



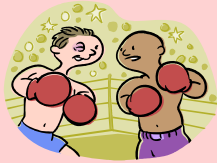
# **Family Education & Support Caregiver Program Session 3**

## ***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WITHDRAWN  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?



How intense is the behavior?



**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?



How long does the behavior last?



**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)**



## Is your child having trouble with...?



Feeling a lot of  
ups and downs



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**

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In Southern New Castle County (South of canal) **1-800-969-HELP**  
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# 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**



**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.

**Call 911 or Crisis Services**

In Northern New Castle County

(North of canal) **1-302-633-5128**

In Southern New Castle County

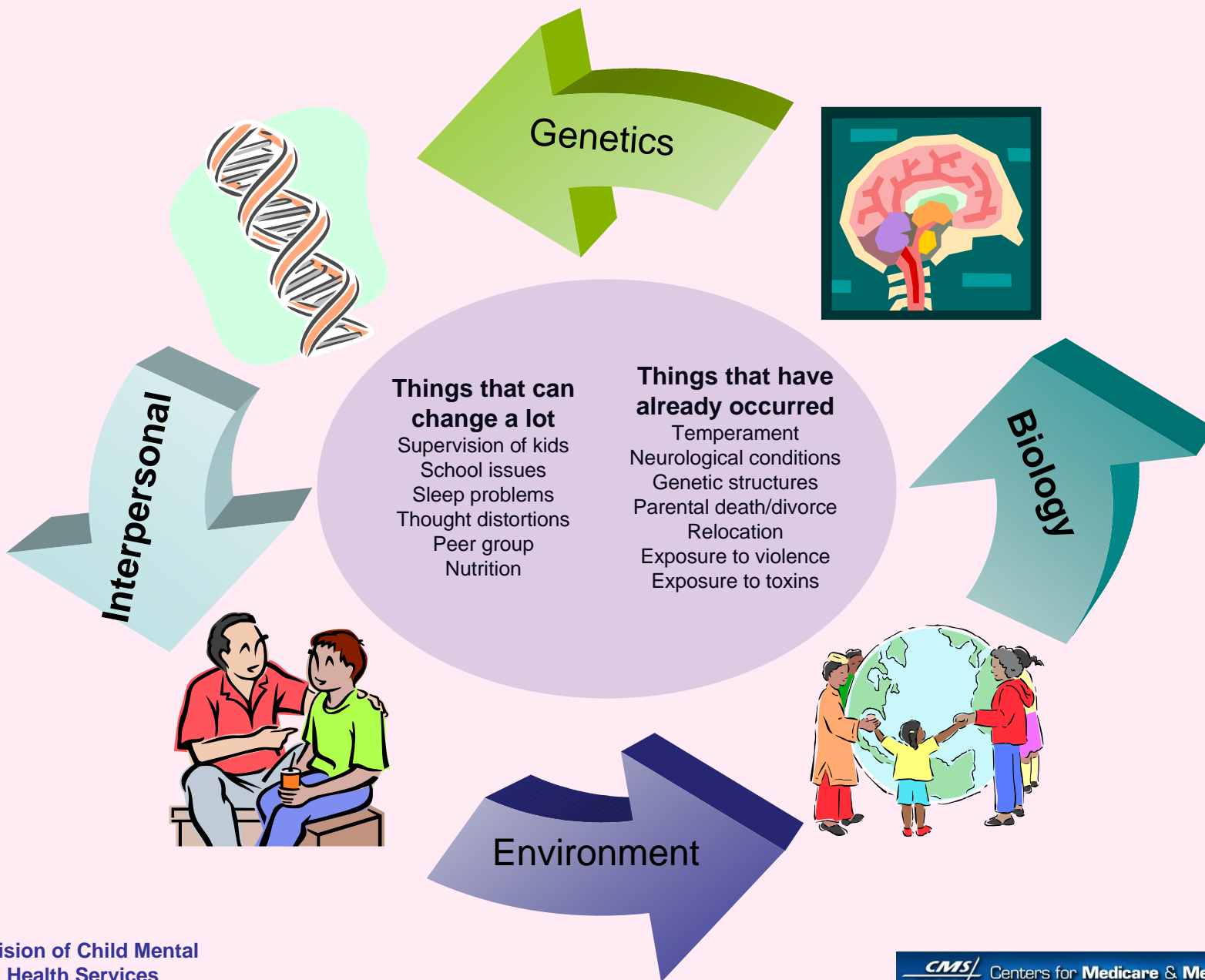
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# What **Causes** Behavioral Health Disorders???

