

KIDS


Emotional Complexities

Signs, Symptoms and Treatment



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Jeff Natalie, LSW

 **ErieKIDS** – President

Family Therapy Practices of Erie
Child, Couples, Family Therapy
Edinboro University - Family Social Work Adjunct
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What is ErieKIDS??

ErieKIDS is an organization dedicated to the mental health education of children and families and those who serve them!!



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What we do...

- Community Education
 - Internet/Social Networking Video
 - Community Talks
 - Nonprofit Multimedia Services
 - Emotional Intelligence Video Series
- Professional Development
 - Schools
 - Mental Health Facilities



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Goals for this workshop

- To understand multi-faceted childhood emotional disorders
- To learn to identify and differentiate each.
- To understand how to address the problems including referral resources in the community.



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Experiences...

1. Take a piece of paper
2. Write down what you are most often concerned with (what you struggle with the most concerning your kids).
3. What is your first thought of where these problems come from?



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Connie Osiecki, CAC, LPC



Family Therapy Practices of Erie

Child, Couples, Family Therapy

Erie Family Center – Clinical Diagnostics and Treatment

General McLane – School Based Family Therapy



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“Children of Addicts” (COA)



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DEFINITION

Any child whose parent or parental caregiver uses alcohol or other drugs in such a way that it causes problems in the child's life. The child may no longer be living with the substance abusing parent because of separation, divorce, abandonment, incarceration or death. The parent does not have to be still actively drinking or using for the child to continue to feel the impact of the abuse.



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- Estimated 6.6 million children under the age of 18 live in households with at least one alcoholic parent
- 1 in 5 adult Americans lived with an alcoholic while growing up
- COA are at greater risk for cognitive, emotional and behavioral problems than children of non-users
- COA have a higher prevalence of depression, anxiety, eating disorders and suicide attempts
- COA are 4 times more likely to become users themselves



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Childhood Characteristics

- **Guilt** – child may see himself as the main cause of the parent's using
- **Anxiety** – may worry constantly about the situation at home. Has fears that the parent will become sick or injured, may fear fights or violence between the parents



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Childhood Characteristics

- **Embarrassment** – parents often give children the message that there is a terrible secret in their home. The child does not invite friends over and is afraid to ask for help
- **Inability to have close relationships** – due to continued disappointments by the using parent, the child learns not to trust anyone



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Childhood Characteristics

- **Confusion** – using parent changes from loving to angry, regardless of the child's behavior. A regular schedule does not exist, meals and bedtime continually changes
- **Anger** – child is angry at the using parent and angry at the non-using parent for lack of support and protection
- **Depression** – child feel lonely and helpless to change the situation they are in



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Childhood Beliefs

- Believe they are all **alone**
- No other families have the problems their family has
- They must **cure** their using parent
- They are to **blame** for their parents use, this may be internally driven or externally due to the parent blaming them
- Believe they are unloved and **unlovable**
- When abused or neglected they feel they **deserve** the treatment
- **DON'T SPEAK, DON'T TRUST, DON'T FEEL**



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Behavioral Patterns

- Failure in school: truancy
- Late for school due to caring for younger siblings
- Come to school disheveled or unkempt
- Hanging around school, not wanting to go home
- Parents - hard to reach, do not attend school functions
- Lack of friends; withdrawal from classmates
- Repeating grades
- Become overachievers, controlled, successful
- Delinquent behavior, such as stealing or violence
- Frequent physical complaints



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Behavioral Patterns

- Unusually sleepy due to lack of sleep and late night arguments
- Unexplained bruises or burns due to neglect or abuse
- Knowledgeable of drinking practices or drug use
- Is uncomfortable when drug and alcohol topics are discussed in school
- Overactive and impulsive
- Risk taking behaviors
- Peers hint at problems to adults
- Depression or suicidal thoughts or behavior
- Diagnosed psychological disorders: anxiety, affective disorders, conduct disorders



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Practical Tools to Help

One of the most important messages children can hear is that:

Addiction is not their fault.

It is not possible to create addiction in another person.



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Practical Tools to Help

- Dispel myths: let COA know they are not alone and are not responsible for their parent's addiction
- Provide information: help them recognize and understand the addiction is the source of the problem
- Teach positive coping skills
- Link to local resources



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COA Belief Statement

You didn't **CAUSE** it
You can't **CONTROL** it
You can't **CURE** it
You can learn to **COPE** with it



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Angry KIDS



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ANGER: what is it?

