELL ME WHAT'S HAPPENING TO YOU…

BEHAVIORAL HEALTH DISORDERS

TRAUMA

UNSAFE ENVIRONMENTS

UNSAFE ENVIRONMENTS

- Due to parental or sibling instability/impairment
- Due to poor housing conditions or homelessness
- Due to not living in a safe neighborhood
- Due to toxic persons/policies at their school, church or club/sport
- Due to lack of access to food, water or privacy

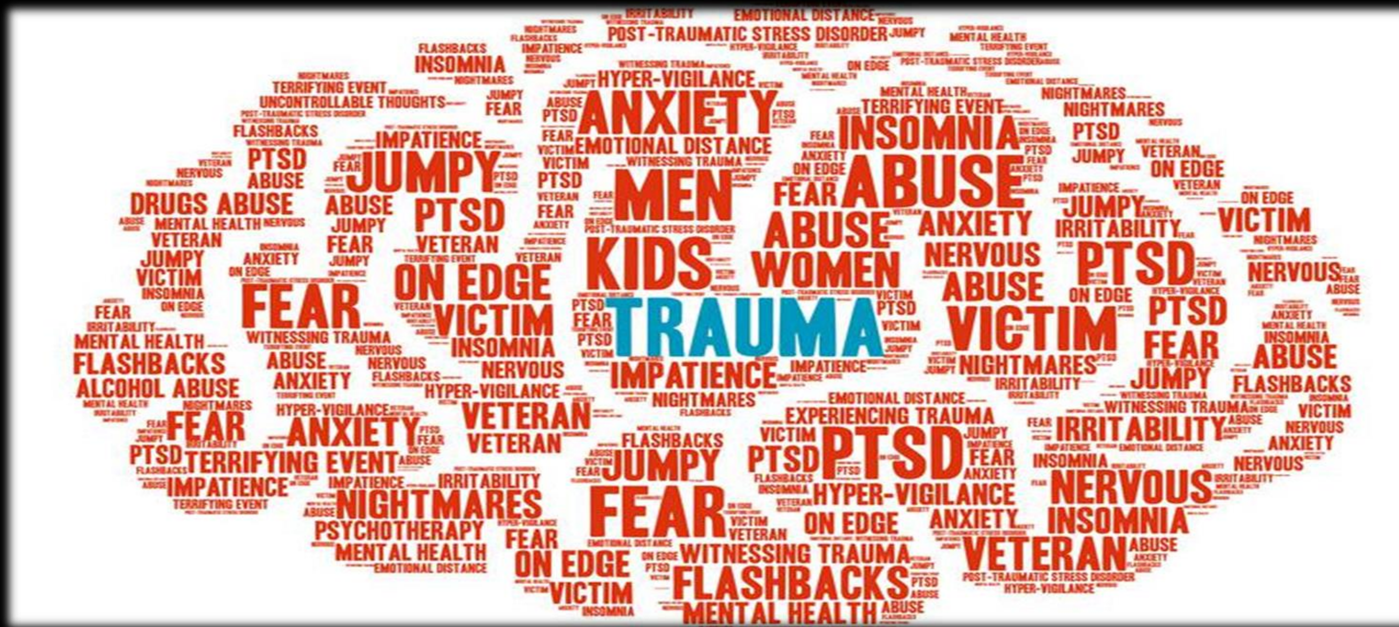
These do not always rise to the level of a hotline call, and even if it does, it's not likely that the child will be removed from that environment

WHAT BEHAVIORS DO WE SEE?

- Lack of restorative sleep
- GI and urinary complaints
- Excessive worry
- Attempts at controlling situations or people
- Theft/Stealing
- Lack of boundaries
- Decrease in school performance
- Irritability
- Defiance

TRAUMA

- "Each year, in the U.S. approximately 5 million children experience some form of traumatic experience. Traumatic experiences can have a devastating impact on the child, altering their physical, emotional, cognitive, and social development" (Dr. Bruce Perry).
- Danger can turn into trauma and possible diagnosis of PTSD when you perceive a threat of serious injury or death, such as:
  - Accident
  - Disaster
  - Domestic Violence
  - Physical Abuse & Sexual Abuse or Violence
- Witnessing these type of events may be as damaging as direct experience.