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



# ~ Factors that Can Impact Children's Development ~

## 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

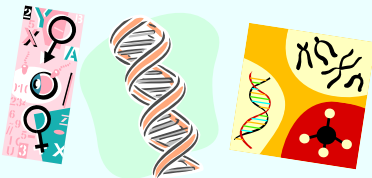
- Chemical imbalances
- Injury
- Infection
- Poor nutrition
- Exposure to toxins



## 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



## 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

## Environmental/Community Influences

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

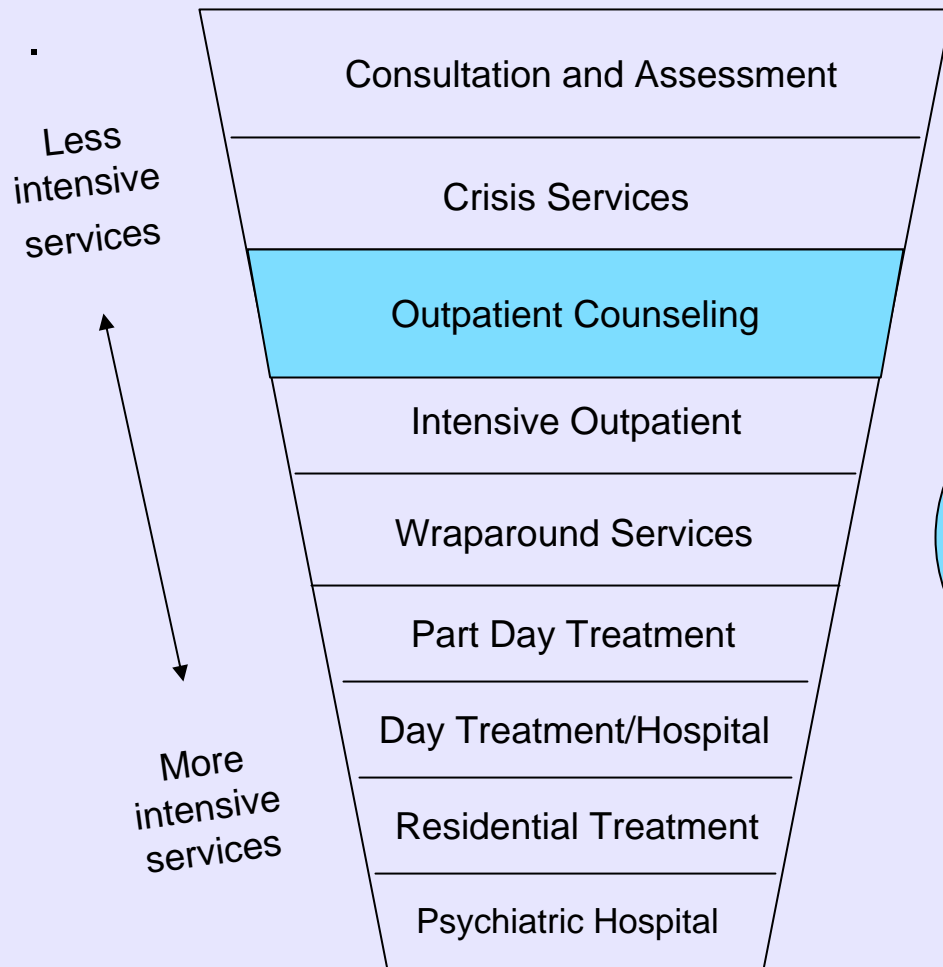


Parent Training	Individual Counseling	Group Counseling	Family Interventions	Community Interventions	Medications
<p>Parents/caregivers seen individually or in group setting.</p> <p>Training can focus on:</p> <ul style="list-style-type: none"> <li>•Providing routine</li> <li>•Having clear boundaries &amp; expectations.</li> <li>•Setting limits</li> <li>•Helping children learn</li> <li>•Effective praise</li> <li>•Use of incentives &amp; rewards</li> <li>•Strategies to handle misbehavior</li> <li>•Staying calm</li> <li>•Negotiating conflicts</li> <li>•Involving children in family decisions (as developmentally appropriate)</li> </ul>	<p>Children are seen one-on-one by a counselor. Therapy can focus on:</p> <ul style="list-style-type: none"> <li>•Problematic thinking</li> <li>•Thinking</li> <li>•Social skills</li> <li>•Decision making</li> <li>•Problem solving</li> <li>•Interpersonal</li> <li>•Resolving conflicts</li> <li>•Grief</li> <li>•Symptom management</li> <li>•Expressing feelings</li> </ul>	<p>Children meet in a group with one or more counselors. Therapy can focus on:</p> <ul style="list-style-type: none"> <li>•Problematic thinking</li> <li>•Social skills</li> <li>•Decision Making</li> <li>•Problem Solving</li> <li>•Interpersonal</li> <li>•Resolving conflicts</li> <li>•Self-regulation</li> </ul>	<p>Counselor works with the family to address issues.