DEVELOPMENTAL DISTURBANCES

DEFINITION

- A child is said to have behavioral disorder when he or she demonstrates behavior that is noticeably different from that expected in the school or community.

CAUSES

- Faulty parental attitude
- Inadequate family environment
- Mentally and physically sick or handicapped conditions
- Influence of social relationship
- Influence of mass media
- Influence of social change.

HABIT DISORDERS

- Thumb sucking
- Nail biting
- Enuresis (bed wetting)
- Encopresis
- TICS (habit spasm)
- Breath holding spells
- Rocking and head banging
- Teeth grinding (bruxism)

THUMB SUCKING

Thumb sucking or finger sucking is a disorder due to feeling of insecurity and tension reducing activities. It may develop due to inadequate oral satisfaction during early infancy as a result of poor breastfeeding.

MANAGEMENT

- Distraction during bored time or engaging the thumb or finger for other activity to be practiced to keep hand busy.
- The child should not scolded for the habit ,punishment would only reinforce this habit.
- A positive feedback is helpful when the child is not sucking.
- Use of bitter agents or tying a cloth on thumb should not be considered .

- To prevent this habit is by fulfilling his need for sucking during infancy by allowing the child to suck the breast or bottle for sufficient time.
- One should never scold or punish the child forcefully remove its thumb.
- Hygiene measures to be followed and infection to be treated promptly.
- Consultation with dentist and speech therapist may be required to correct the complication.

NAIL BITING

Nail biting is bad oral habit especially in school age children beyond 4years of age (5-7 years). It is a sign of tension and self punishment to cope with the hostile feeling towards parents. It may occur as imitating the parent who is also a nail bite.

CAUSES

- Feeling of insecurity conflict and hostility.
- Pressurized study at school or home or due to watching frightening violent scenes.

MANAGEMENT

- The bite may include the cuticle or skin margins of nails bed or surrounding tissue .The cause for nail biting to be identified by the parents with the help of clinical psychologist and steps to be taken to remove the habit.
- The child hand should be kept busy with creative activities or play.
- Punishment to be avoided.
- Parents need reassurance and to help the child to overcome the problem.

BED WETTING OR ENURESIS

- Enuresis is the repetitive involuntary passage of urine at inappropriate place especially at bed ,during night time, beyond the age of 4-5years.Bed wetting or urinary incontinence occurring beyond the age of 4 years at daytime and 6years at night time or loss of continence after at least 3months of dryness is called enuresis. Bed wetting at night is known as nocturnal enuresis.

CAUSES

- PRIMARY ENURESIS OR PERSISTANCE ENURESIS.

It is characterized by delayed maturation of neurological control of urinary bladder.

- SECONDARY ENURESIS OR REGRESSIVE ENURESIS

Normal bladder control is developed, child again starts bed wetting at night.

OTHER CAUSES :

Small bladder capacity.

Deep sleep with inability to receive the signals from distended bladder to empty it.

Improper toilet training.

FACTORS ASSOCIATED WITH ENURESIS

1. Emotional factors
2. Other factors
3. Environmental factors

MANAGEMENT

- PHARMACOLOGICAL TREATMENT /MANAGEMENT

Tricyclic antidepressant are useful.

Ex Tab IMPIRAMINE (25,50MG)

6-8 years -25mg

9-12 years -50mg

>12years -75mg OD HS

NON PHARMACOLOGICAL MANAGEMENT

BEHAVIOUR MODIFICATION

- The child need reassurance ,restriction of fluid after dinner ,voiding before bed time and arising the child to void ,once or twice ,3-4 hours later.
- The parents should be fully waken up by parents and made aware of passing of urine at night.

BLADDER EXERCISES

- Hold urine as long as possible during the day.
- Practice repeated starting and stopping te stream at the toilet .
- Practice getting up from bed and going to the bathroom at bedtime before sleep.

PARENT EDUCATION

- Parent should ask them to maintain a diary record of dry nights ,reward the child for such night.
- Punishment and criticism may lead to embarrassment and frustration of the child.
- Parents should be not be worried about the problem.

CONDITION THERAPY

- Condition therapy by using electric alarm bell mattress is a effective and safest method ,when the child wakes up as soon as the bed is wet .
- Supportive psychotherapy is important for child and parent changes of home environment to remove the environment causes are essential.

ENCOPRESIS

- Encopresis is the passage of feces into inappropriate places after the age of 5 years, when the bowel control is normally achieved.

CAUSES

- Emotional disturbance due to unconscious anger ,stress and anxiety.
- Associated problems are chronic constipation,parentral over concern ,over aggressive toilet training and learning difficulties may be found with encopresis.

MANAGEMENT

- History of bowel training.
- Establishment of regular bowel habit .
- Bowel training.
- Dietary intake of roughage and intake of adequate fluid.
- Parental support ,reassurance and help from psychologist for counseling of child and parents may be essentials in persistent problems.

TICS OR HABIT SPASM

- Tics are sudden abnormal involuntary movements. Tics can be motor or vocal tics.
- MOTOR TICS – Eyes blinking, grimacing, shrugging shoulder, tongue protrusion, facial gesture.
- VOCAL TICS- throat clearing, coughing, barking, sniffing etc.

