



# Youth Behavioral Health 101

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# Learning Objectives

Identify risk & protective factors for mental illness in youth

Explore the special considerations of diagnosing mental illness in youth

Discuss common pediatric mental illness diagnoses

Chapter

# 01

“We help people live  
their lives to the fullest  
potential.”

Our Commitment

## Childhood Development & Mental Health

# Defining “Mental Illness” in Youth

- “Youth” = age 2-17
- Mental health disorders in children = delays/disruptions in developing age-appropriate **thinking**, **behaviors**, **social skills** or **regulation of emotions**
- Cause distress & disrupt ability to function in various environments



# Youth Mental Health

Mental health is not merely the absence of disease or a mental health disorder. It includes...

- ✓ **emotional well-being**
- ✓ **psychological well-being**
- ✓ **social well-being**

Involves the ability to...

- Develop fulfilling family & peer relationships
- Adapt to change
- Develop skills to navigate school & community
- Utilize appropriate coping mechanisms
- Have their needs met- ask for and receive help



# Childhood Development Summarized

**Social**

**Cognitive**

**Emotional**

**Sexual**

**Physical**

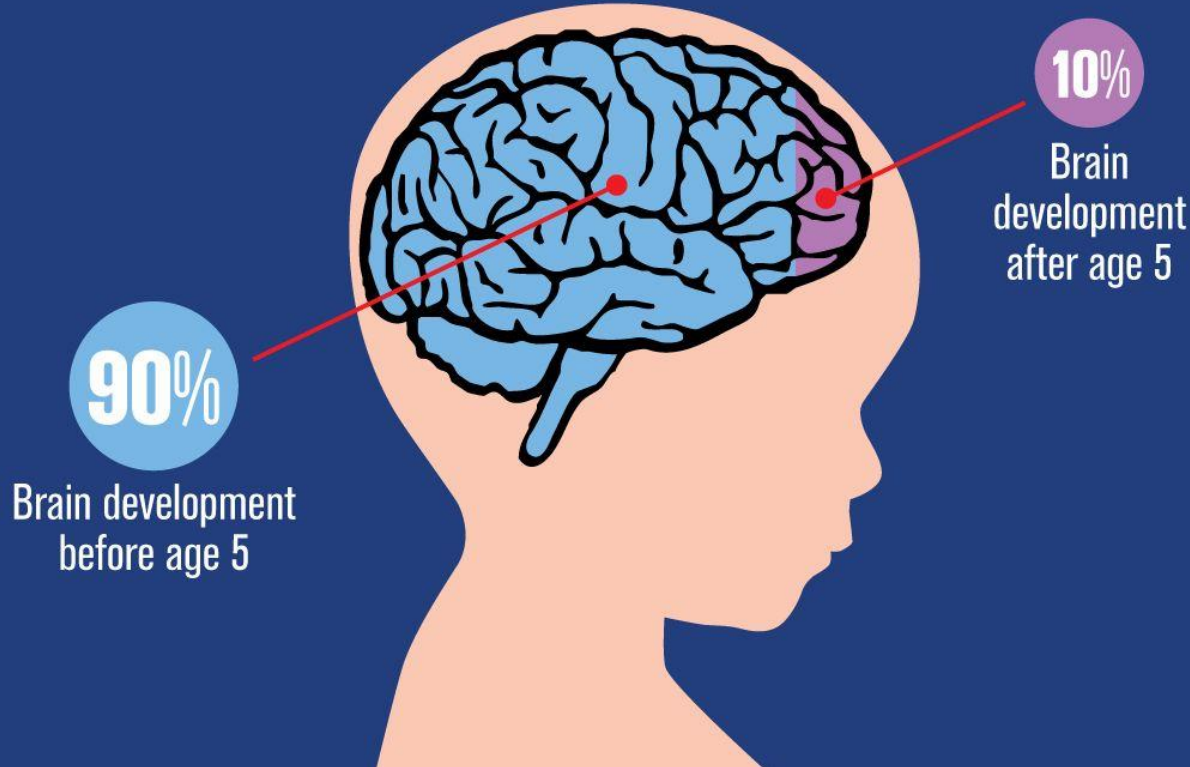




# The Early Years

## Before age 5

90% of a child's brain development happens

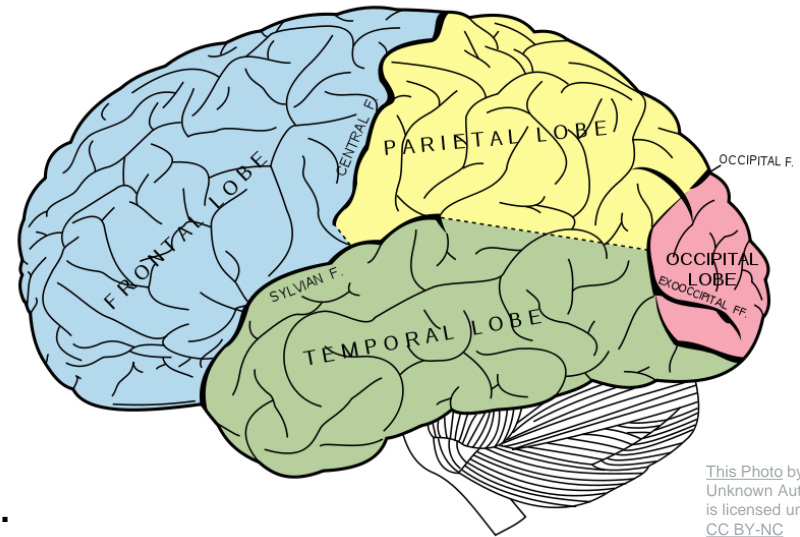


Source: Harvard Center for the Developing Child



# The Developing Brain

- Brain systems responsible for speech, movement, cognition etc.
- Brains are “plastic” – moldable, flexible
- Disruptions to development cause impairments
- How well a brain develops depends on..



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Genes

Proper nutrition starting in pregnancy

Exposure to toxins, infections or injury

The child's experiences with other people and the world

Chapter

# 02

## Risk & Protective Factors

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A conceptual diagram illustrating the relationship between risk and protective factors. At the top center is a blue cloud labeled 'Risk Factors'. Numerous blue raindrops are scattered around the cloud, with three drops falling directly from it. Below the cloud is a large, dark blue umbrella labeled 'Protective Factors'. Underneath the umbrella, a green silhouette of a family (two adults and two children) is shown. The umbrella is positioned to shield the family from the raindrops, symbolizing protection.