</p> <p>Therapy can focus on:</p> <ul style="list-style-type: none"> <li>•Empowerment of parents</li> <li>•Family conflict</li> <li>•Family interaction</li> <li>•Developmental transitions</li> <li>•Parental monitoring</li> <li>•Family of Origin</li> </ul>	<p>Programs designed to help communities (e.g., schools). Program might focus on:</p> <ul style="list-style-type: none"> <li>•Individualized Educational Programs</li> <li>•Substance abuse prevention</li> <li>•Life skills</li> <li>•Interpersonal skills (e.g., Big Brothers/Big Sisters)</li> <li>•Parent training</li> <li>•Conflict management</li> <li>•Bullying prevention</li> </ul>	<ul style="list-style-type: none"> <li>Stimulants</li> <li>Mood stabilizers</li> <li>Antipsychotic</li> <li>Antidepressants</li> <li>Antianxiety</li> </ul>

# 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.***



TRADE NAME	GENERIC NAME	APPROVED AGE
<b>Stimulant Medications</b>		
Adderall	amphetamine	3 and older
Adderall XR	Ramphetamine (extended release)	6 and older
Concerta	methylphenidate (long acting)	6 and older
Cylert*	pemoline	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Focalindex	methylphenidate	6 and older
Metadate ER	methylphenidate (extended release)	6 and older
Ritalin	methylphenidate	6 and older
<b>Antidepressant &amp; Antianxiety Medications</b>		
Anafranil	clomipramine	10 and older (for OCD)
BuSpar	bupirone	18 and older
Effexor	venlafaxine	18 and older
Sinequan	doxepin	12 and older
Tofranil	imipramine	6 and older (for bedwetting)
Wellbutrin	bupropion	18 and older
Luvox (SSRI)	fluvoxamine	8 and older (for OCD)
Paxil (SSRI)	paroxetine	18 and older
Prozac (SSRI)	fluoxetine	18 and older
Serzone (SSRI)	nefazodone	18 and older
Zoloft (SSRI)	sertraline	6 and older (for OCD)
<b>Antipsychotic Medications</b>		
Clozaril (atypical)	clozapine	18 and older
Haldol	haloperidol	3 and older
Risperdal (atypical)	risperidone	18 and older
Seroquel (atypical)	quetiapine	18 and older
Mellaril	thioridazine	2 and older
Zyprexa (atypical)	olanzapine	8 and older
Orap	pimozide	12 and older (for Tourette's syndrome)
<b>Mood Stabilizing Medications</b>		
Cibalith-S	lithium citrate	12 and older
Depakote	valproic acid	2 and older (for seizures)
Eskalith	lithium carbonate	12 and older
Lithobid	lithium carbonate	12 and older
Tegretol	carbamazepine	any age (for seizures)

## 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.



## ~ 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 examples, 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?**







## 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.