Special type of chronic tics-

- Gilles de le Tourette s syndrome :

  Multiple motor and vocal tics .it seem to be a genetic disorder with onset of around 11years of age. It requires special behavior, therapy, counselling and drug therapy with haloperidol group of drug.

MANAGEMENT

- ✓Parents should be counseled about spontaneous resolvement of disorder and behavior therapy .
- ✓Parents reassurance and counseling of the child and parents usually useful to manage the simple motor or vocal tics.

BREATH HOLDING SPELL

- Breath holding spell may occur in children between 6months to 5-6 years of age .These are paroxysmal self limiting events occurring in up to 5% healthy children .It is usually occurs at the initiation of tantrum. It is observed in response to frustration or anger during disciplinary conflicts.

TYPES

- CYNAOTIC TYPE

In which face turns blue ,this is precipitated by anger.

- PALLID TYPE

Where face is pale ,this is precipitated by fear.

CLINICAL FEATURES

- Violent crying
- Hyperventilation
- Sudden cessation of breathing on expiration
- Cyanosis, rigidity
- Loss of consciousness
- Twitching
- Toxic –Clonic movements
- Look pallor and lifeless
- Heart rate become slow
- Spasm of laryngeal muscles

MANAGEMENT

Immediate measures

- To prevent injury during the episode. Help the child to lie on the floor ,if Loc occurs ,place on the side to protect against aspiration, maintain patent oral airway but do not start CPR. Do not shake the baby ,splash water or put anything in the mouth.

Long term measures

There are no prophylactic medications .Treat iron deficiency, if associated .such attacks can be averted by strong physical before the onset of attack .parents should also be advised to diverse the attention when precipitating factors occurs.

PARENTAL EDUCATION

- Parents should be reassured that breath holding spell does not cause irreversible hypoxia, brain injury or epilepsy and subsequent impairment in cognitive development.
- Don’t give Tasks or toys beyond the Childs abilities.
- Avoid excessive rules and restriction .
- Try to remove unnecessary frustration.

- Over protection nature of parents may increase unreasonable demand of the child.
- Punishment is not appropriate and may cause another episodes.
- Repeated attack of the spells need to be evaluated with careful history ,physical examination and necessary investigation to exclude convulsive disorder or any other problems.

ROCKING AND HEAD BANGING

Definition:

- In head rocking, the baby gets up on hands and knees and rolls back, and forth sometime violent enough to hurt himself/herself or to break the crib.

INCIDENCE

- Rocking and banging of the head first appears in the second half of the first year of life when the infant is moving from one developmental stage to another in life (eg. Sitting to standing, crawling to walking).
- Common age group is 7 months to 5 years.
- The habit is more prevalent in boys than in girls.
- More common in the first child in the family.

ETIOLOGY

There is no specific cause. The age of onset correlates it with:

- Tension relieving phenomenon.
- Average age of eruption of lateral and central incisors, these movements might be an attempt to neutralize the pain of the teething.
- When child's movements are restricted to bed.
- Discomfort from wet nappy or thwarting as from removal of a favorite toy.
- To gratify themselves before their mothers.

MANAGEMENT

Reassure the parents that the habit is innocuous and the outcome is favorable. In children it may reduce by itself. However in some cases, therapy may be needed.

- Replacement of rhythmic movements with rhythmic auditory stimulus such as metronome or hand tapping to synchronize with the child's movements
- Replacements with rhythmic motor activities like dancing, swinging, etc.

Contd…

MANAGEMENT

- In more violent cases, sedatives and tranquilizers are used in small amounts to break the circles.
- Even a helmet may be needed to protect the child from abrasions.
- In chronic head bangers, complete physical, neurological, psychological evaluation is needed.

BRUXISM/TEETH GRINDING

- Bruxism or teeth grinding can be serious dental concern.

CAUSES

- Children grind there teeth if they are in pain or stress or way to relieve anxiety.
- It can also come from hyperactivity, cerebral palsy or even a reaction to common medication.

EFFECTS

- Bruxism mainly causes headaches, earaches, facial pain and jaw pain.

