- Chapter 33
- The Child with an Emotional or Behavioral Condition
- Objectives
- Differentiate among the following terms: *psychiatrist, psychoanalyst, clinical psychologist,* and *counselor*.
- Discuss the impact of early childhood experience on a person's adult life.
- Discuss the effect of childhood autism on growth and development.
- Objectives *(cont.)*
- Discuss behavioral therapy and how it is applied to obsessive-compulsive disorders and depression in children.
- List the symptoms of potential suicide in children and adolescents.
- Discuss immediate and long-range plans for suicidal patient.
- List four behaviors that may indicate substance abuse.
- Objectives *(cont.)*
- Name two programs for members of families of alcoholics.
- Discuss the problems facing children of alcoholics.
- List four symptoms of attention-deficit/ hyperactivity disorder.
- Describe techniques of helping children with attention-deficient/hyperactivity disorder.
- Compare and contrast the characteristics of bulimia and anorexia nervosa.
- The Nurse's Role
- To work effectively with the disturbed child, nurse must recognize behavior that is in normal range

- Keep accurate documentation of behaviors and note relationships or interactions with the patient and members of the family
- Multidisciplinary Services
- National Alliance for Mentally Ill (NAMI)
- Family Services Association of America, Inc.
- Tough Love
- Youth Suicide, National Center
- Nursing Tips
- Parents provide important assessment data about the child that the young child cannot provide
- They are also important in bringing the child to therapy
- Discrediting parents threatens the child and is not therapeutic
- Health Care Staff
- Basic staff
  - Psychiatrist
  - Psychologist
  - Clinical psychologist
  - Counselor
  - Social worker
  - Pediatrician
  - Nurse
- Types of Interventions

- Individual
- Family therapy
- Behavior modification
- Milieu therapy
- Art therapy
- Play therapy
- Recreation therapy
- Bibliotherapy
- Origins of Emotional and Behavioral Conditions
- Dysfunctional families can have long-lasting impact on the child
  - Failure to develop sense of trust
  - Excessive fears
  - Misdirected anger
  - Feelings of lack of control over themselves and their environment
    - May feel negative about themselves
    - May experience guilt and blame themselves when confronted with disappointment and failure
- Organic Behavioral Disorders
- Childhood Autism
- May be due to autosomal recessive inheritance
- Signs and symptoms
  - Lack of pointing or gesturing at an early age

- Failure to make eye contact/look at others
- Poor attention
- Poor response to name
- Repetitive behaviors are significant signs of dysfunction by 1 year of age

- Requires highly structured environment
- Use one request at a time
- Obsessive-Compulsive Disorders in Children
- Involves a recurrent, persistent, repetitive thought that invades the conscious mind (obsession) or ritual movement or activity (not related to adapting to the environment) that assumes inordinate importance (compulsion)
- Obsessive-Compulsive Disorders in Children *(cont.)*
- May be related to depression
- May start as early as 4 years of age and progress to interfering with daily functioning until 10 years of age or older
- No impairment in cognitive function
- Genetic origin
- Can involve family problems
- Treatment is behavior therapy and medication
- Environmental or Biochemical Behavioral Disorders
- Depression
- A prolonged behavioral change from baseline that interferes with school, family life, or age-specific activities
- Difficult to diagnose in children

- Can lead to substance abuse if left untreated
- Depression *(cont.)*
- Young children
- Symptoms can include
  - Head banging
  - Truancy
  - Lying
  - Stealing
  - If left untreated, can lead to substance abuse and/or suicide
- School-age children
- Symptoms can include
  - Loss of appetite
  - Sleep problems
  - Lethargy
  - Social withdrawal
  - Sudden drop in grades
- Depression *(cont.)*
- Nursing responsibilities
  - Recognizing the signs
  - Initiating referrals
  - Educating parents and school personnel concerning the identification of children at risk
- Treatment
  - Medication

- Outpatient counseling

- Suicide
- Leading cause of death in adolescence, after accidents and homicide
  - Completed suicides more common with boys
  - Attempted suicides more common with girls
- Risk of successful suicide increases when
  - There is a plan of action
  - A means to carry out the plan
  - An absence of obvious resources to turn to for help
  - Low self-esteem or frustrations turn hostilities inward
- Suicide *(cont.)*
- Suicidal ideation
  - Thoughts of suicide
- Suicidal gestures
  - An attempt at suicidal action that does not result in injury
- Suicidal attempt
  - An action that is seriously intended to cause death
  - Can be impulsive act or chronic behavior
- Suicide *(cont.)*
- Nurse's role
  - Education

- Prevention
- Identification of those children at risk
- Prompt referral for follow-up care

- Nursing Tip
- When an adolescent feels hopeless and talks about feeling useless or worthless, do not contradict what he or she is saying
- Instead listen, indicate your understanding, and encourage the expression of feelings
- Substance Abuse
- Illegal use of drugs, alcohol, or tobacco for the purpose of achieving an altered state of consciousness
- Substances can be
  - Ingested
  - Injected
  - Inhaled
- Substance Abuse *(cont.)*
- Four levels
  - Experimentation
  - Controlled use
  - Abuse
  - Dependence
    - Psychological
    - Physical
- Substance Abuse *(cont.)*

- Two types of dependence
  - Psychological and physical
- Substances that are used/abused
  - Alcohol
    - Experimentation has traditionally been accepted as a normal part of growing up
  - Cocaine (“crack”)
    - Can be snorted, smoked, or injected into a vein
    - Can cause antisocial behavior or life-threatening response
- Substance Abuse *(cont.)*
- Gateway substances (lead to abuse of stronger drugs)
  - Common household products cause euphoria (high) and then CNS depression
    - Cleaning fluid
    - Glue
    - Lighter fluid
    - Paints
    - Shoe polish
- Substance Abuse *(cont.)*
- Marijuana (hemp plant)
  - Smoked or ingested
- Causes the person to experience
  - Loss of inhibitions
  - Euphoria
  - Loss of coordination and direction

