



# 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



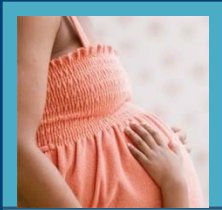
# Substance Abuse (*cont.*)

- 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

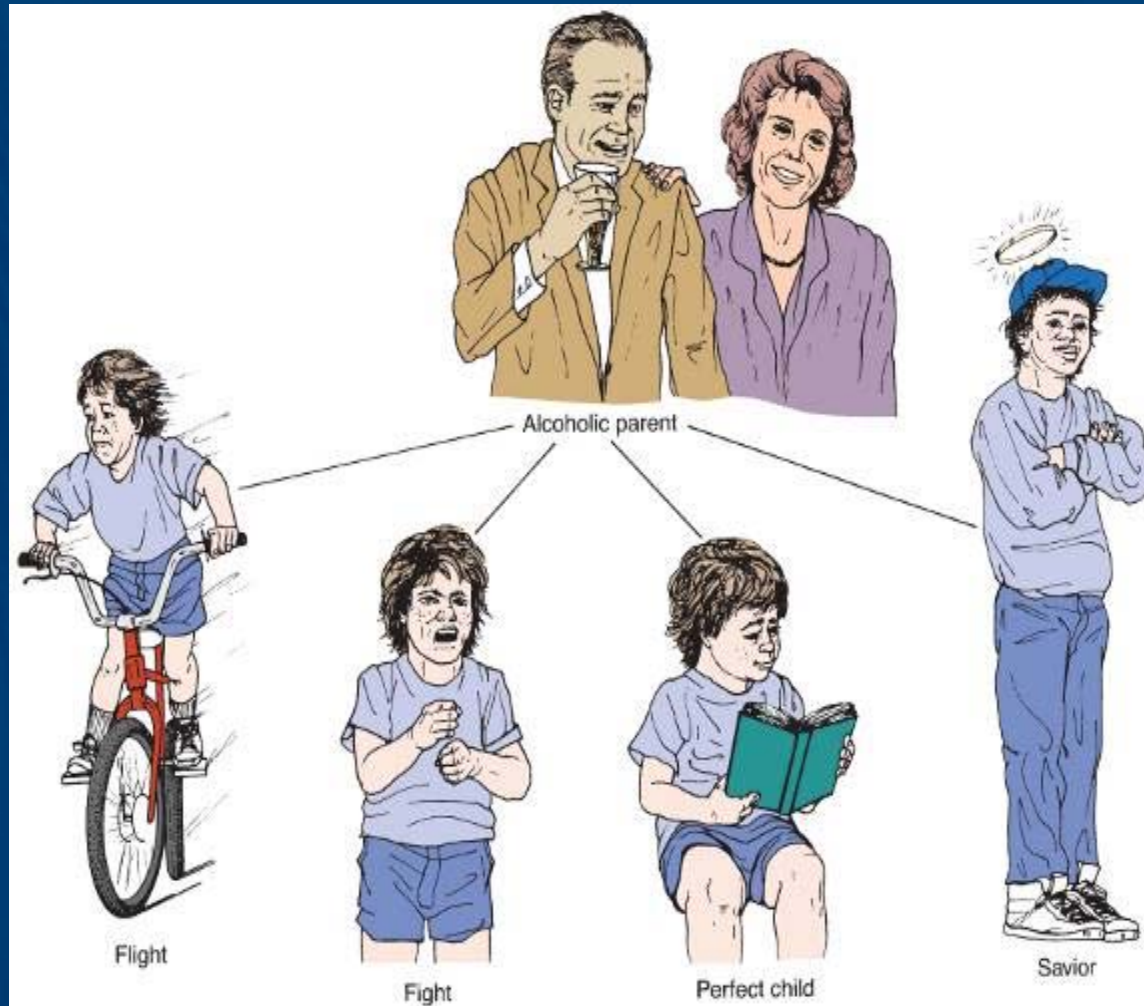


## Substance Abuse (*cont.*)

- 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.*)

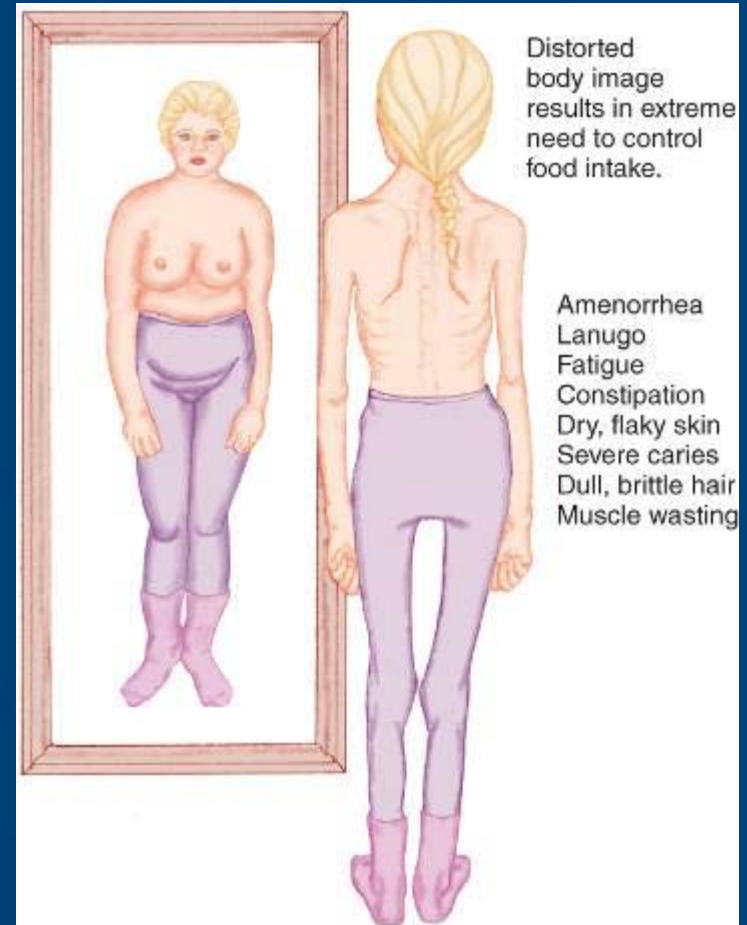
- Adolescent experiences
  - Feelings of helplessness
  - Lack of control
  - Low self-esteem
  - Depression
- Socialization with peers diminishes
- Mealtimes are a battleground
- Body image becomes increasingly disturbed
- Lack of self-identity





# 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