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Mental Health of Children
Psychosocial Occupational Therapy for Pediatric Populations

William L. Lambert, MS, OTR/L
william.lambert@scranton.edu

Learning Objectives

Following this presentation participants will:

• Understand the etiology and psychosocial stressors that effect children’s mental health.

• Identify presenting problems, symptoms, and diagnoses common to this population.

• Become familiar with effective intervention strategies for children with emotional and behavioral problems.
Introduction

Etiology: Nature v. Nurture

Mental illnesses in children occur in much the same way as with adults, as a result of genetics, psychosocial stressors, and most likely as the result of a combination of factors.

Diagnoses Usually First Diagnosed in Childhood (DSM-IV-TR)

- Attention Deficit/Hyperactivity Disorder
- Oppositional Defiant Disorder
- Disruptive Behavior Disorder NOS
- Separation Anxiety Disorder
- Reactive Attachment Disorder
- Autism Spectrum Disorders/Pervasive Developmental Disorders
Attention Deficit/Hyperactivity Disorder

Characterized by prominent symptoms of inattention and/or hyperactivity – impulsivity.

Oppositional-Defiant Disorder

Characterized by a pattern of negativistic, hostile, and defiant behavior.
Separation Anxiety Disorder

Characterized by developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the child is attached. School avoidance can sometimes be traced to a child having the disorder.

Reactive Attachment Disorder

Characterized by markedly disturbed and developmentally inappropriate social relatedness that occurs in most contexts and is associated with grossly pathogenic care. Typically these children are unable to form attachments due to having multiple caregivers in the early years of development, and relationships are instrumental as opposed to reciprocal.
Autism Spectrum Disorder

Pervasive Developmental Disorders are characterized by severe deficits and pervasive impairment in multiple areas of development, including reciprocal social interaction, communication and stereotyped behavior, interests and activities.

Common Adult Diagnoses
Often Diagnosed in Children

Mood Disorders:
• Depressive Disorder
• Bipolar Disorder

Anxiety Disorders:
• Obsessive-Compulsive Disorder
• Posttraumatic Stress Disorder
• Generalized Anxiety Disorder

Other:
Fetal Alcohol Syndrome/Fetal Alcohol Effects
Depressive Disorder

Young children experiencing depression often exhibit aggressive behavior and display an angry affect and mood, as opposed to the sadness and withdrawal typically seen in adults.

New to the DSM-5

- Consolidation of Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder into Autism Spectrum Disorder.

- The elimination of the section “Disorders Usually First Diagnosed in Infancy, Childhood, Or Adolescence”.

- A new chapter “Neurodevelopmental Disorders” that includes some disorders previously in “Disorders First Diagnosed in Infancy, Childhood, or Adolescence” such as Intellectual disabilities (formerly mental retardation) and Attention Deficit/Hyperactivity Disorder.
New to the DSM-5

- Revised classification of Bipolar and Depressive Disorders.
- New chapter titled “Disruptive, Impulse-Control and Conduct Disorder” has been added that includes Oppositional Defiant Disorder, Conduct Disorder and Intermittent Explosive Disorder.
- A new chapter titled “Trauma and Stressor Related Disorders” has been added that includes Acute Stress Disorder, Adjustment Disorder, Posttraumatic Stress Disorder and Reactive Attachment Disorder.

Accurate Diagnosis Can be Difficult

There is a lot of detective work in making accurate diagnoses in children. Many things need to be considered, such as:

- Genetic predisposition
- Heredity
- Obtaining reliable background information and history—children are poor historians
- Concomitant medical conditions

Example: Diagnosing Bipolar Disorder in children
Psychosocial stressors often play a major role—these are common:

- Abuse—physical, sexual, emotional
- Significant life events—death of a loved one, birth of a sibling, moving, going to a new school
- Divorce/change in family constellation or dynamics
- Domestic or neighborhood violence
- Parental income, educational level and socioeconomic status can affect access to healthcare and services

Presenting Problems

- Changes in behavior: withdrawal, opposition, lack of respect for authority, school avoidance, decreased impulse control and decreased frustration tolerance
- Increased aggression (children often demonstrate depression with aggression/hostility)
- Changes in mood or affect (irritability, sadness)
- Changes in relationships (parent-child, with peer group, siblings, teachers, etc.)
Presenting Problems (cont’d.)

- Presenting a danger to self or others
- Generally a child exhibiting a decompensation or regression from a previously higher level of functioning and/or development is a major indicator in a change in mental health status

Basic Concepts

- Structure and Consistency
- Interpretation
- Therapeutic use of self
- Family Involvement
- Time-out, limit setting, reinforcing positive behavior
Reinforcing Positive Behavior, Limit Setting and Time-out

- In general, the aim is to reward positive behaviors and ignore negative behavior.
- Ignore the behavior if possible
- Remove the child from the situation
- Discuss with the child the motivation for the behavior as well as the consequences
- Provide firm, consistent limits
- Clear and natural consequences
- Avoid Power Struggles
- “Catch the child doing something good”

Time-Out

- Time-out provides opportunities for learning and practicing self-regulation skills
- Time-out is not a punishment
- Time-out should not have a definite time period
- Description of how to provide time-out
Handling Aggressive, Destructive or Assaultive Behavior

- Aggressive situations with children can quickly escalate.
- Separate the children/give them time-out.
- Use Impersonal Language, i.e., “the furniture stays on the floor” v. “don’t throw that chair”. The latter statement may force/encourage the patient to throw the chair (struggle for control, “saving face”). The unintentional prompt that the chair has the ability to be thrown gives the child great power, which he/she may decide to use.

Traditional Settings and Programs

- Community providers: Outpatient Services, Private Practice
- Day Programs
- School-SED Programs
- Partial Hospitalization Programs
- Inpatient Hospitalization

Services are provided in various settings from least to most restrictive and access to treatment varies widely from community to community and state to state.
Implementing Programming: Evaluation and Assessment

- Observation
- Play - Content of play (fantasy, themes or lack thereof), Type of play (solitary, parallel, etc.), poor play/social skills
- Play Scales (Knox, etc.)
- Family interview
- Kinetic Self-Image Test
- Child & Adolescent Functional Assessment Scale is widely used
- Child Occupational Self-Assessment
- Pediatric Volitional Questionnaire

Implementing Programming: Interventions

- Intervention is largely play-based (major occupation of childhood)
- Treatment should be provided according to the developmental needs/level of the child
- Habilitation v. rehabilitation - abilities and skills may be undeveloped as opposed to regressed
- Intervention can be individual but is often provided in groups:
Groups

- Play groups
- Skill development groups
- Parallel task groups
- Project level groups
- Sensory-motor groups
- Psycho-educational groups
- Parent-Child Activity Groups
- Focus Group—specific topics, i.e., divorce, children of alcoholics, grief, etc.

Interventions

Keep in mind that these intervention strategies can and should be used with children in any pediatric setting. Don’t make the mistake of separating the emotional life of children from the physical, cognitive, sensory and social aspects of their existence.
Emerging Areas of Practice and Current Trends

- Private Practice
- Home-Based Practice
- Community Treatment Facilities
- Schools/School Districts
- Community Agencies

Case Example: Providing occupational therapy services for a foster care agency

Questions and Comments

fallsfarm@frontier.com