

The Child With an Emotional or Behavioral Condition

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Chapter 33



The Nurse's Role

- Gathering information
- Observation
- In a position to make referrals



Therapies

- Family therapy
- Intervention
- Behavior modification
- Milieu therapy
- Art therapy
- Play therapy
- Bibliotherapy



Physical Manifestations

- Nail biting
- Stuttering
- Finger sucking
- Conduct problems
- Truancy
- Lying/stealing
- Aggressive behavior



Organic Behavioral Disorders

Dyslexia

Autism Spectrum Disorder

Obsessive Compulsive Disorder (OCD)

Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Anorexia

Bulimia

Internet Gaming Disorder



Dyslexia

Language-based learning disorder

Manifestations

- Difficulty sounding out words
- Difficulty with word recognition
- Difficulty with reading comprehension
- Difficulty recognizing letters
- Difficulty in learning nursery rhymes
- Confusing words that sound alike

Multidisciplinary Care

Autism Spectrum Disorder

- Symptoms
 - No babbling or pointing by 12 months
 - No 2 word spontaneous phrases by 24 months
 - Loss of social skills or language previously attained
 - Repetitive behaviors
 - Little pretend play
 - Rigid rules in play
 - Prefers solitary play



Autism Spectrum Disorder

- Prognosis
 - Best if able to develop meaningful communication skills by 5 years
- Treatment
 - Well-structured home/school
 - Behavior modification
 - Medications
- Goals of Treatment
 - Maximize the child's ability to live independently

Autism Spectrum Disorder

- Nurse's Role
 - Early identification of abnormal behavior
 - Refer
 - Monitor s/e of medication
 - Slow paced approach with little distractions
 - Organized care
 - Ask for permission before touching the child
 - Avoid sudden movements or loud noises

Obsessive Compulsive Disorder

- Causes
 - Genetic
 - Many theories
- Obsession
- Compulsion
- Diagnosis
 - As early as 4 years of age
 - Children's Yale-Brown Obsessive Compulsive Scale
 - Anxiety Disorder Interview Schedule for Children



Obsessive Compulsive Disorder

- Symptoms
 - Prolonged ritualistic behavior
 - Social withdrawal
 - Poor school performance
 - Family conflicts
- Treatment
 - Fluoxetine (Prozac)
 - Sertraline (Zoloft)
 - Cognitive behavior therapy



Attention Deficit/Hyperactivity Disorder (ADHD)

- | | |
|---|---|
| <ul style="list-style-type: none"> • Symptoms <ul style="list-style-type: none"> • Inattention • Increased distractibility • Poor impulse control • Motor restlessness • Underachieves in school • Interpersonal relationship problems • Low self-esteem | <ul style="list-style-type: none"> • Diagnosis Criteria <ul style="list-style-type: none"> • Receptive language • Expressive language • Information processing • Memory • Motor coordination • Orientation • Behavioral problems |
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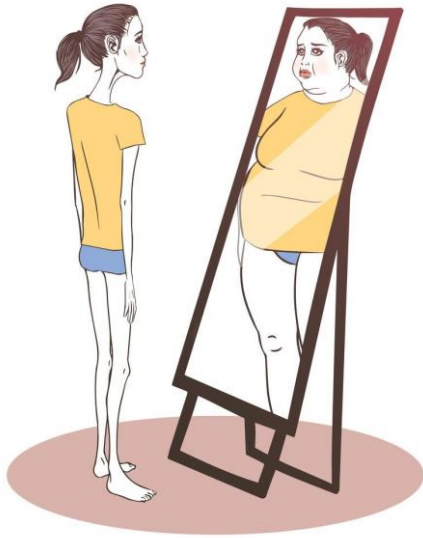
Attention Deficit/Hyperactivity Disorder (ADHD)

- Treatment
 - Multidisciplinary
 - Individualized
 - Cognitive behavioral therapy
 - Medications
 - Ritalin, Concerta, Focalin, Dexedrine, Adderall
 - Family education and emotional support
 - Complementary and alternative medicine (CAM)
- Strategies in the classroom
 - Sit the child in the front of classroom
 - Remind child to focus on attention
 - Repeat and give clear instructions
 - Provide breaks

Anorexia Nervosa

- Symptoms
 - Severe weight loss
 - Dry skin
 - Amenorrhea
 - Lanugo
 - Cold intolerance
 - Low blood pressure
 - Abdominal pain
 - Constipation





Anorexia Nervosa

- Treatment
 - Treat underlying cause
 - Psychotherapy
 - Behavior therapy
 - Drug therapy
 - SSRIs
- Primary goal is to correct malnutrition

