Family Education & Support Caregiver Program
Session 3

Mental Health & Behavioral Disorders in Children
Types of Behaviors & Symptoms to Watch For

“Externalizing”
Behaviors directed toward other people or things.

Diagnoses you might hear:

*Conduct Disorder, Oppositional Defiant Disorder, ADHD, Intermittent, Explosive Disorder, Bipolar Disorder*

ANGER
HOSTILE
HYPERACTIVE
DESTRUCTIVE
IMPULSIVE
IRRITABLE
RESTLESS
OPPOSITIONAL
NONCOMPLIANT
VIOLENT

“Internalizing”
Behaviors directed toward self

Diagnoses you might hear:

*Depression, Anxiety, Trauma, and Bipolar Disorder*

DEPRESSION
ANXIETY
FRIGHTENED
DISTRACTED
DISORGANIZED
SENSITIVE
OBSESSED
WITHDRAWN
Feelings of:
WORTHLESSNESS
HOPELESSNESS
SHAME
Behaviors / Symptoms: When is it a Problem or Just “Kid Stuff”

How often does it happen?
1 2 3

How intense is the behavior?

How long does the behavior last?

Some things to think about:
If a behavior or symptom is happening often, severely, and/or long enough that it negatively affects the child’s functioning or interactions at home, school, or community…

Check it out! Seek help!

What usually happens after it occurs?

In a mental health emergency!
Call 911 or Crisis Services
Northern New Castle County (North of canal)
1-302-633-5128
Southern New Castle County (South of canal)
1-800-969-HELP
Kent and Sussex Counties
1-302-424-HELP (1-302-424-4357)
Feeling hyper, can’t slow down

Can’t focus or get things done

Sleeping too much or not enough

Losing or gaining weight

Worrying a lot

Feeling hyper, can’t slow down

Feeling dizzy or nauseous

Sadness

Getting upset easily

**What Could be Going on…**

Everyone can experience these things from time to time. It doesn’t always mean something is wrong. **If any start to really bother your child or affect his/her functioning at home, school or in the community,** talk to your child & the pediatrician, counselor, or school nurse.

**Some possibilities:**

**Mental Health Problems ?**

*Some problems that kids can have:*
- ADHD, Oppositional Defiant Disorder
- Depression, Bipolar Disorder
- Anxiety Disorders, PTSD
- Substance Abuse

**Medication Side Effects ?**

Many of those symptoms could be caused by medications that people take to help with medical or mental health problems.

**Medical Problems ?**

A medical problem could also cause some of the symptoms.

**When to get help right away !!!**

*If your child ever has thoughts about hurting him/herself or someone else!*

Call 911 or Crisis Services

In Northern New Castle County (North of canal) 1-302-633-5128
In Southern New Castle County (South of canal) 1-800-969-HELP
In Kent and Sussex Counties 1-302-424-HELP (1-302-424-4357)
How can you tell if your child is using drugs?

What You Should Look For:

- Negative changes in schoolwork
- Missing school or declining grades
- Increased secrecy about possessions or activities
- Use of incense, room deodorant or perfume to hide smoke or chemical odors
- Subtle changes in conversations with friends, e.g., more secretive, using “coded” language
- New friends
- Change in clothing choices — new fascination with clothes that highlight drug use
- Increase in borrowing money
- Evidence of drug paraphernalia, such as pipes, rolling papers
- Evidence of inhaling products and accessories, such as hairspray, nail polish, correction fluid, paper bags and rags, common household products
- Bottles of eyedrops, which may be used to mask bloodshot eyes or dilated pupils
- New use of mouthwash or breath mints to cover up the smell of alcohol
- Missing prescription drugs — especially narcotics and mood stabilizers

~ Suicide ~

Some children with mental health problems disorder can become suicidal.

Anyone who talks about suicide should be taken seriously.

Signs and symptoms that may accompany suicidal feelings include:

- talking about feeling suicidal or wanting to die, or wishing they had never been born.
- feeling hopeless, that nothing will ever change or get better
- feeling helpless, that nothing they do makes a difference
- getting into situations where there is a danger of being killed
- putting affairs in order (e.g., giving away possessions)
  - feeling like a burden to family and friends
  - abusing alcohol or drugs
  - writing a suicide note

If you think your child is feeling suicidal:
Make sure the child is not left alone.
Call 911 or Crisis Services right away to get immediate help.
Make sure the child cannot get to large amounts of medication, weapons, or other things that could be used for self-harm.

Keep in mind
Suicide attempts can be planned impulsively or over time.

Adapted, National Institutes of Mental Health

Call 911 or Crisis Services
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In Southern New Castle County (South of canal) 1-800-969-HELP
In Kent and Sussex Counties 1-302-424-HELP (1-302-424-4357)
What **Causes** Behavioral Health Disorders???

