Mental Health Issues Among School-Aged Children and Adolescents: Identification and Effective Intervention

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Speakers

Dr. Margo DelaGarza is a psychotherapist in private practice in San Antonio, Texas. She provides clinical services at Sigma Mental Health Urgent Care and runs mindfulness groups at San Antonio Behavioral Healthcare Hospital. She began her career in 1998 working with adolescents and is experienced in the treatment and assessment of children, adolescents, and adults struggling with a variety of behavioral and mental health issues.

Dr. DelaGarza is trained as an Early Childhood Mental Health Clinician through the Early Childhood Well-Being Project. She is the former co-chair of the Healthy Futures Alliance (HFA), a community coalition of over 400 members, and has worked for Healthy Futures of Texas where she conducted group sessions for parents and teens regarding healthy sexuality, relationships, and reducing high-risk behaviors. She has also worked for the State of Texas as a Child Abuse Investigator. Dr. DelaGarza provides professional training in the areas of sexual health, infant and early childhood mental health, parenting education, and the 40 Developmental Assets. Dr. DelaGarza is a delegate of the White House Initiative on Educational Excellence of Hispanics and was a presenter at the XI Binational Policy Forum on Migration and Global Health.

Dr. Melissa Deuter is a board certified psychiatrist in San Antonio, Texas. In addition to being the Chief Medical Officer at Sigma Mental Health Urgent Care Center, Dr. Deuter holds a private practice in the Stone Oak Area of San Antonio. Dr. Deuter currently holds an appointment as Clinical Assistant Professor of Psychiatry at UTSCSA and is the course director for the resident training seminars on Eating Disorders. In previous years, she directed the course on Sexuality and Sexual Development. She is a former President of the Bexar County Psychiatric Society, a current member of The Texas Society of Psychiatric Physicians Ethics Council, and a current member of the South Texas Psychiatric Physicians Research Network's Executive Committee. She has been recognized as a San Antonio's "Top Doctor" and a "Best of" Doctor, a Texas Super Doctor's "Rising Star," and has received the American Registry "Patient's Choice Award." Dr. Deuter specializes in the care of teens, young adults, and their families and has a special interest in the unique mental health needs of emerging adults.

Dr. Deuter also writes a blog every Monday on a variety of topics. You can read her blog by following this link: http://www.melissadeuter.com/news/

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Identification of Mental Health Issues

Young Children

- Common Diagnoses and Misdiagnoses (PDD, ADHD, Oppositional-Defiant, Conduct Disorder)
- Emotional Disturbance
- Causes and Symptoms (ex: inattention, disruptive behavior)

Adolescents

- Common Diagnoses (Anxiety, Mood Disorders, Eating Disorders, Substance Use)
- Causes and Symptoms

Effective Interventions

- Students, School Personnel, and Parents - Proven Strategies
- Treatment, Resources and Referrals - Sigma Mental Health Urgent Care and other resources

What is Mental Health?

Biological, Social, Environmental Factors

ACEs Study - adverse experiences in childhood have a lifelong impact on heath

We have to protect children from the very start

Common Causes

Toxic Stress
Trauma
Exposure to Violence
Unhealthy Attachment
Biological

Stress Responses

Positive - brief increases in heart rate, mild elevations in stress hormone levels

Tolerable - serious, temporary stress responses, buffered by supportive relationships

Toxic - prolonged activation of stress response systems in the absence of protective relationships

Source: Center on the Developing Child, Harvard University

Exposure to Violence

In 2013, there were 44,695 calls related to domestic violence within the city of San Antonio, with an overwhelming majority of them coming from the West Patrol substation.

Source: San Antonio Police Department

2014 Texas Stats

- Women Killed: 132
- Family Violence Incidents: 185,817
- Adults and Children Sheltered: 23,311
- Adults and Children receiving nonresidential services (i.e., counseling, legal advocacy, etc.): 61,119
- Adults denied shelter (due to lack of space): 39%
- Unmet Requests for Shelter: 14,801
- Hotline calls answered: 185,373

Source: Texas Council on Family Violence

Sexual Abuse

Research conducted by the Centers for Disease Control (CDC) estimates that approximately 1 in 6 boys and 1 in 4 girls are sexually abused before the age of 18.