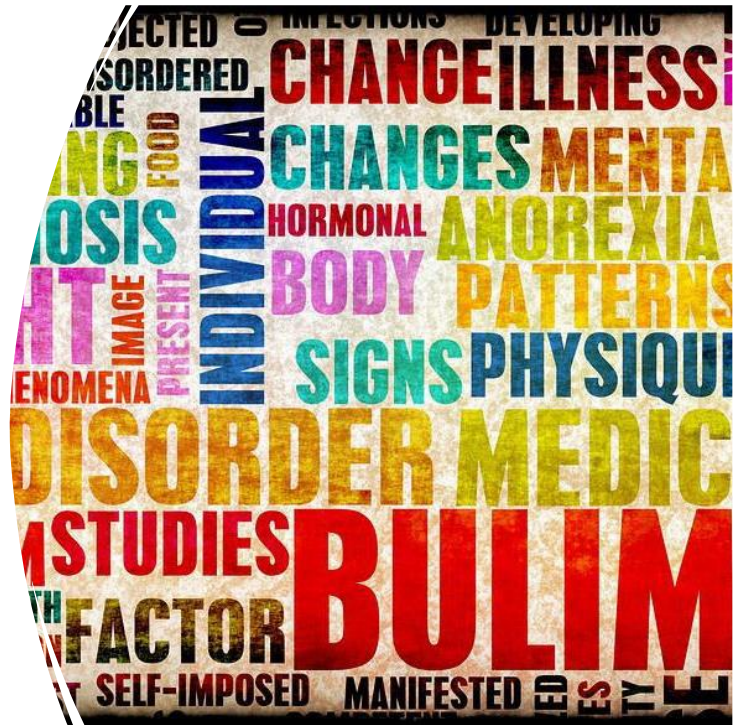
Bulimia

- Binge-Purge Cycle
 - Eat large quantities of food
 - Self-induced vomiting, laxatives, or diuretics
- Symptoms
 - Dental caries
 - Muscle weakness
 - Depression/low self-esteem
 - Substance abuse
 - Impulsive behavior
 - Throat irritation
 - Esophageal tears



Bulimia

- Treatment
 - Multidisciplinary approach
- Nurses Role
 - Educate
 - Prevent
 - Identify
 - Refer



Internet Gaming Disorder



Environmental
or
Biochemical
Behavioral
Disorders

Depression

Suicide

Substance abuse

Children of alcoholics

Depression

- Minor
- Major
 - Mood disturbances
 - Behavioral changes
- Symptoms
 - irritability
 - Loss of appetite
 - Sleep problems
 - Lethargy
 - Social withdrawal
 - Sudden drop in grades
 - Feelings of worthlessness
 - Lack of pleasure in most activities
- Depression is a precursor to adolescent suicide



Depression

- Nurses Role
 - Recognize the signs
 - Refer
- Treatment
 - Medications
 - Cognitive behavioral therapy



Suicide

- 3rd leading cause of death in adolescents
- Categories
 - Suicidal ideations
 - Suicidal gestures
 - Suicidal attempt
- Symptoms
 - Flat affect
 - Deterioration in school performance
 - Isolation from friends and family
 - Changes in physical appearance
 - Giving away possessions
 - Talk of death



Suicide

- Precipitating factors
 - Family history
 - Substance abuse
 - Child abuse/neglect
 - Family conflict
 - Relationship issues
 - Availability of firearms



Substance Abuse

- Levels
 - Experimentation
 - Controlled use
 - Abuse
 - Dependence
- 2 types of dependence
 - Psychological
 - Physical
- Tolerance



Substance Abuse



- Early
 - Alcohol
 - Marijuana
 - Gateway substances
 - Can cause euphoria and CNS depression
- Later
 - Opiates
 - Cocaine
 - Methamphetamines
 - Ecstasy
 - Steroids
- Treatment
 - Education
 - Prevention
 - Outpatient
 - Inpatient

Children of Alcoholics

- Characteristics of family life
 - Unpredictable
 - Increased risk for sexual/physical abuse
 - Isolation
 - Lack of structure
- Child's coping responses
 - Flight
 - Fight
 - Perfect child
 - Savior
- Nurse role
 - Recognition and intervention



The best nursing response to a depressed adolescent is:

- A. "Cheer up, things will get better."
- B. "Let's talk about how you are feeling."
- C. "Things always seem worse than they are."
- D. "You are lucky to have so many friends."

The type of drug dependence that causes withdrawal symptoms is called:

- A. Psychological
- B. Emotional
- C. Physical
- D. Mental

What is the most appropriate nursing response to a parent who states, "I hope my son outgrows his ADHD" ?

- A. "There are medications that can cure ADHD."
- B. "The symptoms decrease as the child matures."
- C. "Does anyone else in your family have ADHD?"
- D. "There behaviors may continue into adulthood."