*There are many things that can have an influence on these issues.*

**Genetics**
- Things that have already occurred
  - Temperament
  - Neurological conditions
  - Genetic structures
  - Parental death/divorce
  - Relocation
  - Exposure to violence
  - Exposure to toxins

**Biology**
- Things that can change a lot
  - Supervision of kids
  - School issues
  - Sleep problems
  - Thought distortions
  - Peer group
  - Nutrition

**Interpersonal**
- Supervision of kids
- School issues
- Sleep problems
- Thought distortions
- Peer group
- Nutrition

**Environment**
- Supervision of kids
- School issues
- Sleep problems
- Thought distortions
- Peer group
- Nutrition
Interpersonal Influences
- Poor impulse control
- Low frustration tolerance
- School difficulties
- Disposition/Temperament
- Insecure relationships or attachments
- Exposure to traumatic events
- Thought distortions
- Poor social skills

Biological Influences
- Chemical imbalances
- Injury
- Infection
- Poor nutrition
- Exposure to toxins

Family Influences
- Sibling rivalry
- Lack of social support
- Problems with supervision
- Divorce / parental discord
- Exposure to acts of violence, abuse or neglect
- Relocation

Genetic Influences

Environmental/Community Influences
- Lack of structure
- Lack of supervision
- Large or poor school
- Community violence
- Anti-social peers
- Social Isolation

STRUGGLES THAT CAREGIVERS MAY HAVE THAT MAKE GETTING HELP MORE DIFFICULT
- Lack of social support
- Economic hardships
- Physical disabilities
- Substance abuse
- Mental health problems
- Violence
- Oppression
**What are some effective ways to help children & families?**

<table>
<thead>
<tr>
<th>Parent Training</th>
<th>Individual Counseling</th>
<th>Group Counseling</th>
<th>Family Interventions</th>
<th>Community Interventions</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents/caregivers seen individually or in group setting. Training can focus on:</td>
<td>Children are seen one-on-one by a counselor. Therapy can focus on:</td>
<td>Children meet in a group with one or more counselors. Therapy can focus on:</td>
<td>Counselor works with the family to address issues. Therapy can focus on:</td>
<td>Programs designed to help communities (e.g., schools). Program might focus on:</td>
<td>Stimulants</td>
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<tr>
<td>• Providing routine</td>
<td>• Problematic thinking</td>
<td>• Problematic thinking</td>
<td>• Empowerment of parents</td>
<td>• Individualized Educational Programs</td>
<td>Mood stabilizers</td>
</tr>
<tr>
<td>• Having clear boundaries &amp; expectations.</td>
<td>• Thinking</td>
<td>• Social skills</td>
<td>• Family conflict</td>
<td>• Substance abuse prevention</td>
<td>Antipsychotic</td>
</tr>
<tr>
<td>• Setting limits</td>
<td>• Social skills</td>
<td>• Decision Making</td>
<td>• Family interaction</td>
<td>• Life skills</td>
<td>Antidepressants</td>
</tr>
<tr>
<td>• Helping children learn</td>
<td>• Decision making</td>
<td>• Problem Solving</td>
<td>• Developmental transitions</td>
<td>• Interpersonal skills</td>
<td>Antianxiety</td>
</tr>
<tr>
<td>• Effective praise</td>
<td>• Problem solving</td>
<td>• Interpersonal</td>
<td>• Parental monitoring</td>
<td>• Big Brothers/Big Sisters</td>
<td></td>
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<tr>
<td>• Use of incentives &amp; rewards</td>
<td>• Interpersonal</td>
<td>• Resolving conflicts</td>
<td>• Family of Origin</td>
<td>• Parent training</td>
<td></td>
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<tr>
<td>• Strategies to handle misbehavior</td>
<td>• Grief</td>
<td>• Self-regulation</td>
<td></td>
<td>• Conflict management</td>
<td></td>
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<tr>
<td>• Staying calm</td>
<td>• Symptom management</td>
<td></td>
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<td>• Bullying prevention</td>
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<tr>
<td>• Negotiating conflicts</td>
<td>• Expressing feelings</td>
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<tr>
<td>• Involving children in family decisions (as developmentally appropriate)</td>
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Services in Delaware Through

Division of Child Mental Health Services (DCMHS)

DCMHS provides mental health and substance abuse treatment (except for the routine outpatient portion of the benefit) to children who require behavioral health treatment services, are without insurance, or who Medicaid eligible and who are under 18 years of age.

The Diamond State Health Care Plan (Medicaid) assures that children can get needed behavioral health services.

Each Delaware Medicaid eligible child has 30 outpatient sessions available annually (July 1 through June 30).

This benefit is usually provided through one of two Managed Care Organizations (MCO): 

Diamond State Partners or 
Delaware Physicians Care, Inc.