Approximately 30% of sexual assault cases are reported to authorities.

- 90% of perpetrators of sexual abuse are either family members (30%) or known to the child but are not family members, e.g., family friends, babysitters, child care providers, neighbors (60%)
- Only about 10% of perpetrators of child sexual abuse are strangers to the child.

Source: “Child Sexual Abuse: What Parents Should Know,” American Psychological Association. (http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx) (February 19, 2014)

What can we do to prevent damage from toxic stress?

The most effective prevention is to reduce exposure of young children to extremely stressful conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance abuse, and/or violence or repeated conflict. Programs or services can remediate the conditions or provide stable, buffering relationships with adult caregivers. *Research shows that, even under stressful conditions, supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.*

Source: Center on the Developing Child, Harvard University

Emotional Disturbance

An educational disability; not a clinical diagnosis.

"Emotional disturbance" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
A. An inability to learn that cannot be explained by intellectual, sensory or health factors;
B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
C. Inappropriate types of behavior or feelings under normal circumstances;
D. A general pervasive mood of unhappiness or depression; or
E. A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (ED).

School Age Children

Pervasive Developmental Disorders:
A group of neurologically-based, medical disorders characterized by delays in the development of socialization and communication skills. Includes Autistic Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Asperger's Disorder, Rett's Disorder, and Childhood Disintegrative Disorder.

ADHD

ODD

Conduct Disorder

ADHD

Diagnoses have increased 30% in the last 20 years.

Attentional capacity exists on a spectrum

Chronic or acute attentional difficulties: ADHD appears to be a neurobiological disorder

Symptom: Inattention

The common diagnosis: ADHD

Often first observed by teachers, who notice the child is:

unusually easily distracted,
prone to daydreaming
has difficulty completing homework assignments and following directions.

Inattention that is outside the typical range is one of the three key symptoms of ADHD, along with impulsivity, and hyperactivity.

"The kid who is inattentive could be inattentive because he has ADHD, Or he could be inattentive because he is worried about his grandmother who's sick in the hospital, or because he's being bullied on the playground and the next period is recess."

Interventions

Improve executive functioning, self-regulation, increase physical activity (delay gratification, manage time and attention towards achieving a goal)

Strong evidence for peer and social support (group skill-building and therapy)
8 yr olds through adolescence

Exercise

Other Possibilities for Inattention:

Obsessive-Compulsive Disorder:
Many children with OCD are distracted by their obsessions and compulsions, and when the OCD is severe enough, they can spend the majority of their day obsessing. This can interfere with paying attention in school.

Children with OCD are often ashamed of their symptoms, they may go to great lengths to hide their compulsions. It is not uncommon to see children keep their rituals under control while they are at school, only to be overwhelmed by them when they get home. Therefore, a teacher may notice a student having difficulty focusing and assume he has an attention problem, since his OCD is not apparent to her.

Post-Traumatic Stress Disorder:
Children can also appear to be suffering from inattention when they have been impacted by a trauma. Many of the symptoms of PTSD look like ADHD. Symptoms common in PTSD, such as difficulty concentrating, exaggerated startle response, and hyper-vigilance can make it seem like a child is jumpy and spacy.

Symptom: Disruptive behavior

The common diagnosis: ODD
-Most children have occasional temper tantrums or outbursts
-oppositional defiant disorder (ODD), is characterized by a pattern of negative, hostile, or defiant behavior.

Symptoms include a child losing his temper, arguing with adults, becoming easily annoyed, or actively disobeying requests or rules. In order to be diagnosed with ODD, the child's disruptive behavior must be occurring for at least six months and be negatively affecting his life at school or at home.

Oppositional Defiant Disorder *occurs in relationship.*

Other possibilities:
Anxiety Disorders:
Children with anxiety disorders have significant difficulty coping with situations that cause them distress.

A child with an untreated anxiety disorder may become oppositional in an effort to escape that situation or avoid the source of his acute fear. For example, a child with acute social anxiety may lash out at another child if he finds himself in a difficult situation. A child with OCD may become extremely upset and scream at his parents when they do not provide him with the constant repetitive reassurance that he uses to manage his obsessive fears.