## Risk Factors

- Risk factors are circumstances that increase the likelihood of a negative outcome

## Protective Factors











- Protective factors are circumstances that decrease the likelihood of a negative outcome

# Adverse Childhood Experiences (ACEs)

- potentially traumatic events that occur in childhood (0-17 years)
- aspects of environment that threaten safety, stability, and bonding
- 1998: CDC-Kaiser study
  - Impact of ACEs on physical & mental health
  - 17,000 adults
  - Survey on ACEs experienced prior to age 18



# 10 Types of ACE

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
			
<i>Physical</i>	<i>Physical</i>	<i>Mental Illness</i>	<i>Incarcerated Relative</i>
			
<i>Emotional</i>	<i>Emotional</i>	<i>Mother Treated Violently</i>	<i>Substance Abuse</i>
			
<i>Sexual</i>		<i>Divorce</i>	

60% of adults report experiencing at least ONE ACE as a child (CDC)

# Potential Consequences of ACE's

- ACEs can have lasting, negative effects on health, well-being, and opportunity including:
  - increased risk of **injury, STIs, teen pregnancy**, a wide range of **chronic diseases** including **mental illnesses**

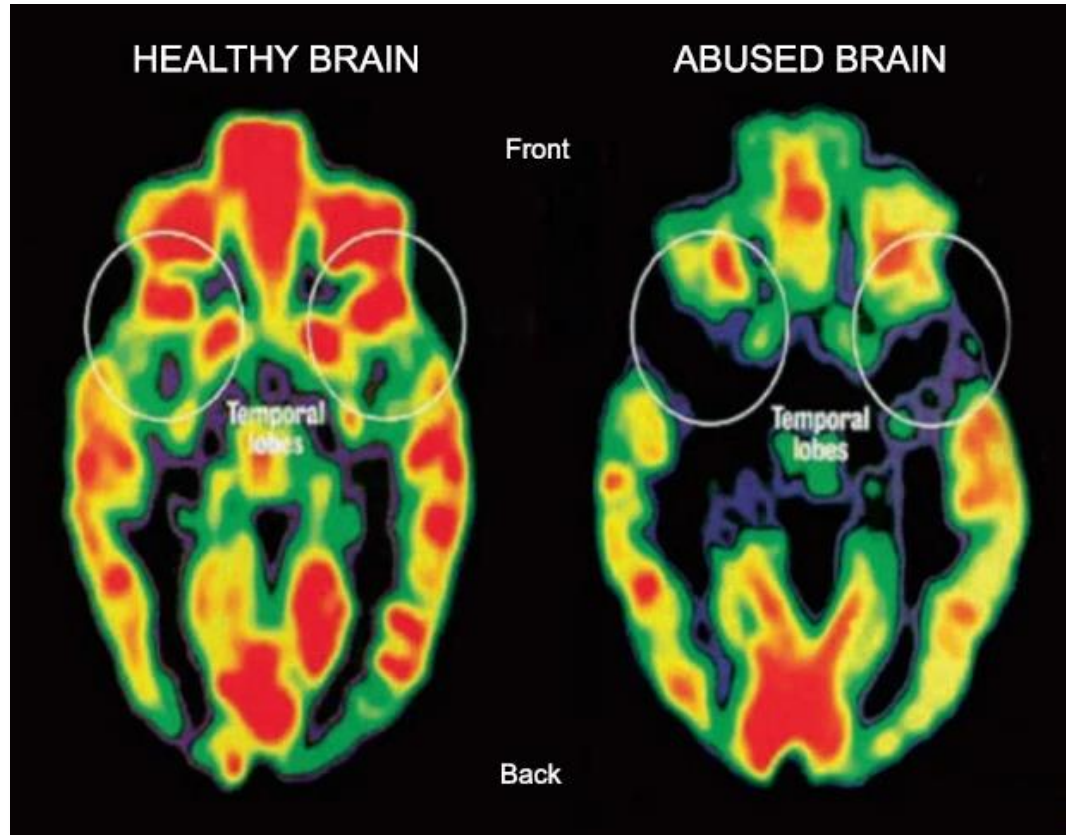
## !!! TOXIC STRESS !!!



# Trauma & the Brain

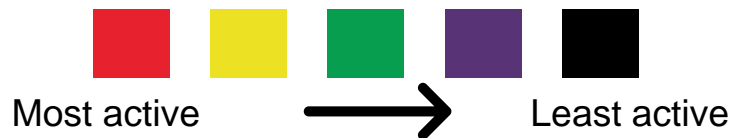
LEFT:

Healthy child brain showing fully functional brain activity



RIGHT:

Brain of a child orphaned & neglected in infancy shows limited activity, especially in temporal lobes.





# Additional Risk Factors

- Poverty, Food-Insecurity, Homelessness
- High-Crime Environment
- Trauma: War, Terrorism, Natural Disasters
- Racial, Ethnic, Sexuality, Gender or Religious Discrimination
- Death/Loss of a Caregiver
- Physical Illness or Disability
- Bullying



# At Risk Youth Populations

**21%** of low-income children and youth ages 6 to 17 have mental health disorders

**50%** of youth in the child welfare system have mental health disorders

**67-70%** of youth in the juvenile justice system have a mental health disorder

**31%** of white children and youth receive mental health services compared to **13%** of children of color

Youth with learning disabilities, Autism Spectrum Disorder and physical disabilities such as Cerebral Palsy have increased risk for depression, anxiety and suicide.

**39%** of LGBTQ youth seriously considered attempting suicide in the past twelve months, with more than half of transgender and non-binary youth having seriously considered (2019)

(Youth.gov; CDC.gov) 21

# Biological Factors



## **Heredity:**

- Many mental disorders run in families
- Disorders (or a vulnerability to the disorders) might be passed through genes



## **Biology:**

- Abnormal functioning of brain regions
  - emotion, thinking, perception, and behavior
- Head/ brain trauma
- Illness / infection

# Protective Factors

- Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events
- Increase ability to avoid risks, promote social and emotional competence

Coping &  
Problem-  
Solving Skills


Connection /  
Relationships

Engagement  
with School &  
Community

Physical &  
Psychological  
Safety

High Self-  
Esteem

# What Do You Think?



What other  
protective factors  
can you think of?



# Resilience in Childhood

**Resilience** = the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress



- Protective factors increase resilience
- Risk factors potentially decrease resilience
- Risk & Protective factors are usually cumulative





Chapter

# 03

## Pediatric Mental Illness Diagnosis

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potential.”