DCMHS provides funding for additional sessions per year if they are deemed clinically necessary.
## ~ Children’s Medication Chart ~

### Stimulant Medications

<table>
<thead>
<tr>
<th>TRADE NAME</th>
<th>GENERIC NAME</th>
<th>APPROVED AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall</td>
<td>amphetamine</td>
<td>3 and older</td>
</tr>
<tr>
<td>Adderall XR</td>
<td>Ramphetamine (extended release)</td>
<td>6 and older</td>
</tr>
<tr>
<td>Concerta</td>
<td>methylphenidate (long acting)</td>
<td>6 and older</td>
</tr>
<tr>
<td>Cylert*</td>
<td>pemoline</td>
<td>3 and older</td>
</tr>
<tr>
<td>Dextedrine</td>
<td>dextroamphetamine</td>
<td>3 and older</td>
</tr>
<tr>
<td>Dextrostat</td>
<td>dextroamphetamine</td>
<td>3 and older</td>
</tr>
<tr>
<td>Focalindex</td>
<td>methylphenidate</td>
<td>6 and older</td>
</tr>
<tr>
<td>Metadate ER</td>
<td>methylphenidate (extended release)</td>
<td>6 and older</td>
</tr>
<tr>
<td>Ritalin</td>
<td>methylphenidate</td>
<td>6 and older</td>
</tr>
</tbody>
</table>

### Antidepressant & Antianxiety Medications

<table>
<thead>
<tr>
<th>TRADE NAME</th>
<th>GENERIC NAME</th>
<th>APPROVED AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anafranil</td>
<td>clomipramine</td>
<td>10 and older (for OCD)</td>
</tr>
<tr>
<td>BuSpar</td>
<td>buspirone</td>
<td>18 and older</td>
</tr>
<tr>
<td>Effexor</td>
<td>venlafaxine</td>
<td>12 and older</td>
</tr>
<tr>
<td>Sinequan</td>
<td>doxepin</td>
<td>6 and older (for bedwetting)</td>
</tr>
<tr>
<td>Tofranil</td>
<td>imipramine</td>
<td>18 and older</td>
</tr>
<tr>
<td>Wellbutrin</td>
<td>bupropion</td>
<td>8 and older (for OCD)</td>
</tr>
<tr>
<td>Luvox (SSRI)</td>
<td>fluvoxamine</td>
<td>18 and older</td>
</tr>
<tr>
<td>Paxil (SSRI)</td>
<td>paroxetine</td>
<td>18 and older</td>
</tr>
<tr>
<td>Prozac (SSRI)</td>
<td>fluoxetine</td>
<td>18 and older</td>
</tr>
<tr>
<td>Serzone (SSRI)</td>
<td>nefazodone</td>
<td>18 and older</td>
</tr>
<tr>
<td>Zoloft (SSRI)</td>
<td>sertraline</td>
<td>6 and older (for OCD)</td>
</tr>
</tbody>
</table>

### Antipsychotic Medications

<table>
<thead>
<tr>
<th>TRADE NAME</th>
<th>GENERIC NAME</th>
<th>APPROVED AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clozaril (atypical)</td>
<td>clozapine</td>
<td>18 and older</td>
</tr>
<tr>
<td>Haldol</td>
<td>haloperidol</td>
<td>3 and older</td>
</tr>
<tr>
<td>Risperdal (atypical)</td>
<td>risperidone</td>
<td>18 and older</td>
</tr>
<tr>
<td>Seroquel (atypical)</td>
<td>quetiapine</td>
<td>18 and older</td>
</tr>
<tr>
<td>Mellaril</td>
<td>thioridazine</td>
<td>2 and older</td>
</tr>
<tr>
<td>Zyprexa (atypical)</td>
<td>olanzapine</td>
<td>8 and older</td>
</tr>
<tr>
<td>Orap</td>
<td>pimozide</td>
<td>12 and older (for Tourette’s syndrome)</td>
</tr>
</tbody>
</table>

### Mood Stabilizing Medications

<table>
<thead>
<tr>
<th>TRADE NAME</th>
<th>GENERIC NAME</th>
<th>APPROVED AGE</th>
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</thead>
<tbody>
<tr>
<td>Cibalith-S</td>
<td>lithium citrate</td>
<td>12 and older</td>
</tr>
<tr>
<td>Depakote</td>
<td>valproic acid</td>
<td>2 and older (for seizures)</td>
</tr>
<tr>
<td>Eskalith</td>
<td>lithium carbonate</td>
<td>12 and older</td>
</tr>
<tr>
<td>Lithobid</td>
<td>lithium carbonate</td>
<td>12 and older</td>
</tr>
<tr>
<td>Tegretol</td>
<td>carbamazepine</td>
<td>any age (for seizures)</td>
</tr>
</tbody>
</table>

### SIDE EFFECTS

Always notify prescribing physician

**Stimulants**
- Decreased appetite, insomnia, dizziness, headaches, irritability.

**Antidepressants**

- **Tricyclics (Anafranil):** dry mouth, constipation, bladder problems, blurred vision (temporary), dizziness, daytime drowsiness.
- **SSRI’s:** headaches, stomach aches, dry mouth, insomnia, agitation, depression (notify doctor).
- **Wellbutrin:** agitation, insomnia, decreased appetite, worsening of tics, and seizures* (with pre-existing untreated seizure disorder).