Anxiety that looks disruptive or anxiety coexisting with disruptive behaviors,

ADHD:
Many children with ADHD, especially those who experience impulsivity and hyperactivity, may exhibit many symptoms that make them appear oppositional. These children may have difficulty sitting still, they may touch and play with anything they can get their hands on, blurt out inappropriate remarks, have difficulty waiting their turn, interrupt others, and act without thinking through the consequences.

These symptoms are more a result of their impaired executive functioning skills—their ability to think ahead and assess the impact of their behavior—than purposeful oppositional behavior.

Other possibilities for Disruptive Behavior:

Learning Disorders

When a child acts out repeatedly in school, it's possible that the behavior stems from an undiagnosed learning disorder.

If he has extreme difficulty mastering math skills, trying to solve a set of problems may make him very frustrated and irritable. Or he knows next period is math class.

Kids with learning problems can be masters at being deceptive—they don't want to expose their vulnerability. They want to distract you from recognizing their struggle,
If a child has problems with writing or math or reading, rather than ask for help or admit that he's stuck, he may rip up an assignment, or start something with another child to create a diversion.

What are their triggers?
Paying attention to when the problematic behavior happens can lead to exposing a learning issue. When parents and teachers are looking for the causes of dysregulation, it helps to note *when* it happens—to flag weaknesses and get kids support.

Disorders Among Adolescents

Depression
Anxiety
Substance Use
Eating Disorders

Depression

5 or more of the following symptoms lasting for more than 2 weeks:

- a persistent sad, anxious or “empty” mood
- sleeping too little or too much
- reduced appetite and weight loss, or increased appetite and weight gain
- loss of interest or lack of pleasure in activities once enjoyed, including sex
- restlessness or irritability
- persistent physical symptoms that don't respond to treatment (such as headaches, chronic pain, or constipation and other digestive disorders)
- difficulty concentrating, remembering or making decisions
- fatigue or loss of energy
- feeling guilty, hopeless or worthless
- thoughts of death or suicide