MANAGEMENT

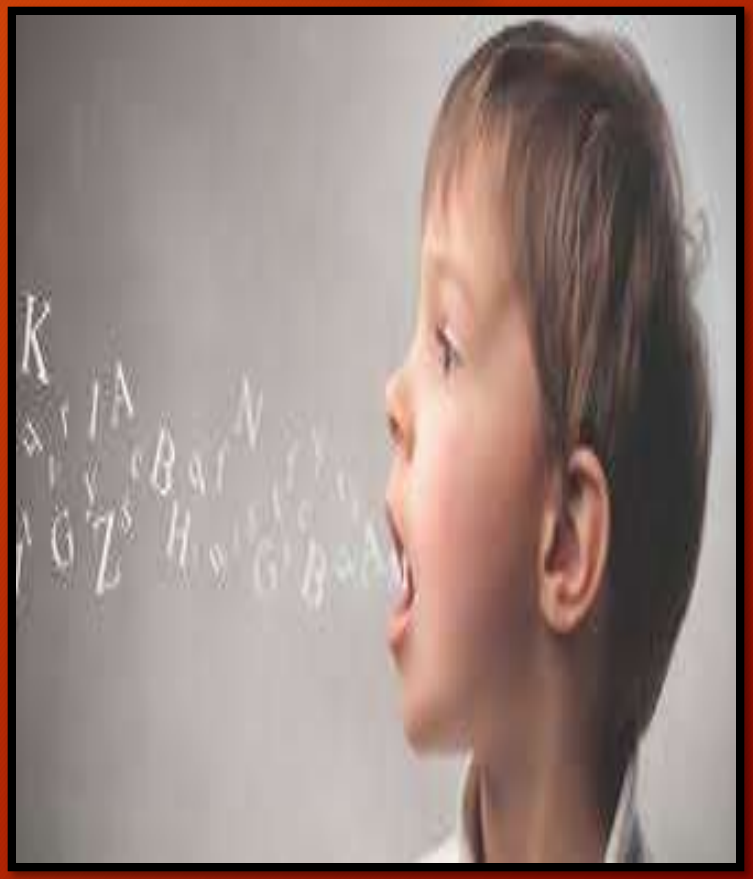
- Scheduled a dental check up or a proper diagnosis and further management.
- Parental observation.
- It caused by stress, ask about what is upsetting child and find a way to help.

SPEECH DISORDERS

- Stuttering and stammering
- Cluttering
- Delayed speech
- Dyslexia
- Developmental receptive disorder

STUTTERING OR STAMMERING

It is fluency disorder begins between the age of 3-5 years, it is characterized by interruption in the flow of speech hesitation, spasmodic repetition and prolongation of sounds.



INCIDENCE

Most common in:

- 2-5 years of age
- Males than in females
- Lower class people

CAUSES

- Emotional factors (anxious parents, over burdening)
- Hereditary
- Local anomalies
- Anomalies of central nervous system (CNS)

CLINICAL FEATURES

- Interruption in flow of speech
- Hesitations
- Spasmodic repetitions
- Prolongation of sounds specially of initial consonants

ASSOCIATED MOVEMENTS

- Eye blinking
- Jerking of head
- Jerking of arms
- Tremors of lips
- Frowning
- Swallowing
- Clenching of fists
- Stamping of foot

MANAGEMENT

- ✓It includes behavior modification and relaxation therapy to resolve the conflict and emotional stress then to improve self confidence in the child.
- ✓The child should be reassured and help in breath control exercise and speech therapy.
- ✓Stammer suppressors psychotherapy and drug therapy may be needed for some children.

CLUTTERING

- Cluttering is charactrized by unclear and hurried speech in which words tumble over each other.
- There are awkward movements of hands, feet, body.
- Children have erratic and poorly organized personality and behavior pattern.
- They need psychotherapy.

DELAYED SPEECH

- Delayed speech beyond 3-3.5 years can be considered as organic causes like mental retardation, infantile autism, hearing defects or severe emotional problems.
- In such cases, exact cause should be excluded for necessary interventions.

DYSLEXIA

- It is the most common disorder of difficulty in articulation, it can be used by abnormalities of teeth, jaw or palate or due to emotional deprivation.
- Treatment or structural abnormality and speech therapy must be done adequately.
- Child needs counseling.
- Parents should be informed about the modification of family environment and correction of deprivation.

DEVELOPMENTAL RECEPTIVE DISORDER

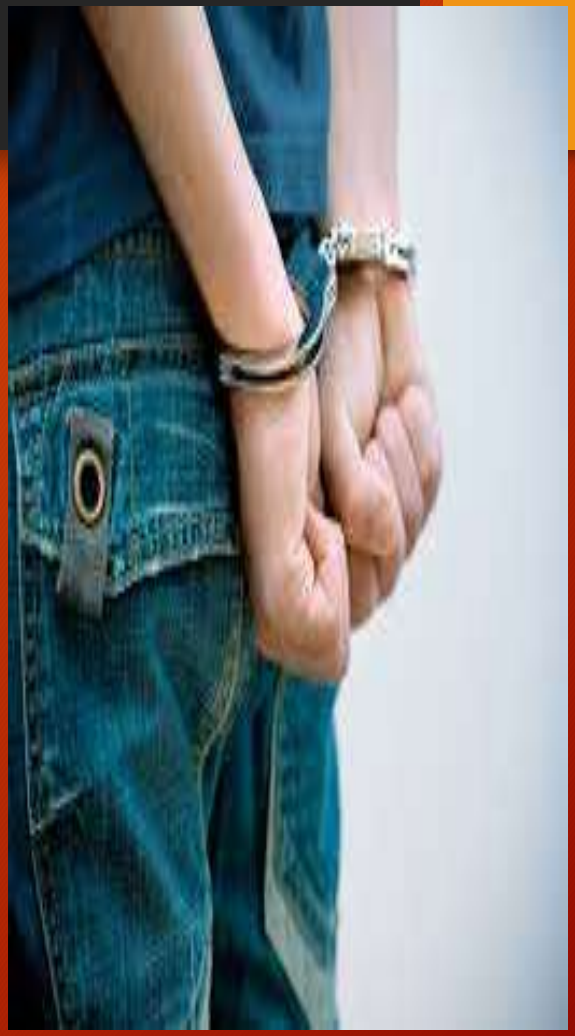
- There are mixed and expressive disorders.
- In this problem, there is inadequate development of the ability to comprehend language.