*Short-acting form of medication.
- **Effexor:** nausea (usually resolves), agitation, stomach aches, headaches, raised blood pressure (at higher doses).
- **Serzone:** sedation, agitation, dry mouth, constipation, confusion (at higher doses).

**Antipsychotics**
- Drowsiness, rapid heartbeat, dizziness when changing position, weight gain, decrease in sexual ability or interest, problems with menstrual periods, sunburn or skin rashes.

**Mood Stabilizers**

- Lithium Carbonate (Cibalith-S, Eskalith, Lithobid): gastrointestinal symptoms, tremors, sedation, memory problems, kidney issues (rare) increased urination and thirst.

Adapted, National Institutes of Mental Health, current as of 1/30/07.
~ Questions to Ask the Doctor ~

- What is the name of the medication? Is it known by other names?
- How is the medication absorbed and eliminated through body systems?
- What is known about the medication’s effectiveness in persons with similar symptoms?
- How will the medication help my child?
- How long will it take before we see improvement?
- What side effects commonly occur with use of this medication?
- What serious side effects are possible?
- Is this medication addictive? Can it be abused?
- What is the recommended dosage? How often will the medication be taken?
- What times of day should the medicine be taken?
- Are there any laboratory tests, such as heart function or blood tests, that need be done before taking the medication? Will any test needs to be done while using the medication?
- Will a physician monitor my child’s response to the medication and make dosage changes if necessary?
- How often will my child’s progress be assessed? And by whom?
- How long will the medication be needed? What factors will lead to a decision to stop this medication?
- Are there any other medications or food that should be avoided while taking the medication?
- Are there any activities that should be avoided while taking the medication? Are precautions recommended for any other activities?
- What do we do if a problem develops, for example, if my child becomes ill, if doses are missed, or if we see signs of side effects?
- What is the cost of the medication (generic vs. brand name)? Is it covered by health insurance? What sort of financial assistance is available?
- Do members of the school staff (supervisors at job place) need to be informed about this medication?
- Is there any written information about the medication? Is it available?

Adapted and used with permission by Luke Y. Tsai, MD., FAACAP. Medications for Individuals with Autism Spectrum Disorder.
## Medication Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Dosage &amp; Time to be Taken</th>
<th>Changes / Effects Noticed</th>
<th>Side Effects</th>
<th>Questions Comments</th>
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Progressive Relaxation

Progressive Relaxation is fairly straightforward, and requires little imagination or willpower. Of all the many relaxation techniques, Progressive Relaxation (PR) is one of the more concrete and easy to use. It is a good one to start with if your mind is racing or you are having trouble concentrating. It is also very good to help people learn the difference between relaxation and tension, since for many of us, being tense has become "normal", and we have forgotten what relaxation feel like.

The approach involves tightening and relaxing various muscle groups throughout the body, slowly, one at a time. It seems to work best if you coordinate inhalation with the tightening phase and exhalation with the relaxation phase. For example, as you tighten your right fist, do so slowly and gradually, inhaling as you do. Then hold the tension for about 5 seconds (as you continue to inhale), focusing on the feelings of tension and noticing as much as you can, what that tension feels like...burning, tightness, lightness, restriction...whatever terms you can think of to label the feeling, then relax, slowly, exhaling as you do...again noticing any sensations which reflect feelings of decreased tension and increased relaxation. Repeat the above procedure for the right fist. Then move on to the next muscle group (perhaps the left fist), doing the exact same thing. Take about 15-30 seconds per contraction/relaxation cycle. If imagery comes to you naturally, go ahead and imagine images related to the feelings, both of tension as well as those related to relaxation. You may, for example, imagine the muscles in your right fist becoming hard as a rock, looking like cold, hard stone, then as you relax, see them melt and become soft and warm. If no imagery comes to you, that's O.K., the important thing is to compare and contrast the difference between tension and relaxation. The more differences you notice, the better. For this reason, it is sometimes better to do one side of the body, then the other. For example, instead of contracting both fists at the same time, contract/relax just one side and compare it to the other one to help you get a sense of the difference.

CAUTION: Make sure not to over contract, as this may lead to muscle spasms which can really HURT!!! Avoid areas of recent injury and go easy in the neck area.