Anxiety

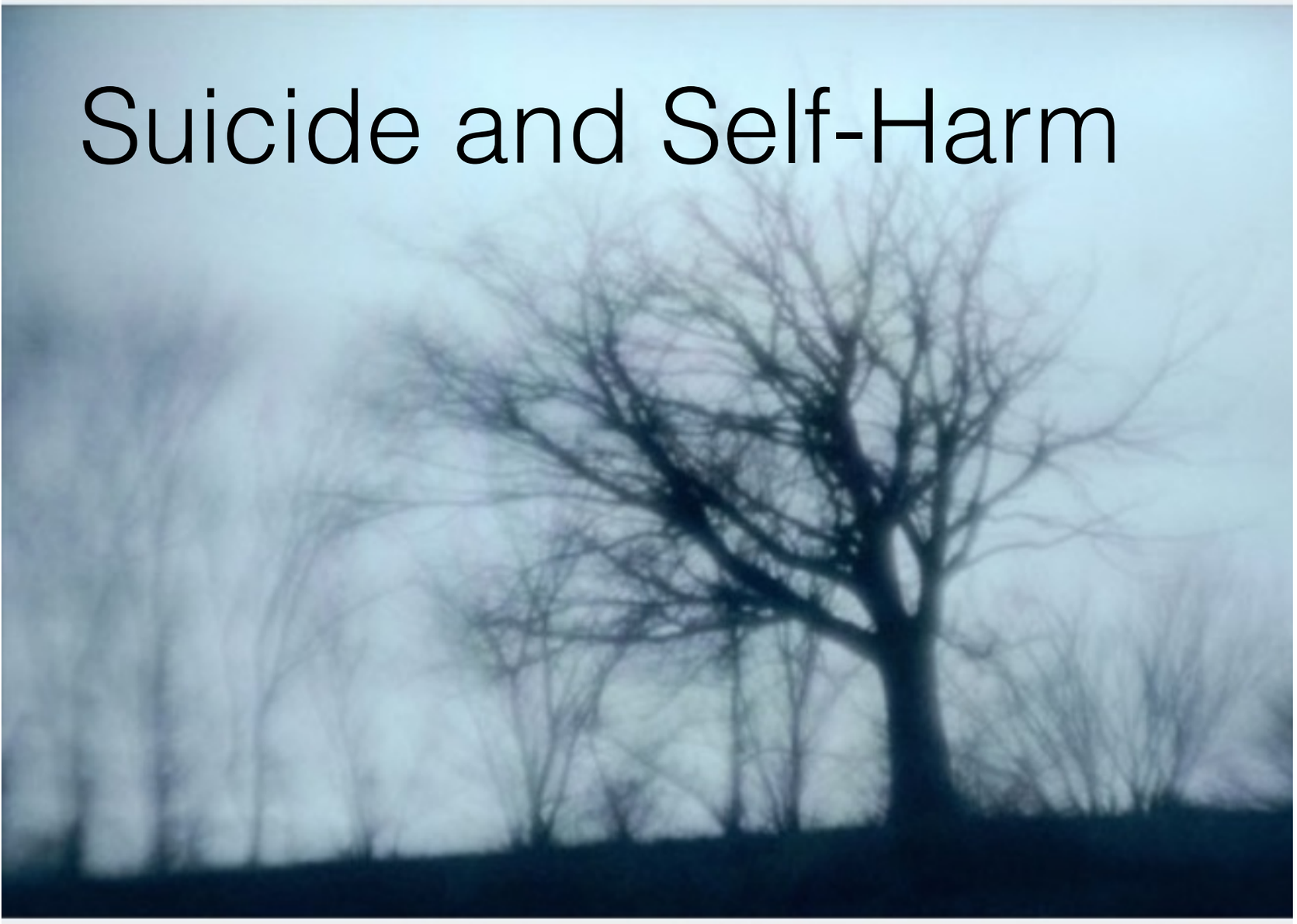
Panic Disorder: feelings of terror that strike suddenly and repeatedly with no warning. Symptoms of a panic attack include sweating, chest pain, palpitations (unusually strong or irregular heartbeats), and a feeling of choking, which may make the person feel like he or she is having a heart attack

Social Anxiety Disorder: Also called social phobia, social anxiety disorder involves overwhelming worry and self-consciousness about everyday social situations. The worry often centers on a fear of being judged by others, or behaving in a way that might cause embarrassment or lead to ridicule.

Specific Phobias: is an intense fear of a specific object or situation, such as snakes, heights, or flying. The level of fear is usually inappropriate to the situation and may cause the person to avoid common, everyday situations.

Generalized Anxiety Disorder: excessive, unrealistic worry and tension, even if there is little or nothing to provoke the anxiety.

Suicide and Self-Harm



Suicide is the 3rd leading cause of death among persons aged 10-14, the 2nd leading cause of death among persons aged 15-19 years
(Centers for Disease Control, 2015)

