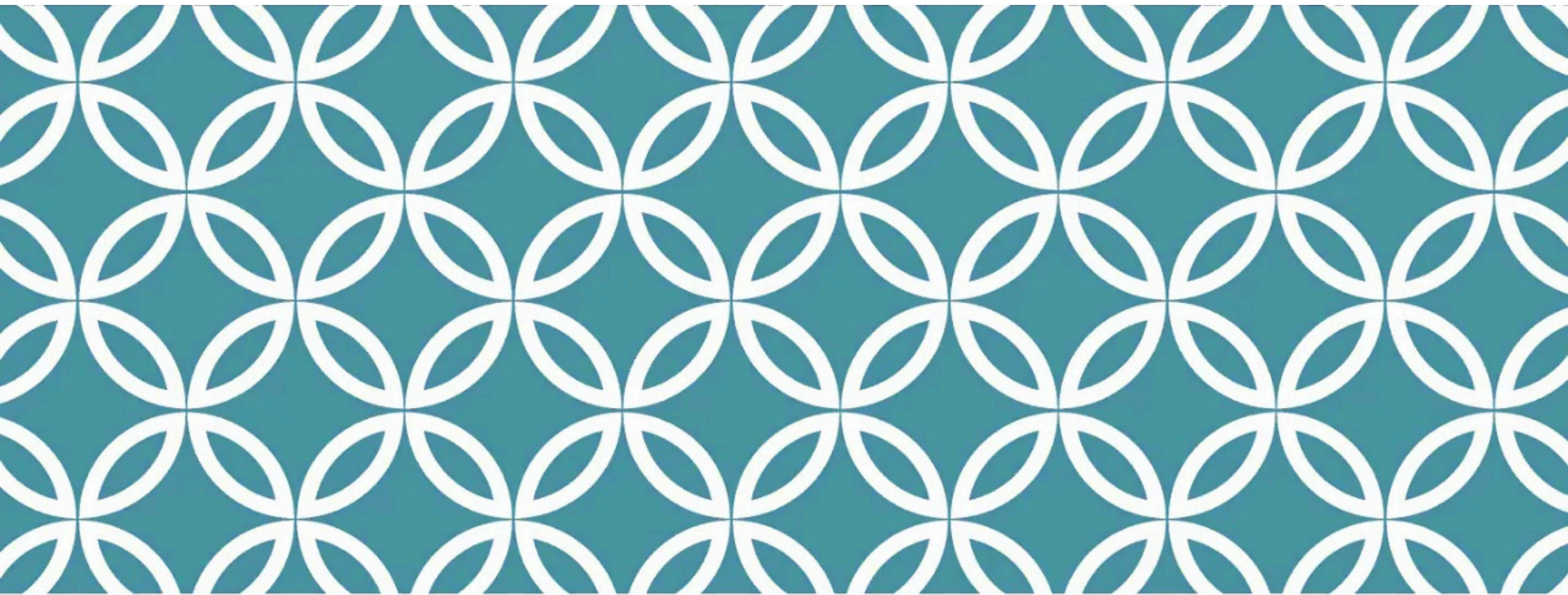


MANAGEMENT OF CHILDHOOD PSYCHIATRIC DISORDERS

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Year 6



OVERVIEW OF PSYCHIATRIC DISORDERS OCCURRING IN CHILDREN AND ADOLESCENTS

DISORDERS

Mental retardation

Pervasive developmental disorders

- Autistic disorder; Childhood disintegrative disorder; Retts disorder; Pervasive developmental disorder NOS
- On DSM 5, Autism spectrum disorder

Disruptive behaviour disorders

- Attention Deficit Hyperactivity disorder
- Oppositional defiant disorder
- Conduct disorder

DISORDERS

Anxiety disorders of childhood and adolescence

- Separation anxiety disorders
- Generalised anxiety disorder
- Social phobia
- Panic disorder
- Selective mutism
- *PTSD: Trauma and stressor related disorders
- *OCD: Obsessive compulsive and related disorders

DISORDERS

Mood disorders in children and adolescent

- Major depressive disorder
- Dysthymic disorder (Persistent depressive disorder) DSM 5:
Disruptive mood dysregulation disorder
- Bipolar disorder
- Cyclothymia

DISORDERS

Psychotic disorders in children and adolescence

- Early onset schizophrenia

Tic disorders

- Tourette's disorder
- Chronic motor or vocal tic disorder
- Transient tic disorder

DISORDERS

Sexual and other forms of child abuse

Eating disorders

- Anorexia nervosa
- Bulimia nervosa
- Pica
- Rumination disorder
- Feeding disorder of infancy or early childhood