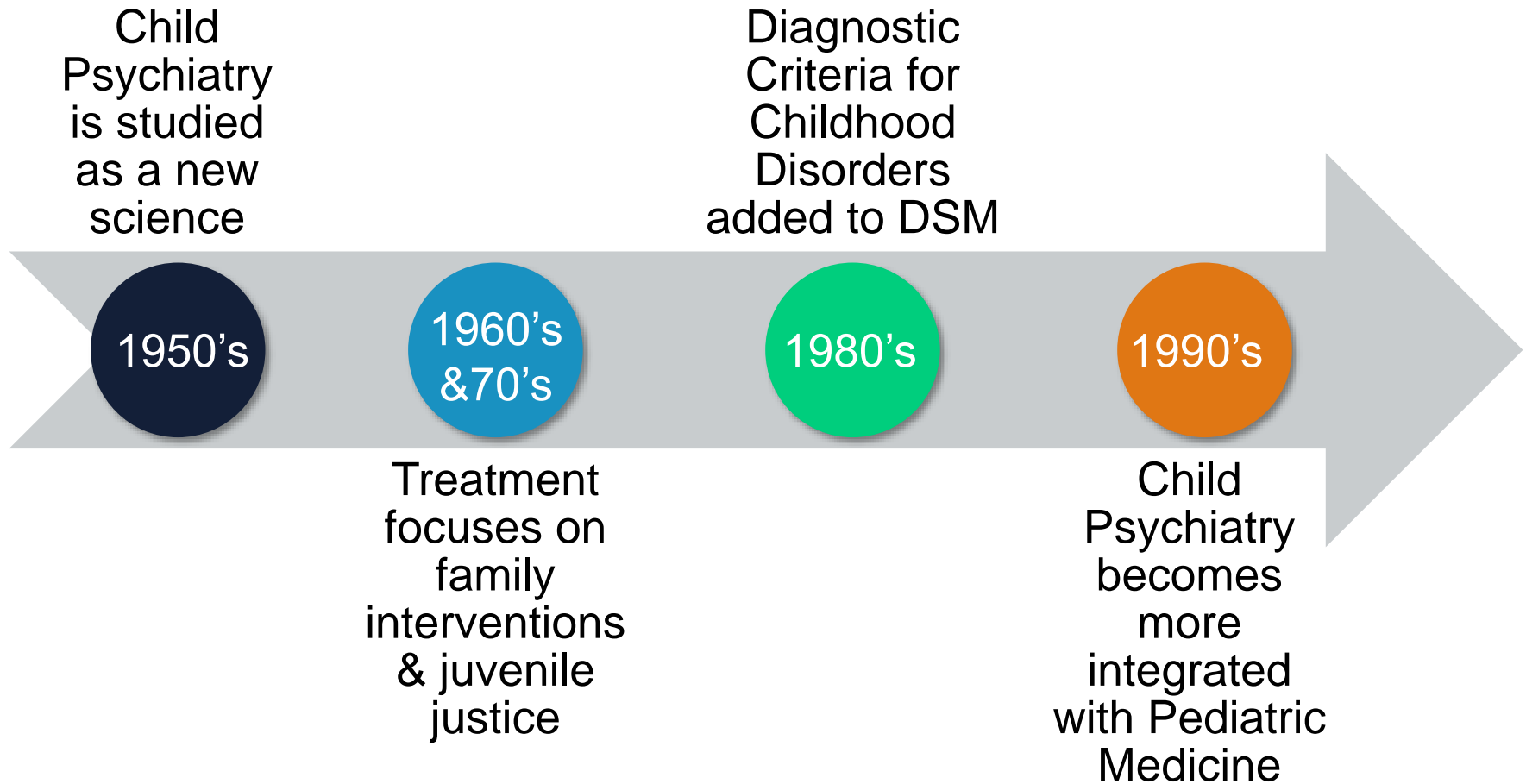
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# Hesitancy in Youth Mental Health Care

- Fear of labeling, stigma
- Subjectivity in diagnosis
- Concerns about medicating children
- Lack of research
- Myths / misconceptions
  - Children will “grow out” of mental illnesses
  - Mental illnesses are the result of bad parenting



# The Evolution of Child Psychiatry



# Behaviors Vs. Disorders

- Diagnosing mental illness in children can be difficult
- Many behaviors that are seen as symptoms of mental disorders can occur as a normal part of a child's development
- **Behaviors become symptoms when...**
  - they occur very often
  - last a long time
  - occur at an unusual age
  - cause significant disruption to the child's and/or family's life



# Warning Signs Include...

Unsafe behavior or threats to self or others

Have lost interest in things that they used to enjoy

Changes in sleep patterns & energy levels

Increased time spent alone; avoid social activities with friends or family

Fear gaining weight; diet or exercise excessively

Engage in self-harm behaviors (e.g., cutting or burning their skin)

Hearing or seeing things that other people cannot

Often talk about fears or worries

Complain about frequent physical symptoms with no known medical cause

Struggle academically or decline in grades

Frequent tantrums

Are in constant motion, unable to sit still

Using substances (alcohol, drugs, tobacco)



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# How a Diagnosis is Made

**Conversations  
with child and  
their caregivers**

**Gathering  
information  
(school,  
pediatrician)**

**Diagnostic  
Assessments**

**Psychological  
Testing**



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# Video: A Journey to Diagnosis

## Children's Mental Disorders: A Journey for Parents and Children



# Diagnosis Considerations

- A thorough diagnosis takes time.
- Diagnosis considers a child's developmental stage, environmental circumstances, family history and more
- Some challenging behaviors may be temporary and not a reason for diagnosis
- It is possible for a child to have more than one mental health diagnosis
- A diagnosis can change over time