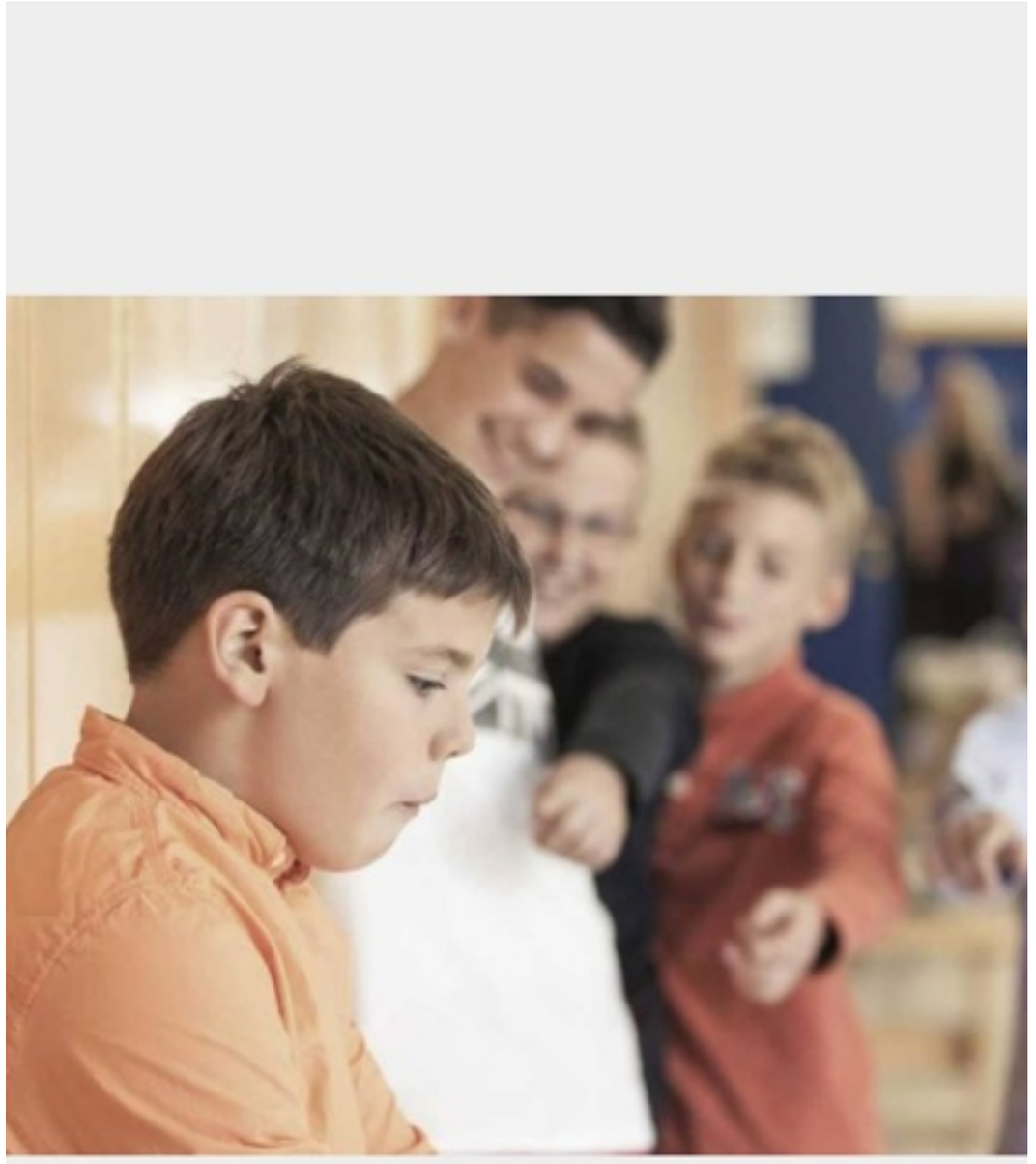
Bullying

Children who are bullied often do not want to go to school. If a child is missing school, check in!

Create a safe and supportive environment throughout the entire campus.

Assess to ascertain which students are engaging in bullying behavior.

Ask students: do you feel safe; what do you need in order to feel safe?



Substance Use

Adolescent Substance Use: America's #1 Public Health Problem

9 out of 10 Americans who meet the medical criteria for addiction** started smoking, drinking, or using other drugs before age 18