Anger is an emotion
Aggression is the culprit



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ANGER: what causes it

- . Development
- . Environment
- . **Mental Health**
- . Medical Issues
- . Learning Disabilities
- . Drug and Alcohol Abuse



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Adjustment Disorder

Emotional and behavioral symptoms in response to an identifiable stressor that has occurred in the past 3 months

Distress is in excess of what would be typically expected of the stressor – OR – significant impairment of social or academic functioning

Symptoms are not related to bereavement

Once the stressor is terminated, symptoms do not continue more than 6 months



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Depression/Dysthymia

Depressed/irritable mood more days than not, for at least 1 year (in children)

Presence of 2 (or more) of the following:
poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self esteem, poor concentration or difficulty making decisions, feelings of hopelessness

During the year these symptoms are present and the child does not have relief for more than two months at a time



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More on Depression in a minute or two...



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ADHD

Six or more of the following symptoms of **inattention**

Lack of close attention to details, Difficult sustaining attention, Seems to not be listening when spoken to directly, Does not follow instructions and fails to finish assignments, Difficulty organizing tasks and activities, Avoids tasks that require sustained mental effort, Loses things necessary for task, Easily distracted by extraneous stimuli, Forgetful in daily activities



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ADHD

Six or more of the following symptoms of **hyperactivity-impulsivity**

Fidgets with hands and feet or squirms in chair, Leaves seat in situations in which remaining seated is expected, Runs and climbs excessively where actions are inappropriate, Difficulty playing or engaging in leisure activities, Often "on the go", Talks excessively, Blurts out answers before questions are completed, Difficulty waiting their turn, Interrupts or intrudes on others



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O.D.D.

A. a pattern of negative, hostile, and defiant behavior lasting at least 6 months with **four** or more of the following are present:

Loses temper, Argues with adults, Defies or refuses to comply with adults, Deliberately annoys people, Blames others for their mistakes or misbehavior, Touchy or easily annoyed by others, Angry and resentful, Spiteful or vindictive

B. Behaviors cause significant impairment in social, academic, or occupational functioning



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Anxious & Depressed KIDS



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Lots to consider...

- First, what are our beliefs about depression and anxiety?
- Second, what experiences do you have in working with kids with these problems, how do you help?
- Third, what can be done in school vs. in the clinic?



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What do you think?

- What does anxiety look like?
- How do we tell what we're dealing with?
- Mad or sad?
- What are the kids capable of when it comes to "fixing" themselves?
- **How do we deal with parents?**



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A visual breakdown...



Over the course of a child's life, they are introduced to a series of messages that are interpreted as scary or dangerous.



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THE ANATOMY OF ANXIETY



Brain Architecture



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PA Youth Survey (2007)

Percentage of Youth Reporting Symptoms of Depression, Pennsylvania					
GRADE	6th	8th	10th	12th	Overall
In the past year, felt depressed or sad most days	31.2	33	33	32.2	32.5
Sometimes I think that life is not worth it	14.3	20.4	23.3	20	19.6
At times I think I am no good at all	26.4	27.9	29.9	28.7	28.3
All in all, I am inclined to think that I am a failure	12.2	12.9	14.5	13.1	13.2



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What is Depression?

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
- Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Psychomotor agitation or retardation
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide



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Signs and Symptoms

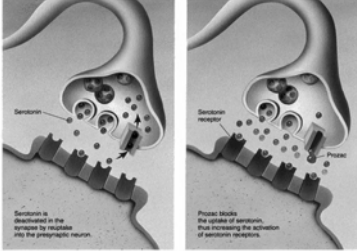
- Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomachaches or tiredness
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Being bored, Lack of interest in playing with friends
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Reckless behavior
- Difficulty with relationships
- **Increased irritability, anger, or hostility**



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The reuptake process - neurotransmitters

► Blockade of Serotonin Reuptake by Fluoxetine



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Meds...

- **Psycho-stimulants**
 - Ritalin, Adderall, Concerta, Focalin, Metadate, Vyvanse, Daytrana
 - Strattera (SNRI)
- **SSRIs**
 - Prozac, Zoloft, Paxil, Celexa, Luvox, Lexapro
- **Mood Stabilizers**
 - Lithium, Depakote, Lamictal
- **Atypical Antipsychotics**
 - Abilify, Zyprexa, Seroquel, Geodon, Risperdal



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Treating Kids in a Family Model

1. Know the etiology of the Depressive and/or Anxiety Episode. (*Let's refer to your students*)
2. Understand the role of family in the impetus, exacerbation or resolution of the issue.
3. Construct strategies for treatment of the issue.
4. Overcome the challenges of involving parents, especially during the school day.



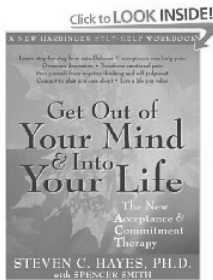
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Resources

- Family Therapy Practices of Erie
Highmark, UPMC, UBH, Private Pay
www.riefamilytherapy.com – 814-835-3430
- Stairways Behavioral Health
Value Behavior Health (Access)
Heidi Fette 814.878.2098
E-mail: hfette@stairwaysbh.org



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Amazon.com



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"In the Middle"

A movie on childhood depression and divorce.

Slides available at www.riefamilytherapy.com



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