



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

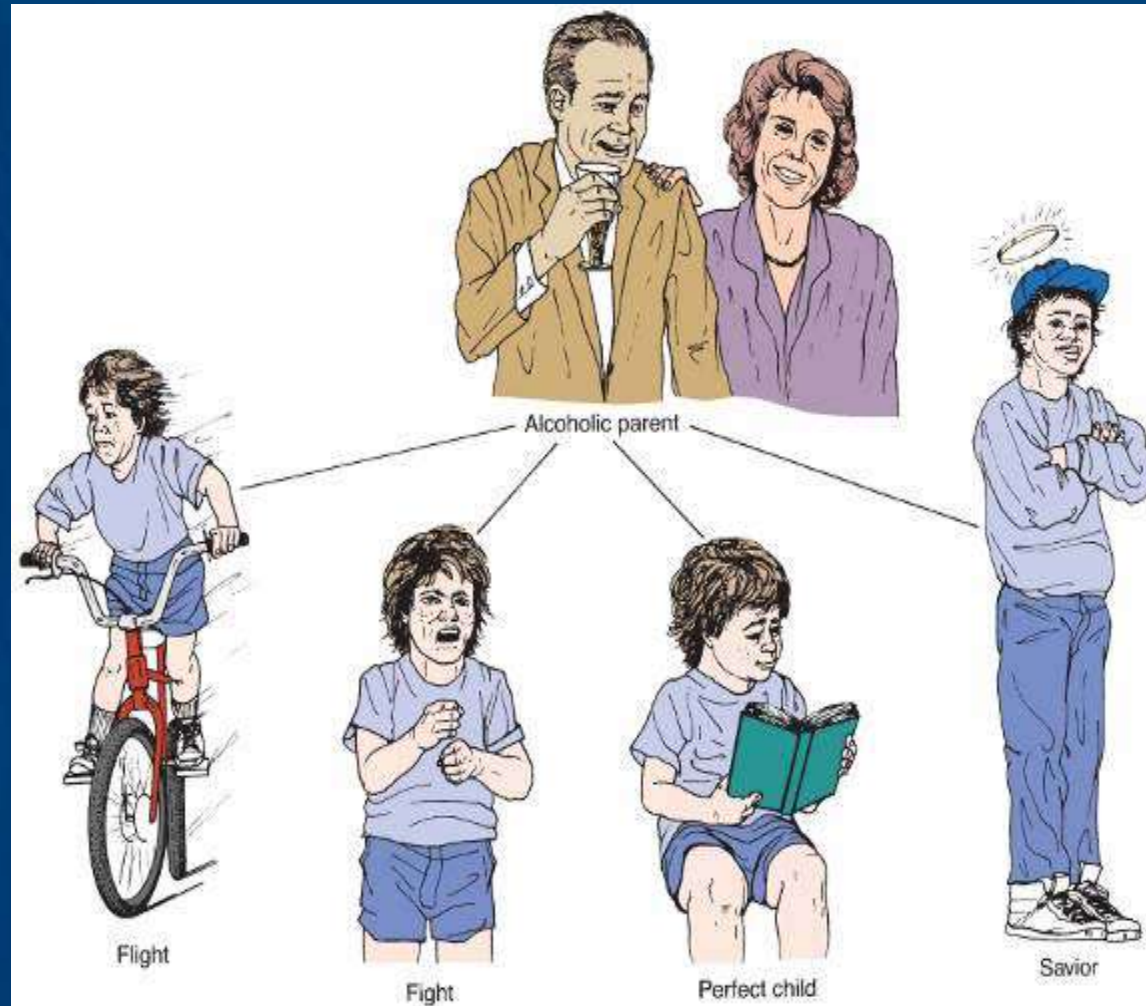


Substance Abuse (*cont.*)

- 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



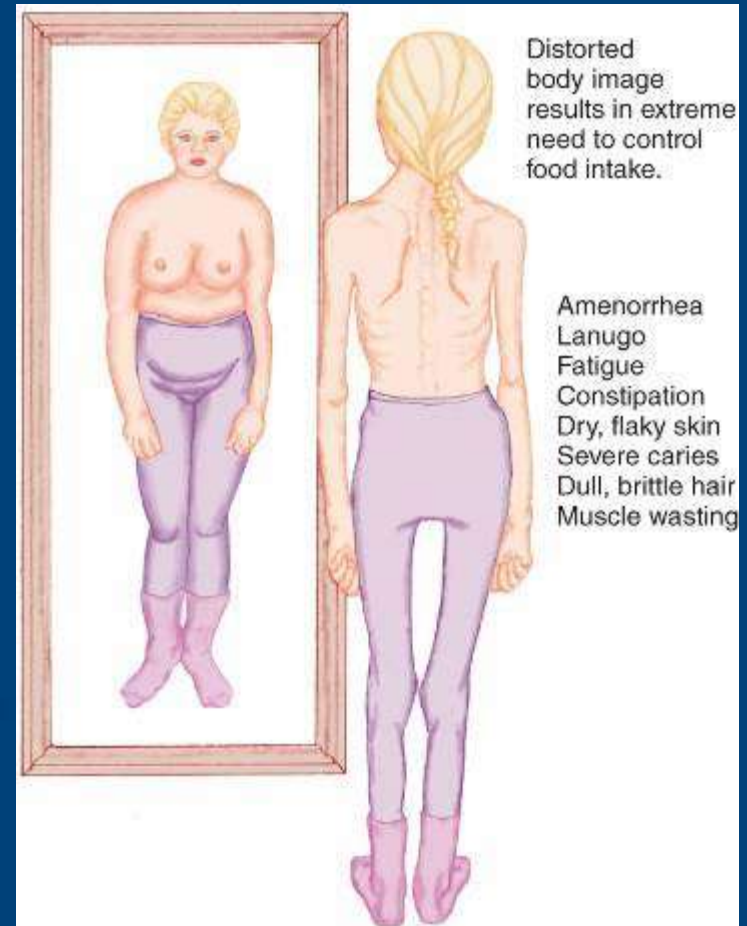
Anorexia Nervosa (*cont.*)

- 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