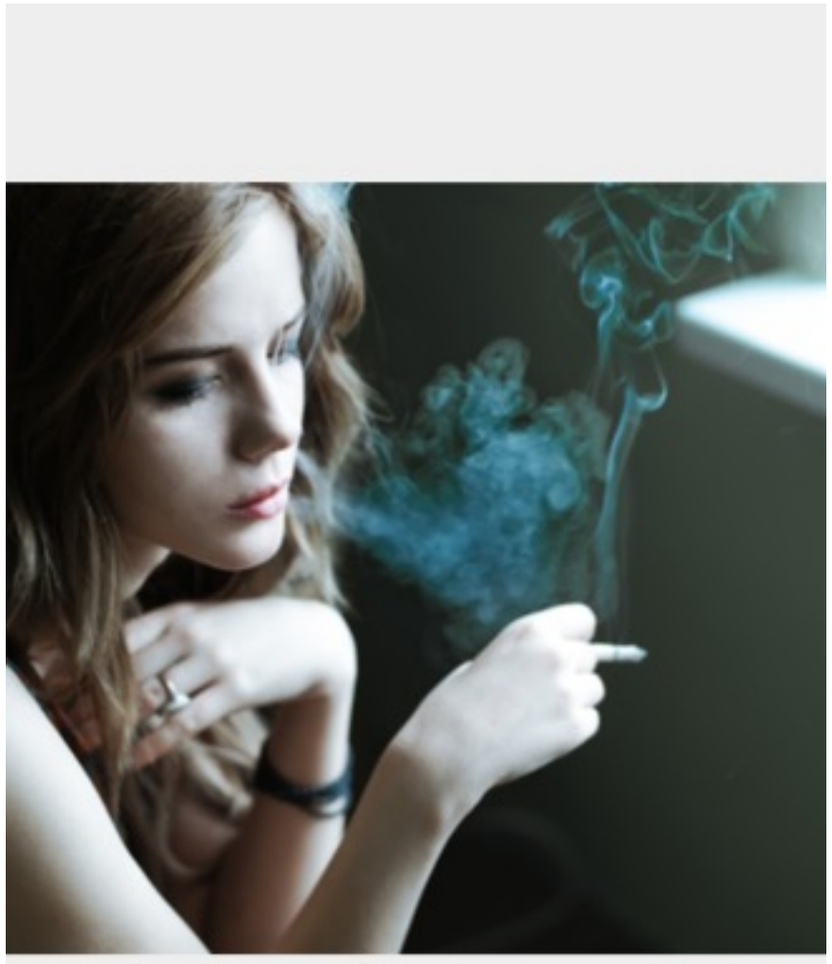
Consequences of teen substance use include:
accidents and injuries; unintended pregnancies; medical conditions such as asthma, depression, anxiety, psychosis and impaired brain function; reduced academic performance and educational achievement; criminal involvement and even death.

The National Center on Addiction and Substance Abuse (CASA*) at Columbia University.

- 46% of children under age 18 (34.4 million) live in a household where someone 18 or older is smoking, drinking excessively, misusing prescription drugs or using illegal drugs.

- 75% (10 million) of all high school students have used addictive substances including tobacco, alcohol, marijuana or cocaine; 1 in 5 of them meets the medical criteria for addiction

- 46% (6.1 million) of all high school students currently use addictive substances; 1 in 3 of them meets the medical criteria for addiction



American Culture Drives Teen Substance Use

A wide range of social influences subtly condone or more overtly encourage use, including acceptance of substance use by parents, schools and communities; pervasive advertising of these products; and media portrayals of substance use as benign or glamorous, fun and relaxing.

We've "normalized" drug use

Preventing Substance Use Among Teens

Risk Factors	Protective Factors
Early Aggressive Behavior	Impulse Control
Lack of Parental Supervision	Parental Monitoring
Substance Abuse	Academic Competence
Drug Availability	Antidrug Use Policies
Poverty	Strong Neighborhood Attachment

Eating Disorders

It's not about the food

Anorexia Nervosa
Binge Eating Disorder
Bulimia Nervosa

Psychological Factors that Can Contribute to Eating Disorders:

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger, stress or loneliness

Interpersonal Factors that Can Contribute to Eating Disorders:

- Troubled personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- History of physical or sexual abuse

Social Factors that Can Contribute to Eating Disorders:

- Cultural pressures that glorify "thinness" or muscularity and place value on obtaining the "perfect body"
- Narrow definitions of beauty that include only women and men of specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- Stress related to racial, ethnic, size/weight-related or other forms of discrimination or prejudice

What Works?

Parent-Child Interaction Therapy
40 Developmental Assets, Using a strengths-based approach

Teaching Resilience: What kinds of skills are needed to deal with adversity?
Focusing attention, planning, monitoring, delaying gratification, being able to solve problems, being able to work in teams, executive function
and self-regulation.
These skills are essential for creating a well-regulated home and school environment.
We're giving information and advice to people who we need to do active skill-building with.
Active skill-building for adults that never learned those skills! Coaching, training, practice

Developmental Assets

represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive.