Chapter

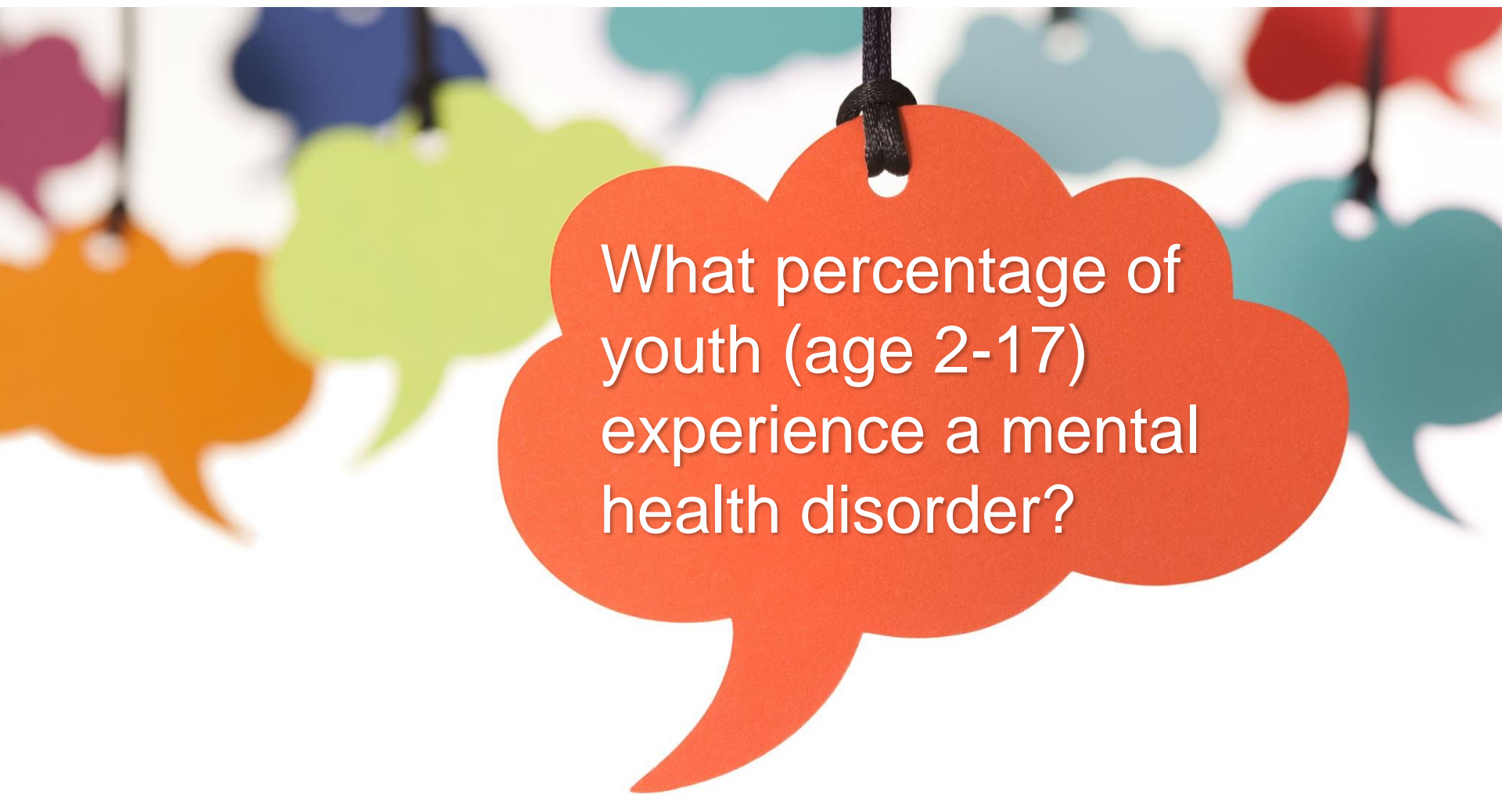
# 04

## Common Childhood Disorders

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# What Do You Think?



What percentage of youth (age 2-17) experience a mental health disorder?

# Prevalence

**17 %** of youth (age 2-17)  
experience a mental  
health disorder



(CDC 2019)

# Childhood Disorder Categories

**Mood**

**Anxiety/  
Trauma**

**Disruptive  
Behavioral**

**Neuro-  
Developmental**

**Eating**

**Substance Use**

# Mood Disorders

- Not just a “bad mood”
- Thoughts & feelings can be intense, difficult to manage
- Persistent; chronic or episodic
- Can be difficult to recognize & diagnose in young people

## Depressive Disorders

- Major Depressive Disorder (Episodic)
- Persistent Depressive Disorder (Chronic)
- Sadness, low energy, irritability, inability to feel pleasure

## Bipolar Disorder

- Episodes of Depression and Mania
- Intense cyclical shifts in mood & energy levels
- Genetic component

## Disruptive Mood Dysregulation Disorder

- Chronic irritability & severe temper outbursts
- Potential violence
- Newer diagnosis; presents before age 10

# Anxiety / Trauma Disorders

- Chronic symptoms of anxiety & stress interfere with functioning
- Disorder causes the child distress
- 7-8% of youth age 3-17 have an anxiety disorder

## Generalized Anxiety Disorder

- Pervasive, unwarranted worry about everyday things
- In kids, often focused on school or sports
- Self-critical, constantly seeking approval

## Post-Traumatic Stress Disorder

- Brought on by exposure to traumatic or disturbing event
- Intense fear, anxiety
- Re-enacting the trauma during play
- Dreams/nightmares
- Emotional numbness or irritability

## Reactive Attachment Disorder

- Caused by severe lack of caregiving / attachment; neglect
- Withdrawal, anxiety, inability to connect or seek comfort
- May act out against new caregivers



# Video: RAD Adoption Story



For more on Julia's story: [Raising Julia Mini-Documentary](#)

# Disruptive Behavioral Disorders

- Behavioral patterns that violate societal norms and/or rights of others; trouble regulating behaviors & emotions
- Commonly co-occurring with neuro-developmental, mood, trauma disorders
- More common in males

## Oppositional Defiant Disorder

- Frequent and persistent pattern of anger, disobedience, defiance, vindictiveness
- Child persistently at odds with authority figures
- Typically diagnosed age 6-10

## Conduct Disorder

- Pervasive disregard for societal norms and the rights of others
- Emotional & physical violence, cruelty, criminal behavior; lack of empathy
- Onset: late childhood or early adolescence

## Intermittent Explosive Disorder

- Frequent episodes of intense, uncontrollable anger or aggression with little/no cause
- Lack of control over behavior, low frustration-tolerance
- Leads to high risk of self-harm & suicide

# Neuro-Developmental Disorders

- Developmental deficits leading to impairments in personal, social, academic, and/or occupational functioning
- Usually manifest early in childhood, many have genetic component
- Often co-occur with each-other

## Tourette's & Tic Disorders

- Involuntary movements or sounds called “tics”
- Blinking, twitching, repetitive sounds, etc.
  - Motor Tic Disorder
  - Vocal Tic Disorder
  - Both = Tourette's