- By age 18, 25% of children will have been touched directly by interpersonal or community violence (Dr. Bruce Perry).
- In 2011, the U.S. recorded abuse and neglect cases and categorized frequency of substantiated cases to be the following:
  - 79% were neglect;
  - 18% were physical abuse;
  - 9% were sexual abuse.
- When surveyed, almost half of youth ages 12 – 17 reported experiencing the following types of violence:
  - 8% sexual assault;
  - 22% physical assault;
  - 39% witnessed violence.

CHILD TRAUMATIC STRESS RESPONSES

- Traumatic experiences are incredibly complex
  - Nature of event
    - Natural disaster
    - Personal attack
  - Relationship to perpetrator
  - Degree of physical threat
  - Parent/caregiver response
  - Secondary trauma from investigation
  - Life disruption following trauma
- Amplifiers
  - Serious injury to self or others
  - Death of loved one
  - Recurrence of trauma

CHILD TRAUMATIC STRESS RESPONSES

- Traumatic events often generate secondary life changes and distressing reminders
- Cascade of changes can overtax child's coping ability
    - Home and who lives there
    - School, family and friend groups
    - Financial status
- Trauma and loss reminders may trigger fluctuations in post-trauma emotional and behavioral functioning

THE DEVELOPING BRAIN

- https://developingchild.harvard.edu/resources/inbrief-the-science-of-early-childhood-development/

SO DOES EXPOSURE TO UNSAFE ENVIRONMENTS AND/OR TRAUMA MEAN THAT A CHILD WILL DEVELOP A SERIOUS MENTAL ILLNESS?

CHILD TRAUMATIC STRESS RESPONSES

- Child-intrinsic factors include:
  - prior trauma history
  - mental health issues
  - physical health issues
  - temperament
- Child-extrinsic factors include:
  - family supports
  - community supports
  - socio-economic factors
- Life context may exacerbate or minimize the psychological responses to trauma

CHILD TRAUMATIC STRESS RESPONSES

- Children exhibit a wide range of responses to trauma
- Stress and grief reactions can develop into PTSD, anxiety disorders, or depression
- May disrupt developmental processes including emotional regulation and secure attachment
- May result in developmental regression at school, home, or community

BEHAVIORAL HEALTH DIAGNOSIS

- Behavioral Health Disorders affect a persons:
    - MOOD
    - THOUGHTS
    - BEHAVIORS

Which in turn impacts their FUNCTIONING

In order for a behavioral health diagnosis to be made it MUST be impacting their functioning for an extended period of time