Source: The Search Institute

The Power of Assets

Studies of more than 2.2 million people in the U.S.

More assets = less likely to engage in high-risk behaviors and more likely to thrive.

Assets have power for all people, regardless of their gender, economic status, family, or race/ethnicity.

Levels of assets are better predictors of high-risk involvement and thriving than poverty or being from a single-parent family.

Developmental Assets

Every child needs to hear: *I see you. You matter.*

Express Care: Listen, Be Warm, Show Interest, Be Dependable

Share Power: Collaborate, Negotiate, Respect, Respond

http://www.parentfurther.com

Relationships

"Positive relationships with adults are perhaps the single most important ingredient in promoting positive student development. For example, when teachers learn to make modest efforts to form a personal connection with their adolescent students—such that the students feel known—they can dramatically enhance student motivation in school and emotional functioning outside of school (Roeser, Eccles, & Sameroff, 1998; Skinner, Zimmer-Gembeck, & Connell, 1998)."

Treatment: Sigma Mental Health Urgent Care

Walk-In psychiatric and psychotherapy services

Same day or same week appointments

What we don’t do: prescribe addictive drugs

Private pay (we don’t accept insurance), superbill provided for those who wish to file for reimbursement from their insurance companies.

Questions

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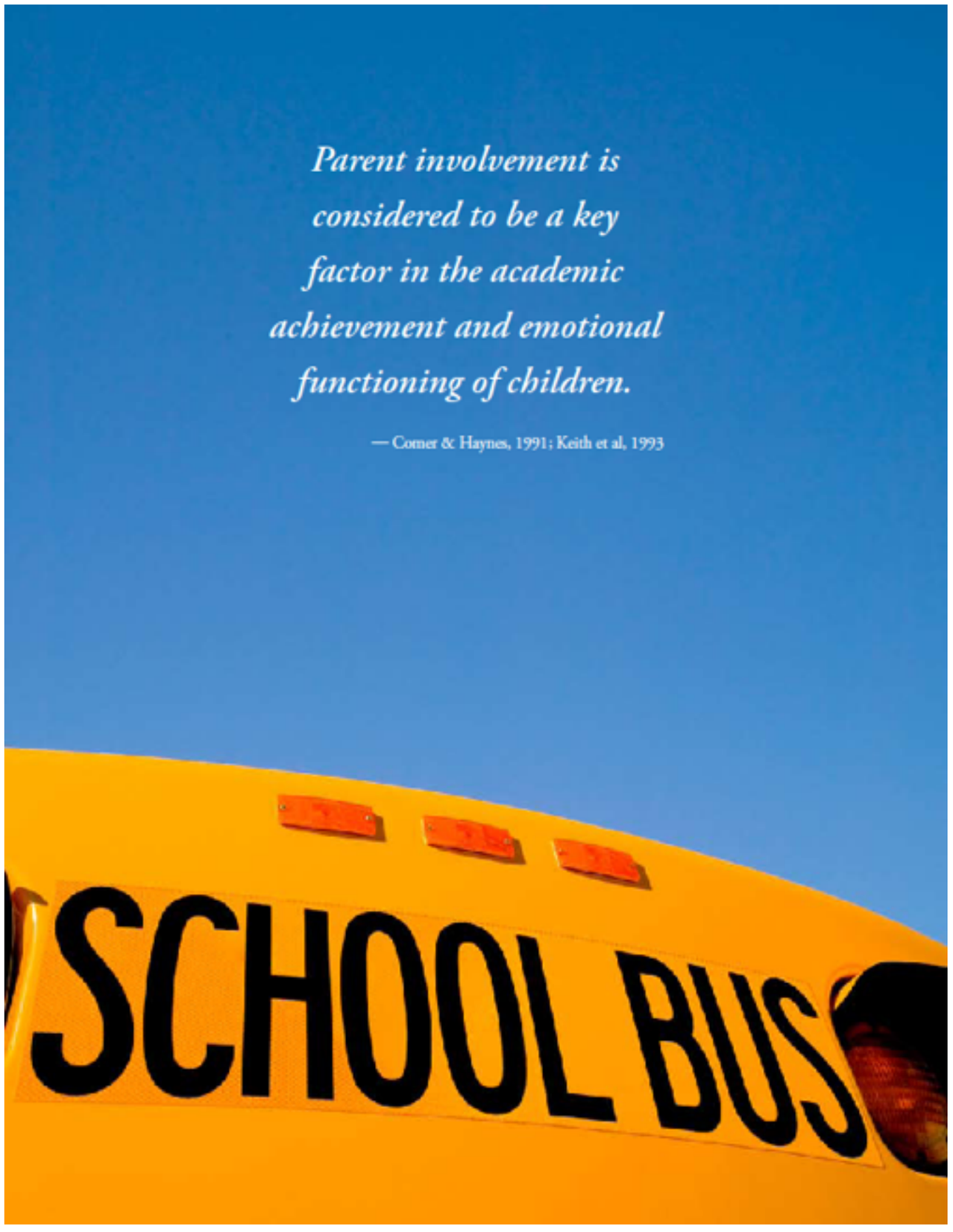
Parent involvement is considered to be a key factor in the academic achievement and emotional functioning of children.