## Autism Spectrum Disorder

- Deficits in communication and social skills, restricted or repetitive behaviors.
- Language delays, hyper/hypo sensitivity, lack of social skills, little eye contact, difficulty expressing thoughts or emotions

## Attention Deficit Hyperactivity Disorder

- Unusual difficulty concentrating on tasks, sitting still, controlling impulses
- Predominantly inattentive, hyperactive or combined types
- #1 diagnosed of all childhood disorders

# Eating Disorders

- Persistent disturbance of eating behaviors resulting in altered consumption or absorption of food; impairing functioning
- High mortality rate
- Most common in adolescent & college-age females

## Anorexia Nervosa

- Severe weight loss / dangerously low body weight
- Food restriction and/or purging to maintain low weight
- Distorted body image; fear of weight gain

## Bulimia Nervosa

- Binge / purge cycles – vomiting, laxative abuse
- Can be “healthy” weight or overweight
- Purging causes physical & dental problems

## Binge Eating Disorder

- Episodes of eating very large amounts of food in short periods
- Compulsive, uncontrollable eating
- Feelings of guilt, shame following binges

# Video: Madi's Bulimia Story





# Substance Use Disorders

- Use of substance is excessive, uncontrollable, affecting functioning, causing risky or dangerous behaviors
- May or may not involve tolerance / addiction
- **30-50% of Substance Use Disorders begin in childhood or adolescence**

## Alcohol Use Disorders

- Drinking in large amounts
- Persistent desire or craving to drink
- Continued use despite negative effects
- Significant physical danger

## Drug Use Disorders

- Caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics; stimulants; tobacco; and other/ unknown
- Chronic over-use, persistent cravings
- Continued use despite negative effects & danger

## Dual Diagnosis

- Existence of Mental Illness and a Substance Use Disorder(s)
- Common with mood, anxiety, trauma & behavioral disorders
- “Self-medicating”
- Negative cycle

Chapter

# 05

## Resources & Conclusion

“We help people live their lives to the fullest potential.”

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# Key Takeaways

- Mental Health is just one piece of overall wellness in kids & teens
- Risk factors & protective factors both affect likelihood of mental illness
- Parents, caregivers, educators & healthcare workers must be vigilant in screening for signs of mental health struggles
- Even if there is no diagnosis, kids may need help managing emotions & behaviors- help is available!
- Most disorders can be well managed with the right treatment



# Article / Web Resources



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

[Addressing the Mental Health Needs of Ethnic Minority Youth](#)



[LGBTQ Youth 2019 Survey](#)



[Children's Mental Health](#)



[Teen & Young Adult Mental Health](#)



[Child Development Theories](#)

# Video Resources



[Adverse Childhood Experiences](#)



[Childhood Trauma & the Brain](#)



[Early Childhood Mental Health](#)



[How Trauma Affects Health Across a Lifetime](#)

# Disorders Appendix (Chapter 6)

## Depressive Disorders

Definition	Population	Warning Signs	Treatment
<p><b>Major Depressive Disorder:</b></p> <ul style="list-style-type: none"> <li>➤ A depressed or irritable mood, lasting at least two weeks.</li> <li>➤ Average = 7-9 months</li> </ul> <p><b>Persistent Depressive Disorder (Dysthymia):</b></p> <ul style="list-style-type: none"> <li>➤ A chronic, low-grade, depressed or irritable mood for at least 1 year</li> </ul>	<ul style="list-style-type: none"> <li>• 13% of adolescents (12-17) have experienced at least one major depressive episode</li> <li>• Affects 2% of children younger than 12</li> <li>• More common in girls than boys, may be underdiagnosed in males</li> </ul>	<ul style="list-style-type: none"> <li>• Intense Sad or irritable mood</li> <li>• Frequent physical complaints</li> <li>• Loss of energy or fatigue, low motivation</li> <li>• Trouble with family &amp; peers, trouble in school</li> <li>• Severe recurrent temper outbursts</li> <li>• Rebellious or high risk behavior</li> <li>• Running away or threats of running away from home</li> <li>• Suicidal thoughts or threats</li> </ul>	<ul style="list-style-type: none"> <li>• Individual therapy                             <ul style="list-style-type: none"> <li>➤ CBT</li> <li>➤ Interpersonal therapy</li> </ul> </li> <li>• Family therapy-caregivers can help child manage mood</li> <li>• Medications to reduce severity of symptoms</li> </ul>





# Thank you!

**If you have any questions or concerns, please email:**

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# References

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- <https://www.mhanational.org/recognizing-mental-health-problems-children>
- <https://www.verywellmind.com/child-development-theories-2795068>
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- <https://www.alcohol.org/teens/>
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- [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Teens-Alcohol-And-Other-Drugs-003.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teens-Alcohol-And-Other-Drugs-003.aspx)
- <https://iacapap.org/content/uploads/J.10-History-Child-Psychiatry-update-2018.pdf>