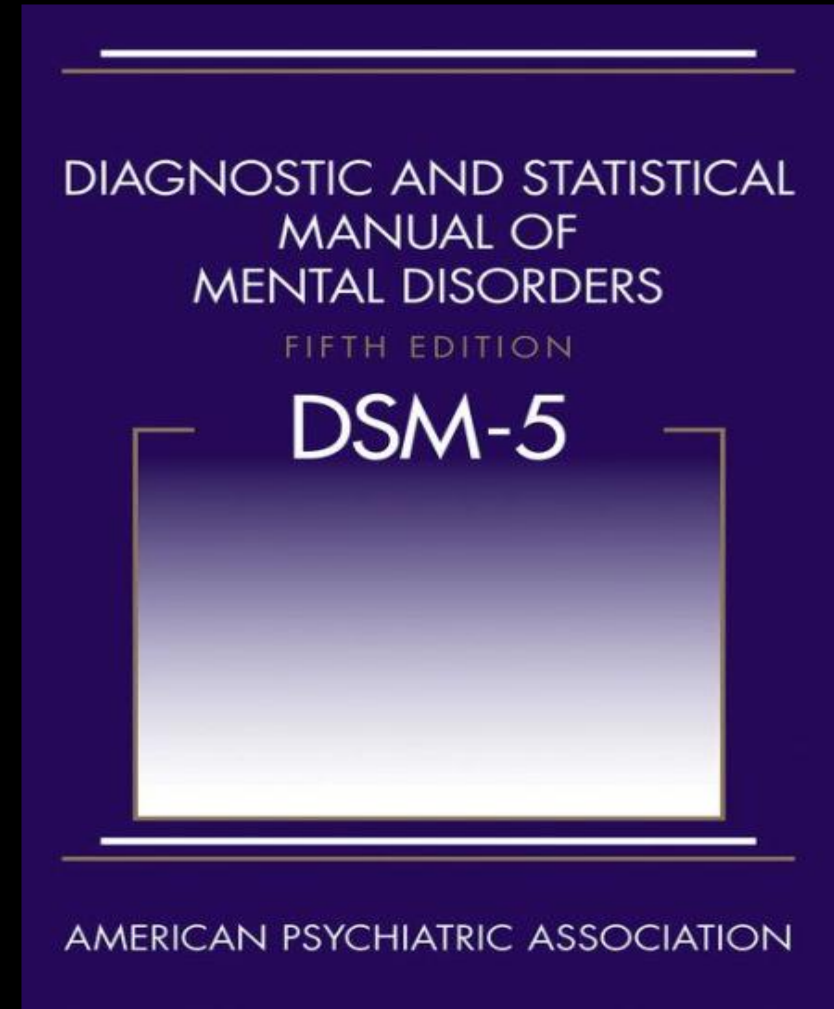
BEHAVIORAL HEALTH DIAGNOSIS

How are kids diagnosed with a behavioral health disorder?

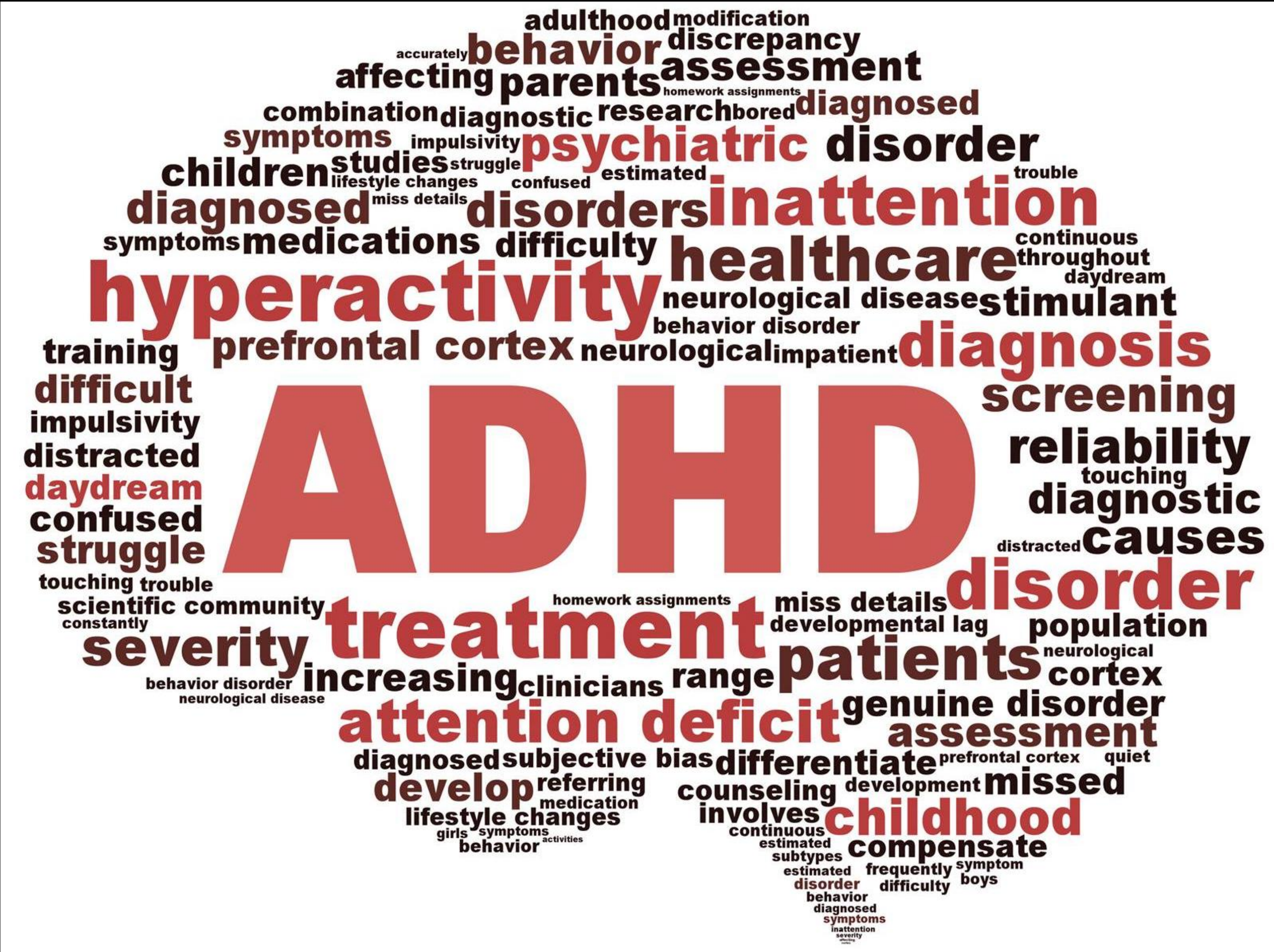
- Primary Care Doctors/Pediatricians
  - To rule out physical health conditions that may impact mood and behavior
    - Diabetes
    - Thyroid Conditions
    - Seizure Disorders
    - Developmental Disorders
    - Neurological conditions
- Psychologists/LCSW
  - To complete an assessment of functioning, taking into account multiple sources of information (child, parents/guardians, teachers, Juvenile officers, Children's division workers, Pediatricians). They will often offer a diagnosis and treatment plan at this time, which may include a referral to Psychiatry. They may suggest psychotherapy as an initial step towards treating the child. Based on the child's needs therapy may be weekly, bi-weekly or monthly.
- Child and Adolescent Psychiatrists
  - Complete a psychiatric assessment of the child/adolescent, offering a diagnosis and treatment recommendations that can include medications. Follow-up is often scheduled monthly if possible initially and then less frequently after the child is stable on a medication.