- Substance Abuse *(cont.)*
- Opiates
  - Heroin
- Users are at risk for
  - HIV
  - Hepatitis
- Long-term therapy is required
- Substance Abuse *(cont.)*
- Prevention and nursing goals
  - Teach parenting skills to expectant parents
  - Develop positive self-image and feelings of self-worth
  - Provide positive role models
  - Develop coping skills regarding substance abuse
- Substance Abuse *(cont.)*
- Children of alcoholics
- Support groups available
  - Al-Anon (for adolescents)
  - Alcoholics Anonymous (AA—for adults)
- Child confused by unpredictability of family life
  - Their needs are not being met
  - May take role of parent
  - May be isolated from peers

- Role models distorted or lacking

- Children of Alcoholics

- Children of Alcoholics *(cont.)*

- Clues
  - Refusal to talk about family life
  - Poor grades or overachievement
  - Unusual need to please
  - Fatigue
  - Passive or acting-out behavior
  - Maturity beyond the child's years

- Attention Deficit Hyperactivity Disorder (ADHD)

- An inappropriate degree of gross motor activity, impulsivity, and inattention in school or home setting that begins before age 7 years, lasts more than 6 months, and is not related to the existence of any other central nervous system illness

- Characterized by inattention, hyperactivity, impulsivity, and distractibility

- May be genetic

- Attention Deficit Hyperactivity Disorder (ADHD) *(cont.)*

- *DSM-IV-TR* lists criteria for ADHD
  - May have above-average intelligence
  - Problem may be
    - Receptive language
    - Expressive language
    - Information processing

    - Memory
    - Motor coordination
    - Orientation
    - Behavior

- Attention Deficit Hyperactivity Disorder (ADHD) *(cont.)*
- Screening tools can enable early intervention
    - Such as "Einstein Evaluation of School-Related Skills"
- May have
    - Dyslexia
    - Dysgraphia
    - Problem expressing themselves
- Anorexia Nervosa
- A form of self-starvation seen mostly in adolescent girls
- Anorexia Nervosa *(cont.)*
- Criteria according to the *DSM-IV-TR*
    - Failure to maintain the minimum normal weight for age and height
    - An intense fear of gaining weight
    - Excess influence of body weight on self-evaluation
    - Amenorrhea
- Anorexia Nervosa *(cont.)*
- May be genetic
- Characteristics

- Average to superior intelligence
- Overachievers who expect to be perfect in all areas
- Threatened by their emerging sexuality
- Obedient
- Nonassertive and shy

- Have a low self-esteem
- Anorexia Nervosa *(cont.)*
- On physical examination may find
  - Dry skin
  - Amenorrhea
  - Lanugo hair over the back and extremities
  - Cold intolerance
  - Low blood pressure
  - Abdominal pain
  - Constipation
- Anorexia Nervosa *(cont.)*
- Adolescent experiences
  - Feelings of helplessness
  - Lack of control
  - Low self-esteem
  - Depression
- Socialization with peers diminishes

- Mealtimes are a battleground
- Body image becomes increasingly disturbed
- Lack of self-identity
- Anorexia Nervosa *(cont.)*
- Treatment
  - May require hospitalization
  - Electrolyte imbalance
  - Establish minimum restoration of nutrients
  - Stabilize weight
  - Therapy
    - Individual and family
    - Medications
- Anorexia Nervosa *(cont.)*
- Prognosis
  - Gaining weight while in hospital is not a good predictor of future success
- Complications include
  - Gastritis
  - Cardiac arrhythmias
  - Inflammation of the intestines
  - Kidney problems
  - Death
- Bulimia
- *DSM-IV-TR* lists characteristics as

- Recurrent episodes of uncontrolled binge eating followed by self-induced vomiting and the misuse of laxatives and/or diuretics
- Family dysfunction usually present
- Mother-daughter relationship usually distant or strained

- Bulimia *(cont.)*
- Binge-purge cycle thought to be a coping mechanism for dealing with guilt, depression, and low self-esteem
- Impulsive behaviors also characteristic
- Persistent vomiting causes erosion of tooth enamel
- Use of laxatives and vomiting can cause electrolyte imbalance
- Bulimia *(cont.)*
- Nursing role
  - Educate
  - Prevent
  - Identify
  - Refer
- Minimizing the Impact of Behavioral Disorders in Children
- Once the source of the problem is identified, a combination of mental health interventions can be implemented or the child can be referred as needed
- Effect of the Illness on
  Growth and Development
- Duration and intensity of a stressful event and the child's coping skills determine the impact on the growth and development process
- Requires a total family approach to care

- A knowledgeable, caring, understanding, and supportive nature is valuable for any nurse caring for children with behavioral disorders
- Effect of the Illness on Siblings
- Most siblings of children with emotional disorders either suffer emotional scars or develop protective coping mechanisms to deal with their experiences
- If long-term, the siblings are at risk for developing low self-esteem and problems with their own peer relationships
- Sibling Rivalry
- A competition between siblings for the attention or love of parents
- Is a normal part of growth and development
- Can cause guilt on the part of the sibling who is not ill
- Teaches interactive social skills that will be used with friends
- Question for Review
- What is the difference between the eating disorders of anorexia nervosa and bulimia?
- Review
- Objectives
- Key Terms
- Key Points
- Online Resources
- Review Questions