Chapter

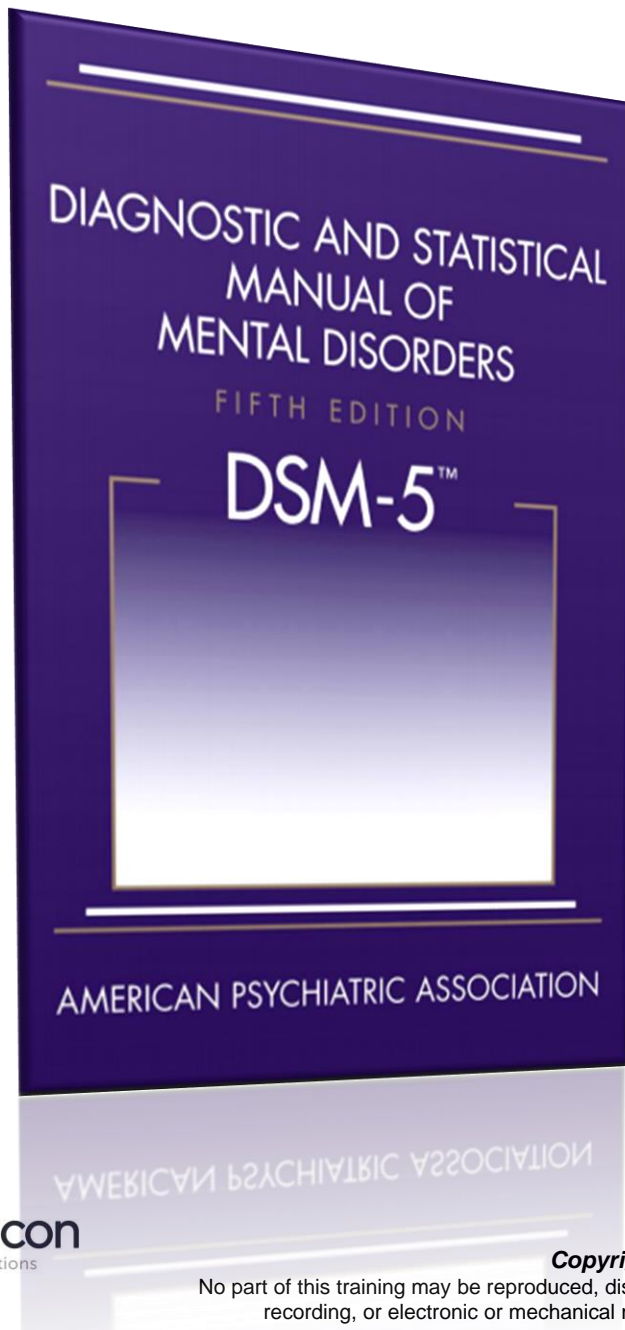
# 06

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## Disorders Appendix





Full PDF  
version of  
**DSM-5**  
available  
online:

[CLICK HERE](#)

# Mood Disorders



# Depressive Disorders

## Definition

### Major Depressive Disorder:

- A depressed or irritable mood, lasting at least two weeks.
- Average = 7-9 months

### Persistent Depressive Disorder (Dysthymia):

- A chronic, low-grade, depressed or irritable mood for at least 1 year



## Population

- 13% of adolescents (12-17) have experienced at least one major depressive episode
- Affects 2% of children younger than 12
- More common in girls than boys, may be underdiagnosed in males



## Warning Signs

- Intense Sad or irritable mood
- Frequent physical complaints
- Loss of energy or fatigue, low motivation
- Trouble with family & peers, trouble in school
- Severe recurrent temper outbursts
- Rebellious or high risk behavior
- Running away or threats of running away from home
- Suicidal thoughts or threats



## Treatment

- Individual therapy
  - CBT
  - Interpersonal therapy
- Family therapy-caregivers can help child manage mood
- Medications to reduce severity of symptoms



# Bipolar Disorder

## Definition

- Mood disorder involving period/cycles of both depression & mania (for at least 1 week)
- Shifts in mood, energy level & functioning
- Mania presents differently in children, with irritability and aggression rather than euphoria



## Population

- Usually presents in adolescence but there are cases in childhood as well
- Nearly 3% of teens (age 12-18) are diagnosed with Bipolar
- Strong genetic component
- Presents more often in females



## Warning Signs

- Depressive Episodes: low energy, sadness, low motivation, somatic symptoms, etc.
- Manic Episodes: irritability, grandiose & delusional thinking, racing thoughts, pressured speech, aggression, risk taking behaviors



## Treatment

- Medication is key for Bipolar:
- Mood Stabilizers, Anticonvulsants
- Psychotherapy
  - CBT to manage symptoms
  - Family therapy to engage caregivers and help manage behaviors



# Disruptive Mood Dysregulation Disorder (DMDD)

## Definition

- Mood disorder involving chronic irritability continuing more than 1 year
- Severe temper outbursts occurring at least 3x per week
- Outbursts seem disproportionate to situation



## Population

- Onset typically before age 10
- Diagnosis not given to children under 6 years old
- Prevalence undetermined, relatively new diagnosis (2013)



## Warning Signs

- Severe temper outburst 3+ times per week
- Consistently irritable mood between outbursts
- Verbal and physical aggression



## Treatment

- Psychotherapy- CBT for mood regulation & frustration tolerance
- Parent training- learning helpful ways to interact with child & respond to behaviors
- Medication- Stimulants, Anti-Depressants and Antipsychotics may help



# Anxiety & Trauma Disorders





# Generalized Anxiety Disorder (GAD)

## Definition

- Pervasive, unwanted worry about everyday, real life issues but to an extreme level
- In children, anxiety often focused on school or sports performance, ability to meet expectations
- Frequently seeks reassurance to assuage worries



## Population

- More common in females
- Rarely diagnosed before age 13, though younger children can show some symptoms
- 7-8% of youth age 3-17 have diagnosed anxiety disorders (not just GAD)



## Warning Signs

- Extreme studying
- Extreme sports or music practice
- Rigidity to rules, irritability
- Fatigue & somatic symptoms due to stress
- Seeking reassurance from adults
- Anticipating “worst case scenario”



## Treatment

- Psychotherapy
  - Exposure therapy & relaxation techniques
  - CBT – learning to recognize how thoughts contribute to anxiety & manage response
- Medications
  - SSRIs, Anti-Anxiety drugs





# Panic Disorder

## Definition

- Sudden, unpredictable panic attacks
- Panic attacks involve physical symptoms and feelings of impending doom
- Can last minutes up to an hour



## Population

- Generally first occur in adolescence
- Can run in families
- Can be difficult to diagnose, often confused with a physical medical condition



## Warning Signs

- Racing pulse, chest pain, shortness of breathe, dizziness
- Trembling or shaking
- Fear of dying or losing mind
- Feeling of dissociation / unreality
- Avoidance of public spaces or situations where attacks have occurred before



## Treatment

- Psychotherapy
  - CBT – reduce avoidance behaviors
  - Exposure therapy & relaxation techniques
- Medications
  - Anti-depressants (SSRI)
  - Anti-Anxiety drugs (Benzodiazepines)



# Post-Traumatic Stress Disorder (PTSD)

## Definition

- An anxiety condition brought on by exposure to a traumatic event
- Not every child exposed to trauma will develop PTSD- short term feelings of sadness/anxiety are normal reactions
- PTSD may be diagnosed if symptoms last longer than 1 month & impair functioning



## Population

- More likely to develop in those who have co-occurring mental disorders like depression or anxiety
- More direct trauma = higher PTSD risk
- Lack of support system = higher PTSD risk



## Warning Signs

- Detachment
- Trouble sleeping, nightmares
- Bedwetting, regression
- Reenacting event during play
- Irritability, depression & anxiety
- Somatic symptoms
- Fear of event occurring again



## Treatment

- Therapy
  - Narrative therapy (writing about or drawing event)
  - Play therapy
  - CBT to develop coping skills
- Medications can manage symptoms