COMMON BEHAVIORAL HEALTH DIAGNOSES IN YOUTH

- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- Depression
- Bi-polar Disorder



ATTENTION DEFICIT/HYPER ACTIVITY DISORDER

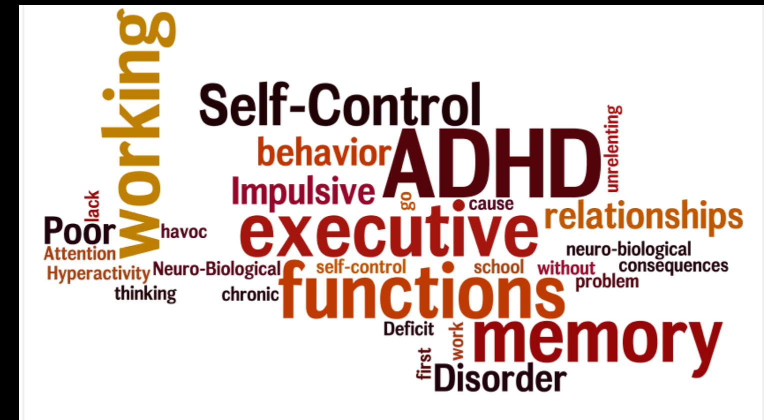


3 TYPES OF ATTENTION DEFICIT/ HYPERACTIVITY DISORDER

- Some youth have only difficulty with attention and organization (inattentive-type).
- Other youth have only the hyperactive and impulsive symptoms (hyperactive-impulsive type).
- The most commonly identified group consists of those youth who have difficulties with attention and hyperactivity (combined-type).

SYMPTOMS OF ADHD IN YOUTH

- Difficulty paying attention to tasks or play
- Inattentive to detail and often make careless mistakes
- Easily distracted both at school and home
- Does not seem to listen when spoken to directly
- Loses school supplies, forgets to turn in homework
- Trouble finishing class work and homework in a timely manner



"ADHD IS JUST AN EXCUSE.

