* 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