Conduct Disorders

- Juvenile delinquency
- Substance abuse

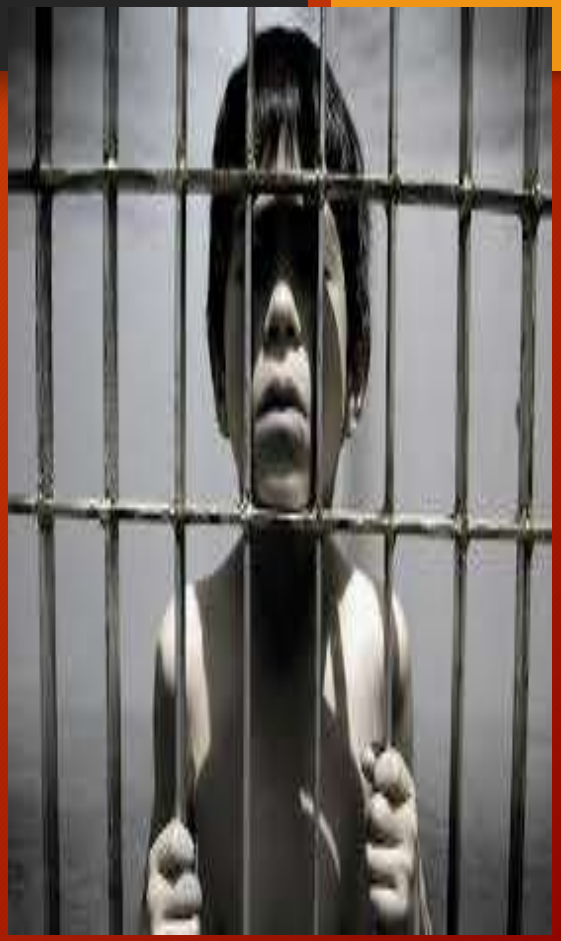
JUVENILE DELIQUENCY

It mean indulgence in an offence by a child in the form of premeditated, purposeful, unlawful activities done habitually and repeated usually these children belongs to broken family or emotionally disturbed family with over crowded unhealthy environment and having financial or legal problems.



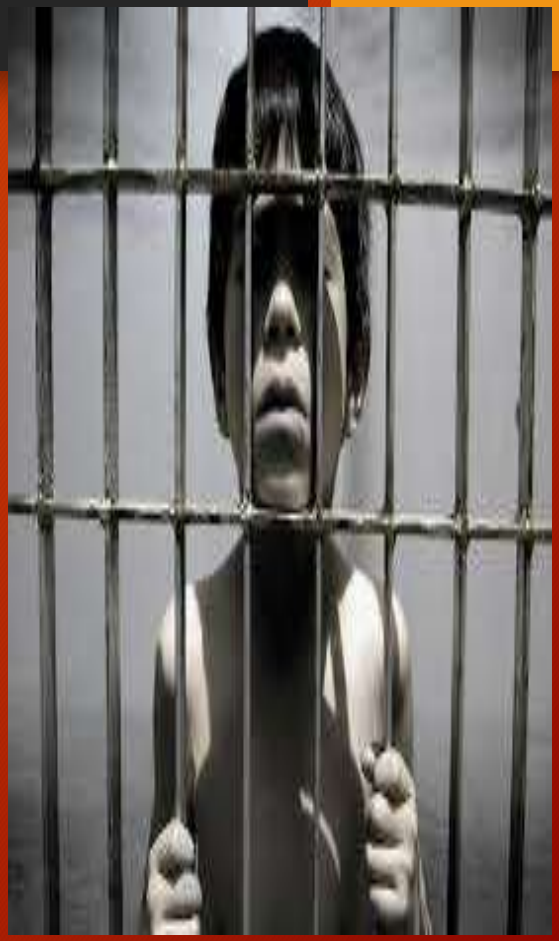
FACTORS

- Rapid urbanization and industrialization.
- Social changing and changing lifestyle.
- Influence of mass media.
- Change in moral standards and value system.
- Lack of educational opportunities and recreational facilities.