WE ALL HAVE ADHD MOMENTS."

WRONG!

HYPERACTIVITY AND IMPULSIVITY

- Talks excessively
- Often "on the go"
- Blurts out answers
- Impatience
- Fidgets or squirms
- Runs or climbs inappropriately
- Trouble waiting for their turn

OPPOSITIONAL DEFIANT DISORDER & CONDUCT DISORDER

OPPOSITIONAL DEFIANT DISORDER (ODD)

- All children are oppositional from time to time.
- Children with ODD have an ongoing pattern of behavior that is:
  - Uncooperative
  - Defiant
  - Hostile toward authority figures
  - Seriously interferes with the youth's day to day social, family, and academic functioning

SYMPTOMS OF ODD

- Frequent temper tantrums
- Excessive arguing with adults
- Often questioning 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

SYMPTOMS OF ODD

- Up to 16% of school-aged children and adolescents live with ODD
- Parents may notice their child is more rigid and demanding than the child's siblings from an early age
  - Biological, psychological, and social factors may have a role
- Symptoms usually occur in multiple settings
  - May be more noticeable at home or at school

CONDUCT DISORDER

- Conduct Disorder: a group of behavioral and emotional problems in youth.
- Often labeled as “bad” or “delinquent” rather than living with a mental health disorder.
- Many factors may contribute to a child developing conduct disorder including:
  - Brain damage
  - Parental rejection and neglect
  - Child abuse
  - Genetic vulnerability
  - School failure
  - Traumatic life experiences

SYMPTOMS OF YOUTH WITH CONDUCT DISORDER

- Physical and verbal aggression to people and animals
- Bullies, threatens, or intimidates others
- Often initiates physical fights
- Has used a weapon that could cause serious physical harm to others (e.g. a bat, brick, broken bottle, knife, or gun)
- Forces someone into sexual activity
- Truancy from school; runs away from home
- Destruction of property (e.g. fire setting)
- Lying and stealing (e.g. breaking into homes/vehicles Lying to avoid obligations)

DEPRESSION

WHAT IS DEPRESSION?

SADNESS

- Normal and appropriate emotional response
- In response to minor losses or disappointments
- Transient – emotion does not last
- Typically emotion does not interfere with functioning

DEPRESSION

- Persistent depressed mood (at least 2 weeks)
- Can last for years if untreated.
- Inability to experience happiness/pleasure
- Interferes with daily functioning
- Can be triggered by an event or develop gradually

ADDITIONAL SYMPTOMS OF DEPRESSION IN YOUTH

- Difficulty with peer and family relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Poor performance in or frequent absences from school
- Poor concentration
- Major changes in eating and/or sleeping patterns
- Quitting a sport or activity
- Talking about or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior
- Worsening personal grooming habits

American Psychiatric Association, 2014

TRIGGERS FOR DEPRESSION

- Family stressors
- Peer issues/bullying
- Past trauma
- Current substance use
- Dates or anniversaries
- Seasons