DISORDERS

Sleep disorders

- Parasomnias
- Narcolepsy

Elimination disorders

- Enuresis
- Encopresis

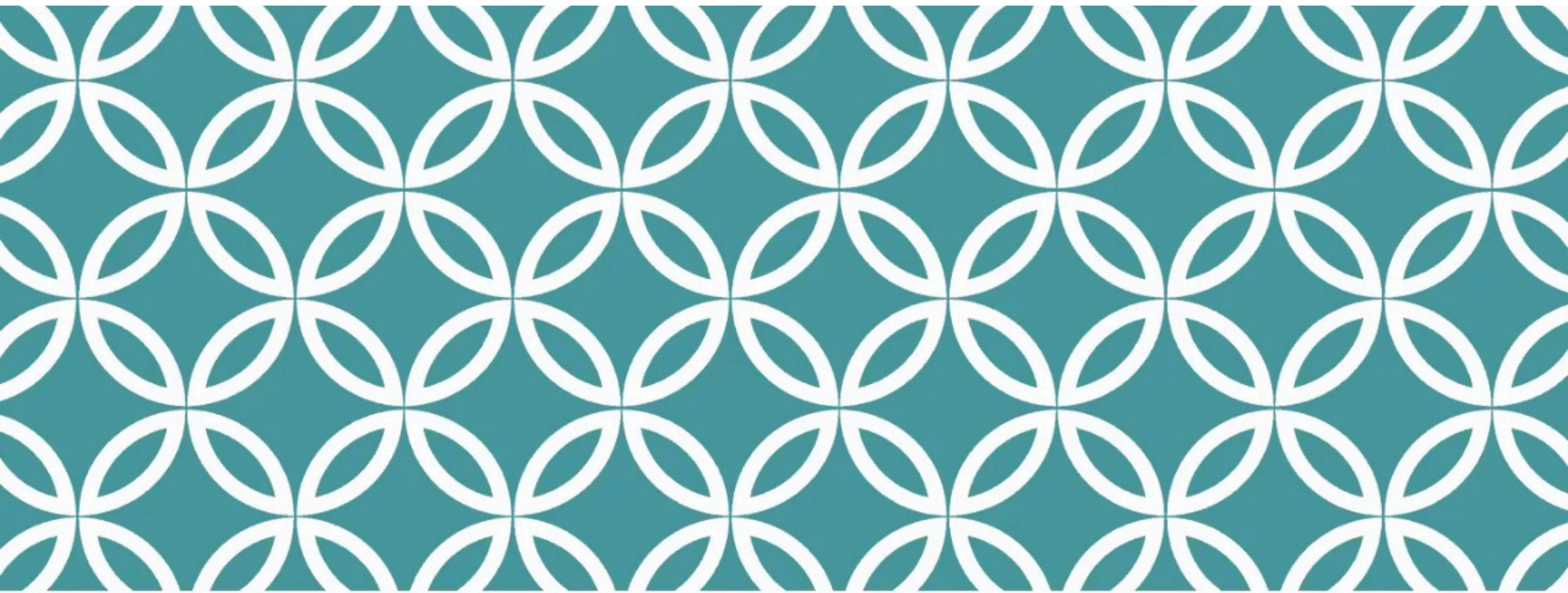
DISORDERS

Learning disabilities

Motor skills disorders

Developmental communication disorders

Developmental coordination disorder



PREVENTION & TREATMENT

PREVENTIVE APPROACHES

Primary prevention

- Action taken to prevent the development of the disorder in the first place by removing the cause

PREVENTIVE APPROACHES

Secondary prevention

- Action taken to identify the disorder at its onset, or as early as possible thereafter , so as to prevent extension and minimise the duration

Tertiary prevention

- Action taken to limit ~~further~~ the avoidable disability arising from an established condition

PREVENTIVE APPROACHES

- ✓ The presence of risk factors implies that the individual is at risk of developing a disorder
- ✓ Protective factors are those that reduce the individual's likelihood of developing a disorder in the presence of risk factors
- ✓ Vulnerability factors are those that increase the risk of disease
- Action to decrease risk and vulnerability factors and to enhance protective and resilience may result in successful prevention

PREVENTIVE PRINCIPLES IN MANAGEMENT

Concern for the whole child and family

Knowledge about and respect for associated services

Communication between professionals

Availability of mental health consultation

Emphasis on parental involvement in decision making

Encouragement of voluntary activity

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

✓ Behaviour therapy

Are directed towards the development and encouragement of an increased frequency and intensity of desirable behaviours and the the removal / reduction in frequency of undesirable or challenging behaviour ✓

Based on learning theory

With children, parents, teachers and other involved individuals are used as agents of behavioural change and maintenance ✓

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Behaviour therapy

General principles of assessment

- Define problem to be treated ✓
- Define the circumstances of the problem behaviour ✓

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

- Undertake a functional analysis of behaviour
 - ABC: antecedents-> behaviour-> consequences
 - Antecedents:
 - Settings and triggers; actions; responses ✓
- Baseline recordings
- Evolve a plan collaboratively

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Operant methods

Pioneered by Skinner

Indicates that the likelihood of a behaviour recurring depends on the significance of the event immediately following it to the person showing the behaviour

- ✓ If the event following the behaviour is positively reinforcing or rewarding, then the behaviour is likely to occur with increasing frequency and intensity
- ✓ If it is not reinforced or is punished, it is less likely to recur and will eventually stop completely (extinction)

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Operant methods

Indications

- Conduct problems ✓
- Anxiety related problems ✓
- Feeding difficulties ✓
- Hyperactivity ✓
- Enuresis and encopresis ✓
- Mutism ✓

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Desensitization

- ✓ Fear and avoidance are thought of as emotional, cognitive and behavioural responses that can be learned and unlearned
- ✓ Cautious but sustained approach towards the source of the fear until the situation has been mastered and the fear conquered.