# Reactive Attachment Disorder (RAD)

## Definition

- Stress / emotional disorder caused by childhood social neglect or abuse
- Develops in early childhood (9 months to 5 yrs) due to lack of healthy attachment to caregivers
- Child's basic needs aren't met, stable attachment is not established- results in extreme reactions towards caregivers



## Population

- Increased risk in children who:
  - Suffer severe abuse or neglect
  - Live in foster or group homes
  - Are adopted
  - Have parents who live with serious mental illness or criminal behavior
- RAD is rare but serious



## Warning Signs

- Lack of comfort-seeking behavior
- Do not show or seek affection with caregivers
- May be inappropriately affectionate with strangers
- Anger & irritability, rage, threats, physical attacks- may only show these behaviors at home



## Treatment

- Psychotherapy
- Parent/caregiver counseling & education
- Social training
- Creating a stable, nurturing environment
- RAD is not considered life-long condition and can be corrected with the right support



# Disruptive Behavioral Disorders



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# Oppositional Defiant Disorder

## Definition

- Behavioral disorder in which child is persistently at odds with authority figures
- Frequent and persistent pattern of anger, irritability, arguing, defiance or vindictiveness
- Behaviors last at least 6 months



## Population

- Average 3-4% prevalence
- Typically diagnosed around elementary school age (6-10)
- Commonly co-occurring with ADHD
- Small percentage of cases develop Conduct Disorder later



## Warning Signs

- Unusually quick to lose temper, frequent tantrums
- Ignores or rebels against rules in multiple settings
- Intentional disruptive behaviors
- Quick to blame others & act resentful
- Excessive arguing
- Trouble with both adults and peers



## Treatment

- Psychotherapy
  - CBT
  - Dialectical Behavior Therapy for emotional dysregulation
- Family therapy, parent training – repairing the relationship
- Medications: antipsychotics or stimulants



# Conduct Disorder

## Definition

- A behavioral disorder characterized by persistent disregard for age-appropriate societal norms and the rights, feelings & personal space of other people
- Persistent (more than 6 months) emotional & physical violence, cruelty and criminal behavior like theft and fire setting



## Population

- Childhood-Onset (prior to age 10)
- Adolescent-Onset (after age 10)
- More common in males than females
- Often have co-occurring disorders like depression, ADHD, PTSD or substance use



## Warning Signs

- More than normal bullying and teasing
- Hurting animals
- Setting fires
- Theft, vandalism
- Feeling gratification from lying or manipulating others
- Emotional & physically abusive behavior towards others; physical & sexual assault



## Treatment

- Early intervention is key to success
- Treatment is generally long-term
- Therapy targets both behaviors and thoughts/attitudes
- Family therapy & parent training
- Medication to treat co-occurring disorders can help



# Intermittent Explosive Disorder (IED)

## Definition

- A behavioral disorder characterized by feeling out-of-control over behavior resulting in a pattern of frequent outbursts of out-of-proportion anger and aggression
- Outbursts are short (less than 30 min in length) but intense, may be verbal and/or physical in nature



## Population

- Generally begins in late childhood or early adolescence (age 10-14)
- Children with IED are at higher risk of self-harm and/or suicide as they get older
- May co-occur with depression, anxiety or substance use



## Warning Signs

- Inability to resist impulses
- Raw, intense anger without a tangible cause
- Low frustration tolerance
- Outbursts are out-of-proportion to the trigger
- Explosions may cause harm to people, animals or property



## Treatment

- Psychotherapy-
  - CBT to identify triggers and manage anger response
  - Involving parents and/or teachers
- Medications-
  - Combinations including anti-depressants and anti-anxiety





# Neuro-Developmental Disorders



# Tourette's / Tic Disorders

## Definition

- “Tics” are sudden, rapid, uncontrollable movements or vocal sounds
- Someone may have only verbal tics or only motor tics; Those with Tourette’s Syndrome have both
- For diagnosis, must have multiple tics occurring often, daily for at least a year



## Population

- Tics usually begin around 7-10 yrs old
- Common in individuals with Autism Spectrum Disorder
- *Coprolalia* is a rare symptom involving involuntary cursing or inappropriate remarks



## Warning Signs

- Motor Tics = Uncontrollable blinking or twitching of the face, neck, head, shoulders or extremities; Involuntary grimacing or other facial expressions
- Verbal tics = uncontrolled grunting, humming exclamations or other sounds



## Treatment

- Combination of medication & behavioral therapy
- “Habit Reversal” therapy- learn to anticipate tics and perform incompatible actions to fight tics
- Meds: Neuroleptics can help control tics, Antihypertensives can help with impulse control



# Autism Spectrum Disorder (ASD)

## Definition

- A developmental condition characterized by restricted, repetitive behaviors and communication deficits; may affect a person's ability to socialize with others.
- Has a “cascading” effect on developmental milestones
- Presents along a spectrum of severity



## Population

- **AGE:** Symptoms tend to appear in early childhood but many people do not receive a diagnosis until later in life
- May be caused by genetics, brain abnormalities or environmental factors
- There is no scientific evidence to support the idea that vaccines are a cause of ASD



## Warning Signs

- Language delays
- Repetitive behavior
- Difficulty making eye contact
- Hyper or hyposensitivity to stimuli like sounds or textures
- Difficulty recognizing gestures or facial expressions
- Trouble expressing emotions
- Lack of social skills, trouble communicating with peers
- Sleep problems
- Self-injurious behaviors in response to certain stimuli







## Treatment

- Early intervention!!!
- Specialized skills trainings and classes: Speech therapy, Occupational therapy, Special Ed.
- Applied Behavior Analysis (ABA)
- Complementary approaches: diet & supplements
- Medication for co-occurring symptoms



# Attention Deficit / Hyperactivity Disorder (ADHD)

Definition	Population	Warning Signs	Treatment
<ul style="list-style-type: none"> <li>• <b>Neuro-Developmental Disorder</b> characterized by inattention, hyperactivity and impulsivity</li> <li>• Can be predominantly inattentive type, hyperactive type, or combined type.</li> <li>• Symptoms must be severe and causing difficulty at school or home</li> </ul> 	<ul style="list-style-type: none"> <li>• <b>#1 most diagnosed childhood disorder</b>-more than 9% of children age 2-17</li> <li>• May be caused by genetics, brain abnormalities or environmental factors</li> <li>• More common in males</li> <li>• Often co-occurring with behavior, anxiety &amp; depressive disorders; ASD</li> </ul> 	<ul style="list-style-type: none"> <li>• <b>Inattention:</b> easily distracted, difficulty focusing on a single task, struggling to complete school assignments, daydream during class, struggling to follow directions</li> <li>• <b>Hyperactivity:</b> Fidgeting, squirming, pressured speech, difficulty doing quiet activities, touching everything</li> <li>• <b>Impulsivity:</b> Impatience, difficulty taking turns or sharing, interrupting, acting without regard for consequences</li> </ul> 	<ul style="list-style-type: none"> <li>• <b>Early intervention!!!</b></li> <li>• <b>Medication:</b> Stimulants can improve attention span &amp; frustration tolerance</li> <li>• <b>Behavior therapy:</b> structured routine; clear expectations; boundaries</li> <li>• <b>Teaching social skills</b> to improve peer relations</li> </ul> 