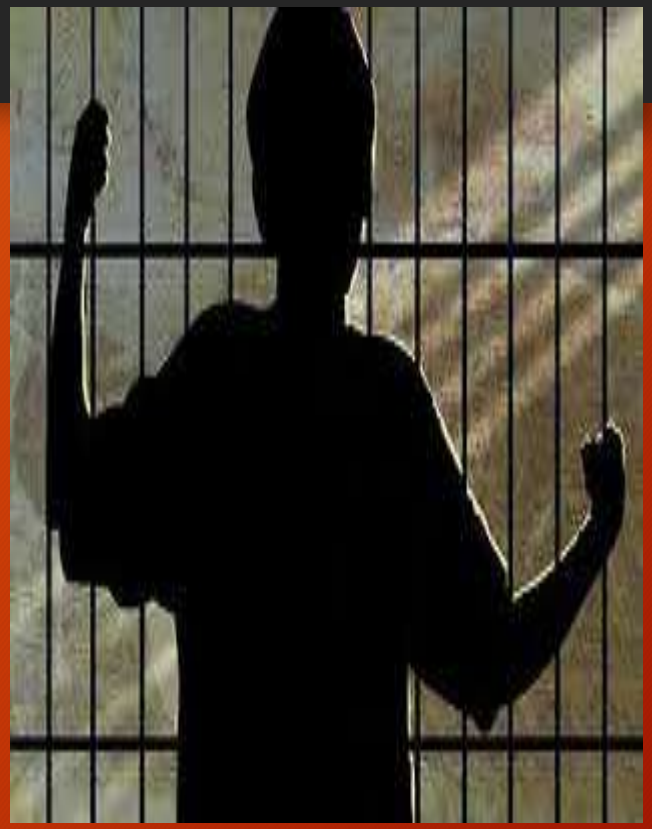


FACTORS

- Poor economy.
- Unsatisfactory condition at school and colleges.
- Unhealthy student –teacher relationship.
- Lack of discipline



BEHAVIOUR



- Lying
- Theft
- Burglary
- Cruelty to animals
- Destructive attitude
- Murder
- Sexual assault
- Truancy from school
- Run away from home
- Mixing with antisocial gang

CAUSES OF ANTI SOCIAL BEHAVIOUR

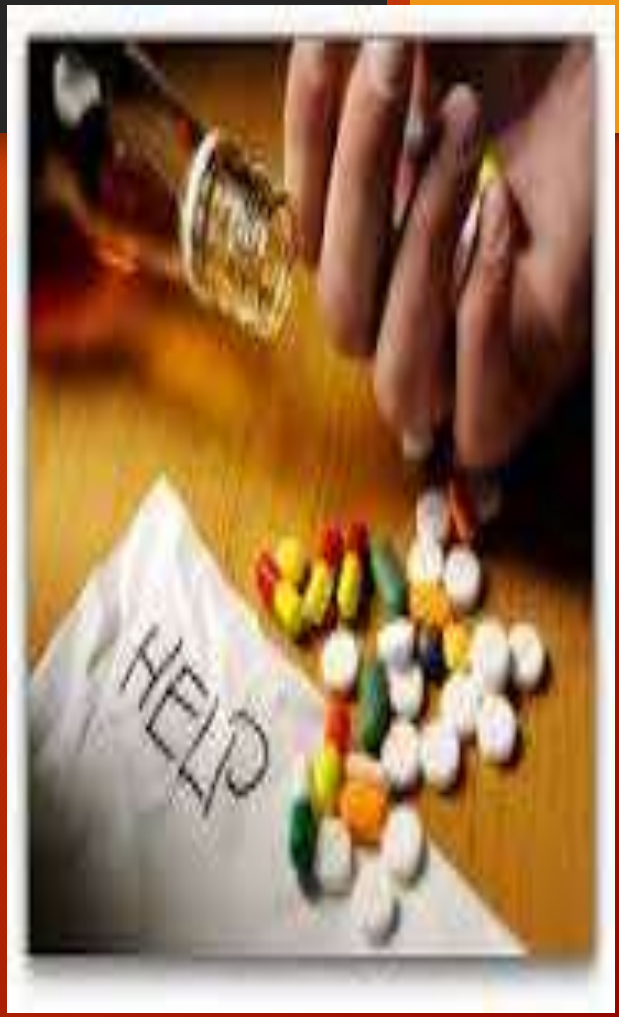
- Frustration
- Maladjustment
- Low self esteem
- Lack of love and affection and emotional conflict.

MANAGEMENT

- Emphasized by healthy family and school environment.
- Healthy parent child relationship.
- Tender loving care in the family
- Fulfillment of basic needs .
- Facilities for sports ,exercise and recreation.
- Healthy teacher taught relationship.
- Delinquent child needs sympathetic attitude with necessary guidance and counseling for modification of behaviour.

SUBSTANCE ABUSE

Substances abuse or drug is an threatening social problem of school going and adolescence age group .The abused agents are mainly tobacco,alcohol, sleeping pills, tranquillizers, mood elevators, stimulates LSD, Cocaine, heroine and cannabis (bhang, ganja, charas).



CLINICAL FEATURES

- The child with this behavioral disorder are having frustration, emotional conflicts and disturbed family and school relationship.
- They are victims of gang activities ,wrong adventure ,poor parental guidance's and lack of recreation and education.
- They may involve in various antisocial activities like stealing ,shoplifting and even begging.

MANAGEMENT

- Provision of adequate facilities for recreation and entertainment ,especially in the hostels.
- Proper channelization of energies of the adolescents into constructive activities.
- Inculcation of the dangers of drug abuse among students ,their teachers and family members.
- Provision of mental health program and periodicals psychiatric guidance facilities in schools.