At each stage the person must be feel confident and reassured before proceeding further

Indications:

- Phobias

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Desensitization

Application:

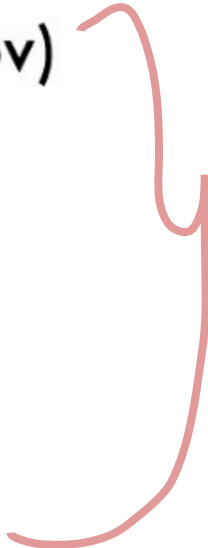
- Establish a hierarchy of feared situations ✓
- Graded exposure
 - In vivo desensitization ✓
 - Covert sensitization ✓

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

- Relaxation
 - Deep breathing exercises ✓
 - Positive imagery ✓
 - Muscular relaxation ✓

TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Other behavioural techniques

- ✓ Classical conditioning (Pavlov)
 - ✓ Flooding
 - ✓ Response prevention
 - ✓ Aversion therapy
 - ✓ Social skills training
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TREATMENT: BEHAVIOUR AND COGNITIVE PSYCHOTHERAPIES

Cognitive psychotherapy

Psychological change can be brought on by attention to and attempts to alter the thought processes (cognitions) of the individual

The patient has maladaptive cognitions that result in the development of inappropriate states of mind and detrimental behavioural patterns

Antecedent event-> belief-> emotional and behavioural consequence

Maladaptive beliefs can either be about oneself, the future or one's surrounding environment

INDIVIDUAL PSYCHOTHERAPY

Psychotherapeutic techniques involve understanding the internal worlds of the child or adolescent in order to help resolve internal conflicts and therefore master developmental tasks

Help the child or adolescent become aware of the meaning of the symptoms to themselves and to other people so that they can if they wish, change their behaviour

FAMILY THERAPY

Attempts to understand a presenting problem within the context of family relationships rather than locating it's source in any one individual

An attempt is made to to enable family members to see presenting problems as arising from their interactions and to improve communication between family members thus indirectly reducing individual symptomatology

GROUP THERAPY

A form of psychotherapy in which a group of patients meet to describe and discuss their problems together under the supervision of a therapist.

Indications:

- Children with difficulties in their social relationships ✓
- Antisocial children may benefit from behavioural techniques applied in a group setting ✓
- Children and adolescents who have suffered similar traumatic experiences ✓

DRUG THERAPY

Medication has a limited but increasing role in the treatment of psychiatric disorders in children and adolescence

Can produce highly beneficial effects especially when combined with other forms of psychological, educational, familial and social interventions

Doses should be given appropriate to the child's body weight

Therapeutic doses may vary greatly from person to person

- More active hepatic metabolism of certain drugs in young people ✓
- Increased neuro-receptor sensitivity in immature brains ✓

DRUG THERAPY

General principles

Medication should never be the initial course of intervention. Consider educational, psychological, social and family approaches first

Thorough multidisciplinary assessment must be undertaken before prescription

DRUG THERAPY

Other interventions should usually have been tried

If problems persist, consider adding meds as an adjunct to to above approaches

Treat symptoms (e.g. aggression, over activity, self injury)
not a syndrome (e.g.) autism

Undertake a clinical trial of medication. Does it work or not? Are there side effects?

DRUG THERAPY

Consider the cost-benefit ratio. What is the likelihood of improvement? how important is this? What is the likelihood of side effects? How serious might they be?

Increased risk of side-effects in people with ID and neurodevelopmental disorders

If medication is ineffective, stop it

If it does work, give it for the minimum time possible with frequent monitoring

DRUG THERAPY

✓ Stimulants

Methylphenidate and amphetamines ✓

Indicated for ADHD, Narcolepsy

✓ Antidepressants

Indicated for OCD, depression, anxiety disorders, trauma related symptoms, bulimia, enuresis, smoking cessation

DRUG THERAPY

Anxiolytics

- Benzodiazepines
- Azapirones (buspirone)
- Antihistamines (hydroxyzine)

Antipsychotic medication

Indications

- Haloperidol: aggression and tic disorders
- Second generation antipsychotics: acute mania and schizophrenia in the youth (risperidone, aripiprazole, olanzapine)

DRUG THERAPY

Mood stabilizers

Agents that can stop the cycling between depression and euphoria in bipolar mood disorder

Lithium (youth over 12 years old) ✓

Anti epileptic drugs ✓

DRUG THERAPY

Other psychotropic medications

- Atomoxetine (norepinephrine re-uptake inhibitor)
- Clonidine & guanfacine (central alpha 2 adrenoceptor agonists)
- Diphenhydramine (antihistamine)

OTHER THERAPIES

ECT

Dietary treatments



Questions