# Eating Disorders



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# Anorexia Nervosa

## Definition

- Eating Disorder characterized by distorted body image causing an individual to severely restrict food intake
- Diagnosis requires person to be at least 15% below “healthy” weight for age & height
- Intense fear of weight gain, inability to recognize that they are dangerously underweight



## Population

- Highest mortality rate of any mental disorder
- More common in females, but male cases are increasing
- Uncommon in young children- 90% of cases are between 12-25 years old
- Often co-occurring with anxiety disorders



## Warning Signs

- Repeatedly checks weight
- Avoids mealtime, eating around other people
- Exercises excessively
- May force self to vomit
- May use laxatives to lose weight
- Extremely thin (emaciated)
- Hair loss
- Irregular menstruation
- Relentless pursuit of thinness, unwilling to maintain a normal/ healthy weight
- Intense fear of gaining weight



## Treatment

- Medical care to reach healthy weight
- Psychotherapy
  - Art Therapy
  - Dance/Movement Therapy
  - Dialectical Behavioral Therapy
  - Family Therapy
  - Medical Nutrition Therapy
- Intensive Outpatient Treatment (IOP)
- Residential Treatment
- Inpatient Treatment





# Bulimia Nervosa

## Definition

- Individuals have recurrent, frequent episodes of eating unusually large amounts of food
- Binge and purge cycles - lack of control over these episodes.
- Characterized by overeating and compensating for it
- Must binge/purge at least 1x/week for 3+ months



## Population

- Often occurs in adolescence between ages of 13-20 yrs
- More common in females, but male cases are increasing
- May be underweight, "normal" weight, or overweight



## Warning Signs

- Obsession with weight/ appearance
- Routine trips to bathroom during/after meals
- Deterioration of tooth enamel, scars on fingers, acid reflux from vomiting
- Chronic dehydration
- Secretiveness around eating



## Treatment

- Psychotherapy
- Art Therapy
- Dance/Movement Therapy
- Dialectical Behavioral Therapy
- Family Therapy
- Medical Nutrition Therapy
- Intensive Outpatient Treatment (IOP)
- Residential Treatment
- Inpatient/ Hospital Treatment





# Binge Eating Disorder

## Definition

- Individuals have episodes of eating very large amounts of food in short timeframes
- Feeling out of control, compulsive eating, eating when not hungry
- Binge eaters can be of healthy weight, overweight or obese
- Binge Eating Disorder does not involve purging behaviors



## Population

- More common in females
- Often begins in adolescence or young adulthood



## Warning Signs

- Eating unusually large quantities of food- household food vanishes fast
- Eating rapidly
- Eating to the point of uncomfortable fullness
- Eating in shame or in secret – finding hidden wrappers or boxes
- Feeling depressed, anxious, or ashamed about eating habits
- Gaining and losing weight repeatedly



## Treatment

- Psychotherapy
- CBT to manage underlying depression, anxiety, poor body image
- Behavioral Weight Loss programs in overweight individuals
- Limited evidence supports use of Medications-
  - Antidepressants
  - Anticonvulsants



# Substance Use Disorders



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# Alcohol Use Disorder

## Definition

- Pattern of alcohol use in large amounts for a longer period of time than intended
- Continuing use despite use causing problems at home or at school, or causing hazardous situations
- May or may not involve tolerance, withdrawal
- May be mild, moderate or severe



## Population

- People age 12-20 consume 1/10 of all alcohol consumed in the US
- 5.1 million youth under age 20 “*binge drink*” at least 1x/mo.
  - Age 9-13, 1 drink
  - Age 13-15, 4 drinks
  - Age 16+, 5 drinks



## Warning Signs

- Uncharacteristic behavior problems
- Decline in academic or sports achievement
- Mood changes; depression, anger
- Decline self-care
- Change in friends
- Smelling of alcohol
- Finding bottles hidden in room
- Parents missing spirits, finding dilution



## Treatment

- Psycho-education on risk of alcohol use
- School-based interventions & regulations
- Family-based interventions: therapy, rule setting
- For cases involving addiction & withdrawal: inpatient or outpatient tx programs



# Drug Use Disorders

## Definition

- Pattern of chronic substance use in large amounts despite negative results and experiences
- May be any of 9 different drug classes, illegal or taken inappropriately
- Most common: Cannabis, Stimulants, Opiates, Hallucinogenic, Tobacco/Vaping



## Population

- Drug use rates among youth are decreasing but still a problem
- Half of all new drug users are under 18
- Those who begin using under age 18 are at higher risk for SUD as adults
- Teen brains are still developing, drug use can have long term effects



## Warning Signs

- Declining grades
- Bloodshot eyes, fatigue
- Abnormal behaviors & reactions (ex. laughing for no reason)
- Poor hygiene
- Secretive behavior, lying, stealing
- Changes in eating and sleeping habits
- Smell of smoke or drug on breath/clothing



## Treatment

- Psychoeducation
- Early intervention
- Family & school-based interventions
- Psychotherapy to address triggers and/or underlying stressors
- For cases involving addiction & withdrawal: inpatient or outpatient tx programs



# Dual Diagnosis: Co-Occurrence of SUD and Other Disorders

- Substances are often used to “self-medicate” or relieve stress
- Co-occurring mental health disorders or a history of trauma and stress in childhood increase the risk for substance abuse of any type
- Most common co-occurring disorders include:
  - Depressive Disorders
  - Anxiety Disorders
  - Stress / Trauma Related Disorders (PTSD)
- SUD occur more frequently with other high-risk behaviors, such as unprotected sex and dangerous driving.
- Substance Use can lead to lowered inhibitions, increasing risk for high-risk behaviors, self-harm and suicide



# Thank you!

**If you have any questions or concerns, please email:**

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