- Strict implementation of drug control measures.
- Ill effect of substances abuse to the informed to the public through individual or group health education or by mass media communication to create public awareness.
- Parents teachers and family members are responsible to provide emotional support to the older children to prevent frustration, conflict, confusion, and mental tension.
- The addicted children need psychotherapy ,deaddiction services and rehabilitation.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

DEFINITION

- ADHD is one of the common biological behavior disorders of school age children. It is usually associated with hyperactivity and known as hyperactive deficit disorders. These children's are lagging behind in intellectual and learning abilities with alteration of behavior patterns.

CAUSES

- Prematurity or low birth weight.
- Brain damage due to infection or injury.
- Interaction between genetic and psychosocial factors.
- Impulsive children with poor attention span.
- Hyperactivity and more demanding attitude are more likely to show poor learning abilities.

MANAGEMENT

- PSYCHOLOGICAL THERAPY

  This form of therapy helps to understand child strength and weakness and develop strictness to decrease the weakness.

- BEHAVIOR THERAPY

  This form of therapy helps the child or care giver to increase the appropriate behavior and decrease inappropriate behavior.

- COGNITIVE BEHAVIOURAL THERAPY
- It is designed to make a child rethink and resume thoughts and feeling on initiating behavior change.
- BIOFEEDBACK
- Children are thought how to control emotions and decreases tension ,anxiety and stress
- DRUG THERAPY
- It can help to improve the CNS dysfunction or other associated problem

DSM IV (**Diagnostic and Statistical Manual of Mental Disorders**) CRITERIA FOR ADHD

- INATTENTION:

Atleast 6 of the following symptoms of inattention leave persisted for atleast 6 months to a degree that is maladapted and inconsistent with developmental level.

DSM IV CRITERIA FOR ADHD

- **The 9 inattentive symptoms are:**

  - often fails to give close attention to details or makes careless mistakes in schoolwork, work, or during other activities (e.g. overlooks or misses details, work is inaccurate).

  - often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).

  - often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).

DSM IV CRITERIA FOR ADHD

- often does not follow through on instructions and fails to finish school work, chores, or duties in the work place (e.g., starts tasks but quickly loses focus and is easily sidetracked).

- often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

DSM IV CRITERIA FOR ADHD

- often avoids or is reluctant to engage in tasks that require sustained mental effort (e.g. schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).

- often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

- is often easily distracted by extraneous stimuli (e.g., for older adolescents and adults may include unrelated thoughts).

- is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

DSM IV CRITERIA FOR ADHD

- Hyperactivity- Impulsivity

Atleast 5 of the following symptoms of Hyperactivity- Impulsivity have persisted for atleast 6 months to a degree that is maladapted and inconsistent with developmental level.

DSM IV CRITERIA FOR ADHD

Hyperactivity:

- often fidgets with or taps hands or squirms in seat.

- often leaves seat in situations when remaining seated is expected (e.g., leaves his orher place in the classroom, in the office or other workplace, or in other situations that require remaining in place).

- often runs about or climbs in situations where it is inappropriate (e.g., in adolescents or adults, may be limited to feeling restless).

- often unable to play or engage in leisure activities quietly;

- is often "on the go" acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).

- often talks excessively;

DSM IV CRITERIA FOR ADHD

Impulsivity:

- often blurts out answers before questions have been completed (e.g., completes people's sentences; cannot wait for turn in conversation).

- often has difficulty awaiting turn (e.g., while waiting in line).

- often interrupts or intrudes on others (e.g. butts into conversations,games, or activities. may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

ADJUSTMENT REACTION TO SCHOOL

Definition

- **School adjustment** is the process of adapting to the role of being a student and to various aspects of the school environment.
- Failure to adjust can lead to mental health issues and school refusal or school dropout and may require school counselling.

School phobia

- School phobia is persistent and abnormal fear of going to school. It is an emotional disorder of the children who are afraid to leave the parents, especially mother, and prefer to remain at home and refuse to go to school absolutely.
- It is a symptom of crisis situation of developmental sages and ‘cry for help,’ which needs special attention.

History

- The term school phobia was first used in 1941 to identify children who fail to attend school because attendance causes emotional distress and **anxiety**.
- In Great Britain and as of the early 2000s in the United States, the term school refusal is preferred.

Incidence

- 1 to 5% of school-aged children have school refusal, though it is most common in 5- and 6-year olds and in 10- and 11-year olds

Contributing factors

- Anxiety about maternal separation
- Overindulgent
- Over protective and dominant mother
- Disinterested father
- Intellectual disability
- Uncongenial school environment like:
  - Teasing by other students
  - Poor teacher-student relationship
  - Unhygienic environment
  - Fear of examination

Symptoms

- Physical symptoms such as:
  - Anorexia
  - Vomiting
  - Diarrhoea
  - Dizziness
  - Headache
  - Leg pains
  - Abdominal pains
  - Low-grade fever
- Prompt subsiding of symptoms when the child remains home
- Absence of symptoms on weekends and holidays.