— Comer & Haynes, 1991; Keith et al, 1993



A PATHWAY TO STUDENT SUCCESS

Every student will have access to

- A stable relationship with an involved parent or caregiver
- The arts, physical activity and healthy living
- High quality out-of-school programs and activities
- Meaningful connections to the community
- Relationships that support mental, emotional, spiritual and physical well-being
- Guidance and direction from parents, caring adults, teachers, counselors, and advisors
- Technology and the skills necessary to use it to achieve goals

Every student will

- Be prepared for school
- Be supported inside and outside of school
- Feel accepted
- Demonstrate competency or mastery at current learning level
- Enroll in and complete a degree, certification or other training program after high school
- Develop skills to live, work and thrive in an ever changing world

EARLY CAREER

AFTER HIGH SCHOOL

K-12

EARLY CHILDHOOD

PRENATAL

Itasca Area Initiative for

STUDENT SUCCESS

Student success is the cornerstone of community success

This pathway aligns our collective focus and action to create a future in which all students and their families in the Greater Itasca Area–regardless of background, income, or geographic location–have the resources, knowledge, relationships, support and skills needed to ensure a healthy future.

Want to learn more? Visit www.itascastudentsuccess.org

http://www.search-institute.org/downloadable/SearchInstitute-DontForgetFamilies-Activities-10-13-2015.pdf

Express Care: Show that you like me and want the best for me.
____ We pay attention when we are together.
____ We like being together. We express positive feelings to each other.
____ We commit time and energy to doing things for and with each other.
____ We make it a priority to understand who each other is and what we care about.
____ We can count on and trust each other.

Challenge Growth: Insist that I try to continuously improve.
____ We help each other see future possibilities for ourselves.
____ We make it clear that we want each other to live up to our potential.
____ We recognize each other's thoughts and abilities while also pushing each other to go a bit further.
____ We hold each other accountable to appropriate boundaries and rules.

Provide Support: Help me complete tasks and achieve goals.
____ We praise each other's efforts and achievements.
____ We provide practical assistance and feedback to help each other learn.
____ We try to be examples that each other can learn from and admire.
____ We stand up for each other when we need it.

Share Power: Hear my voice and let me share in making decisions.
____ We take each other seriously and treat each other fairly.
____ Each of us has a say in making decisions that affect us.
____ We understand and adjust to each other's needs, interests, and abilities.
____ We work together to accomplish goals and solve problems.

Expand Possibility: Expand my horizons and connect me to opportunities.
____ We expose each to new ideas, experiences, and places.
____ We introduce each to people who can help us grow.
____ We help each other work through barriers that could stop one of us from achieving our goals.

http://www.parentfurther.com

START: Social skills Training and Aggression Replacement Techniques

School-Wide Implementation Model

(helps the bully develop new skills)

- http://www.behavioralinstitute.org/uploads/START_promo_presentation_S_Albrecht.pdf