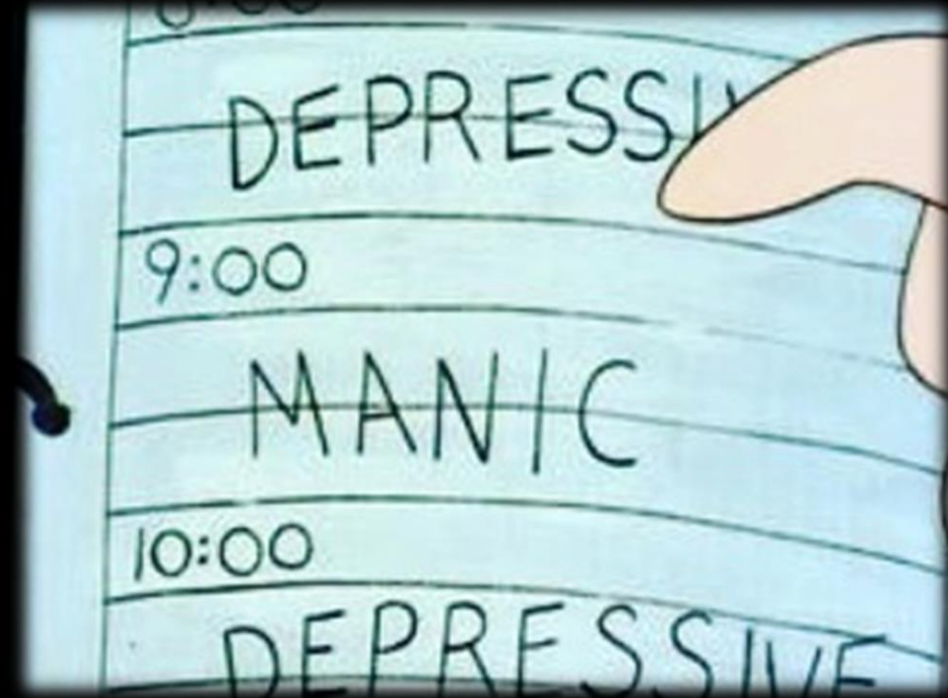
BIPOLAR

BIPOLAR FEATURES

- Defined by mood swings from periods of **mania** (highs) to **depression** (lows).
- In between mania and depression, individuals return to their "normal" functioning.
- Can experience mixed-mood episodes in which symptoms of both mania and depression are present.
- Struggle with internal symptoms and relationships.

MANIA

- Period of abnormally and persistently elevated or irritable mood, lasting at least one week.
- Symptoms of mania include:
  - Severe changes in mood
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - More talkative than usual or pressured speech
  - Flight of ideas or racing thoughts
  - Distractibility
  - High-risk behavior



THINGS TO REMEMBER ABOUT BI-POLAR DISORDER

- A mood shift can be triggered by stressful life events, substance use, and/or a change in medications.
- Risk for suicide remains high during mania.
  - Invincibility + Impulsivity + Pleasure Seeking Behavior = **Dangerous**
- Can be successfully treated, and reoccurrences prevented or lessened with medications and therapy.

TREATMENT OPTIONS

- Intensive case management
- Home-based treatment services
- Family support services
- Day treatment program
- Outpatient therapy
- Outpatient medication management
- Emergency/crisis services
- Respite care services for family members
- Therapeutic group home or community residence
- Residential treatment facility
- Hospitalization

MEDICATIONS

Common Medications Used for Youth

Antidepressant Medications

Celexa
Effexor
Lexapro
Luvox
Paxil
Pristiq
Prozac
Remeron
Wellbutrin
Zoloft

Mood Stabilizers and Anticonvulsant Medications

Depakote
Lamictal
Lithium
Tegretol
Trileptal

ADHD Medications

Adderal
Concerta
Dexedrine
Intuniv
Kapvay
Strattera
Vyanse

Anti-anxiety Medications

Celexa
Lexapro
Paxil
Zoloft

Antipsychotic Medications

Abilify
Clozaril
Geodon
Invega
Latuda
Risperdal
Saphris
Seroquel
Zyprexa

This is a list of the most commonly used medications LEOs may see in their everyday work. It is not intended to be a comprehensive list. **2/9/2017**

BRINGING IT ALL TOGETHER…

- We know that as a child's brain develops it is impacted structurally by trauma.
- Trauma may impact a child's functioning temporarily, but through early intervention we can assist the child in coping effectively.
- A caring support system and a stable environment makes healing from trauma more likely and less likely a child will develop PTSD.
- Not all children who are exhibiting signs of behavioral health diagnoses are mentally ill.
- However, children with a mental illness are at higher risk of being exposed to trauma and increase their suicide risk.
- The more information you can provide to behavioral health providers about the child’s symptoms and behavior, the more accurate and timely the treatment will be.

LAURA HEITMANN, LCSW,CMHL
ARTHUR CENTER COMMUNITY HEALTH
581 COMMONS DRIVE
FULTON, MO 65251
LHEITMANN@ARTHURCENTER.COM
(573) 721-1143