Diagnosis

- Cognitive and lifestyle exploration
- 'School Phobia Test' (SAT)
- 'Anxiety questionnaire for students', (AFS)

Management

- Habit formation for regular school attendance, play session and other recreational activities at school
- Improvement of school environment
- Assessment of health status of the child to detect any health problems for necessary interventions
- Family counseling to resolve the anxiety related to maternal separation

CHILDHOOD DEPRESSION

Definition

- Depression is a condition that is more severe than normal sadness and can significantly interfere with a child's ability to function.

- A depressive disorder is a syndrome that reflects a sad and/or irritable mood exceeding normal sadness or grief.

Incidence

- Depression affects about 2% of preschool and school-age children.
- It is quite common at every age, affecting more than 16% of children in the United States at some time in their lives and thought to be increasing in children and adolescents, both in this country and elsewhere.
- It is a leading cause of morbidity and mortality. About 3,000 adolescents and young adults die by suicide each year in the United States, making it the third leading cause of death in people 10-24 years of age.
- Girls are more likely to be given the diagnosis of depression than boys.

Causes

- **Biological** - depression is associated with a deficient level of the neurotransmitter serotonin in the brain, a smaller size of some areas of the brain and increased activity in other parts of the brain.
- low birth weight,
- trouble sleeping, and
- to having a mother younger than 18 years old at the time of their birth.
- **Genetic**

Causes

- **Psychological**
- low self-esteem,
- negative body image,
- being excessively self-critical, and
- often feeling helpless when dealing with negative events.

Causes

- **Environmental**
- poverty and financial difficulties,
- exposure to violence,
- social isolation,
- parental conflict,
- divorce, and
- other causes of disruptions to family life.

Risk factors

- Conduct disorder,
- Attention Deficit Hyperactivity Disorder (ADHD),
- Clinical anxiety, or who have cognitive or learning problems, as well as trouble engaging in social activities
- Limited physical activity,
- Poor school performance, or
- Lose a relationship

Types of depression

- Major depressive disorder
- Dysthymia
- Bipolar disorder

Types of depression

- **Major depressive disorder:** It is a combination of symptoms that last for at least 2 weeks including sad and /or irritable mood that interfere with the ability to work, sleep, eat, enjoy ones pleasurable activities.

- **Dysthymia:** It is a less severe but usually more long lasting type of depression compared to major depression.

Types of depression

- **Bipolar disorder:** Depression may also be part of other mood disorders like bipolar disorder, that involves cycles of mood that includes atleast one episode of mania or hypomania and may include episodes of depression as well.

Symptoms and warning signs of depression

- Depression often results in
  - being unable to perform daily activities, such as getting out of bed or getting dressed, performing well at school, or playing with peers

- General symptoms of major depression include having a depressed mood or irritability or difficulty experiencing pleasure for at least two weeks and having at least five of the following signs and symptoms:
  - Feeling sad or blue and/or irritable

Symptoms and warning signs of depression

- Significant appetite changes, with or without significant weight loss, failing to gain weight appropriately or gaining excessive weight
- Change in sleep pattern: trouble sleeping or sleeping too much
- Physical agitation or retardation (for example, restlessness or feeling slowed down)
- Fatigue or low energy/loss of energy
- Difficulty concentrating
- Feeling worthless or excessively guilty
- Thoughts of death or suicide

Symptoms and warning signs of depression

- other symptoms including
  - impaired performance of schoolwork,
  - persistent boredom,
  - quickness to anger,
  - frequent physical complaints, like headaches and stomach aches,
  - more risk-taking behaviors and/or showing less concern for their own safety.

Symptoms and warning signs of depression

- Behavior changes in the child:
  - Crying more often or more easily
  - Increased sensitivity to criticism or other negative experiences
  - More irritable mood than usual or compared to others their age and gender, leading to vocal or physical outbursts, defiant, destructive, angry or other acting out behaviors
  - Eating patterns, sleeping patterns, or significant increase or decrease in weight change, or the child fails to achieve appropriate gain weight for their age
  - Unexplained physical complaints (for examples, headaches or abdominal pain)

Symptoms and warning signs of depression

- Social withdrawal, in that the youth spends more time alone, away from friends and family
- Developing more "clinginess" and more dependent on certain relationships (This is not as common as social withdrawal.)
- Overly pessimistic, hopeless, helpless, excessively guilty or feeling worthless
- Expressing thoughts about hurting him or herself or engaging in reckless or other potentially harmful behavior
- Young children may act younger than their age or than they had before (regress).

Diagnostic tests

- Routine laboratory tests
- X-ray, scan, or other imaging study

Treatment

- **PSYCHOTHERAPY**
- Psychotherapy ("talk therapy") is a kind of mental-health counseling that entails working with a trained therapist to figure out ways to solve problems and cope with depression.
- For babies, music therapy and infant massage have been found to be useful interventions.
- **Two major kinds of psychotherapy** are commonly used to treat childhood depression: **Interpersonal psychotherapy and Cognitive behavioral therapy**

Treatment

- **Interpersonal therapy (IPT):** This form of psychotherapy seeks to alleviate depressive symptoms by helping child with depression develop more effective skills for coping with their emotions and relationships.
- IPT uses two strategies to achieve those goals:
- Educating the child, his or her parents, and other family members about the nature of depression: The therapist will reassure the child and his or her loved ones that depression is a common illness and that most people tend to improve with treatment.

Treatment

- Defining problems (such as abnormal grief or interpersonal conflicts): Once problems are defined, the therapist can help the child set realistic goals for solving these problems and work with him or her and the child's family using different treatment techniques to reach these goals.

Treatment

- Cognitive-behavioral therapy (CBT): This approach to psychotherapy helps to decrease depression and the likelihood it will come back by helping the child change his or her way of thinking about certain issues.
- In CBT, the therapist uses three techniques to achieve these goals.
- Didactic component: This phase helps to establish positive expectations for treatment and promote the child's participation in treatment.

Treatment

- Cognitive component: This promotes identifying the thoughts and assumptions that play a role in the child's behaviors, especially those that may predispose the sufferer to being depressed.
- Behavioral component: This uses behavior-modification methods to teach the child more effective ways of dealing with problems.

Treatment

- **MEDICATIONS**
- The most commonly used group of antidepressant medications prescribed for children is the selective serotonin reuptake inhibitors (SSRIs). SSRI medications influence the levels of serotonin in the brain.
- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Fluvoxamine (Luvox)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Vortioxetine (Trintellix)
- Vilazodone (Viibryd)

Treatment

- Non-neuroleptic mood-stabilizer medications are also sometimes prescribed with an antidepressant to treat children with severe unipolar depression who do not improve after receiving trials of different antidepressants.
- Examples of such non-neuroleptic mood stabilizers include divalproex sodium (Depakote), carbamazepine (Tegretol), and lamotrigine (Lamictal).

Treatment

- Other antidepressant medications:
  - bupropion (Wellbutrin),
  - venlafaxine (Effexor),
  - duloxetine (Cymbalta),
  - desvenlafaxine (Pristiq), or
  - levomilnacipran (Fetzima).

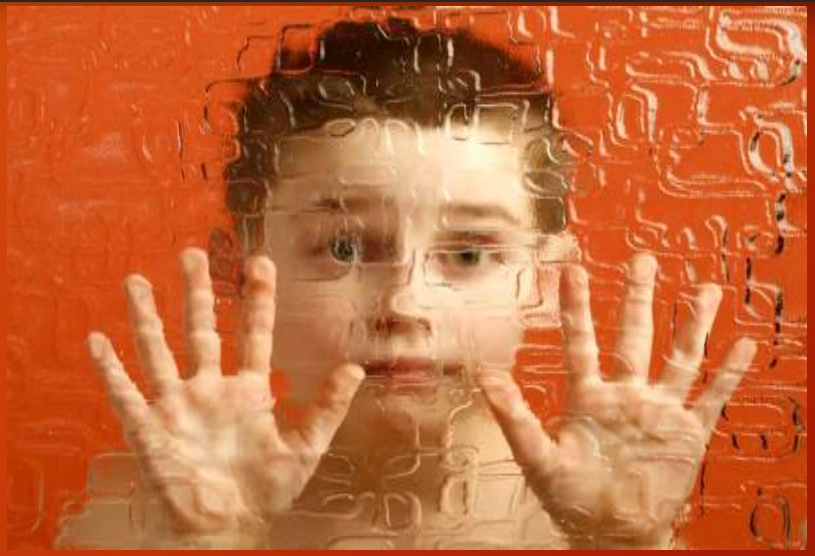
Treatment

- After symptoms start to improve, the prescribing health-care professional will likely encourage the parents of the depressed child to continue giving the medication for six months to a year because stopping the medication too soon may result in symptoms returning or worsening.
- Stopping treatment abruptly may cause the depression to return or for withdrawal effects (discontinuation syndrome) to occur, depending on which medication is being prescribed.

Other Treatments

- ECT
- Pyschosocial Treatment
- Cognitive Treatment
- Supportive psychotherapy
- Group therapy
- Family therapy
- Behaviour therapy

CHILDHOOD SCHIZOPHRENIA



Definition

- Childhood Schizophrenia is a term that refers to severe deviations in ego functioning and is generally reserved for psychotic disorders that appear in children younger than 15 years of age.

Incidence

- 2 in every 1000 children

Etiology

- Genetics
- Biochemical factors
- Psychological factors
- Dysfunctional family system
- Social factors

Clinical manifestations

- Language disturbances
- Impaired interpersonal relationships
- Inappropriate affect (outward expression of emotion)
- Other areas of development that may be impaired include:
  - Cognition
  - Perception
  - Emotion
  - Language and physical motor control

Treatment

- Management of symptoms
- Prevention of relapse
- Social and occupational rehabilitation of young person

Antipsychotic drugs

- Haloperidol
- Clozapine
- Chlorpromazine
- Olanzapine
- Quetiapine fumarate
- Risperidone

Other Treatments

- ECT
- Cognitive therapy
- Group therapy
- Family therapy
- Behaviour therapy
- Psychosocial rehabilitation