

# Unlocking the Mysteries of Children's Mental Health

An Introduction for Future Teachers

Lecture 3



Minnesota Association for Children's Mental Health  
1-800-528-4511 (MN only)

# Prepared by the Minnesota Association for Children's Mental Health

for the Minnesota Department of Education

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# Lecture 3

## Behavioral Symptoms and Mental Health Diagnoses



# Focus:

- What to expect when a child has a mental health disorder
- Fundamentals of special education eligibility
- Common psychiatric diagnoses



# Diagnostic Information in Children's Mental Health

- DSM-IV is the accepted guide to psychiatric diagnosis
- Many disorders show similar symptoms
- Some tend to occur together in the same child
- It may take years to reach an accurate diagnosis as symptoms change with time and development



# Educational Classifications

- Most children with a diagnosable mental health disorder will need special education assistance
- Usual classifications will be EBD (Emotional or Behavioral Disorders) or OHD (Other Health Disorders)
- Classification does NOT dictate classroom placement; many of these students succeed in a regular education classroom



# Eligibility: Emotional or Behavioral Disorders

- Established pattern of one or more responses:
  - Withdrawal or anxiety, depression, problems with mood, or feelings of self-worth defined by behaviors
  - Disordered thought processes with unusual behavior patterns and atypical communication styles
  - Aggression, hyperactivity, or impulsivity that is developmentally inappropriate



# Eligibility: Emotional or Behavioral Disorders

- Responses must adversely effect educational or developmental performance and be seen in at least three settings including two educational settings (for instance - classroom and lunchroom)
- Behaviors seen must be significantly different from appropriate age, cultural or ethnic norms; and must not be primarily the result of intellectual, sensory, or acute or chronic health conditions



# Eligibility:

## Other Health Disabilities

- Written and signed documentation by a physician of acute or chronic health condition and;
- Adverse affects on a pupil's educational performance



# Eligibility:

## Other Health Disabilities

Medical documentation of acute or chronic health conditions causing inability to complete tasks within timelines due to:

- Excessive absenteeism
- Medication effects
- Specialized health care procedures at school
- Limited physical strength
- Limited endurance
- Heightened or diminished alertness impairing abilities to manage classroom work
- Impaired organization and time management
- Impaired ability to follow directions



# “504 Plans”

- A written plan developed by a team after evaluation, to protect the right to access programs and activities for a student with disabilities
- Disability = having a mental or physical impairment which substantially limits one or more major life activities, having a record of such an impairment, or is regarded as having such an impairment
- Broader eligibility than special education



# A Diagnosis is More than Eligibility

- Just as a cluster of medical symptoms leads to the diagnosis of a certain disease or syndrome, a cluster of emotional and behavioral symptoms lead to the diagnosis of a particular mental health disorder or syndrome
- The fact sheets you will use for the next portion of the class are based on DSM-IV criteria and provide other useful information such as appropriate classroom modifications and additional resources



# For each Diagnosis

- Note the diagnostic criteria
- Note possible classroom manifestations
- Do you see frontal lobe symptoms?
- Do you see basal ganglia symptoms?
- Do you know or have you known a child that might fit this diagnosis? Share any personal experiences
- Report back to the class to share your findings



# PDD & Autism Spectrum

- Repetitive, nonproductive movement
- Under or over-reaction to sensory stimuli
- Great resistance to interruption, touch
- May avoid eye contact
- May be self-injurious
- Appears within the first 3 years of life, though may be diagnosed later
- Neurologically based developmental disorders
- Affects behavior, play, communication, relationships



# Asperger's Syndrome

- Part of the Autism Spectrum
- Often undiagnosed until teens
- Neurobiological disorder of sensory system, information processing, social relationships
- Often preoccupied with a single subject or activity
- Resistant to change
- Impairment of social relationships and interactions, especially non-verbal “language”



# Attention Deficit Disorder

- Impulsivity
- Disorganization
- Symptoms may disappear in favored setting or activity
- Easily distracted
- May coexist with other disorders
- With or without hyperactivity
- More common in boys
- High risk for mood disorders, anxiety, and learning disabilities
- Medication will help, but support is required across settings as well



# Oppositional Defiant Disorder

- Above average level of anger, blaming, hostile, or vindictive behavior
- May be a reaction to frustration, depression, inconsistent structure, or constant failure due to undiagnosed ADHD, LD, etc.
- Frequent angry outbursts
- Noncompliant and argumentative
- Easily annoyed
- Rejects praise, may sabotage activity that was praised
- Deliberately annoys, provokes others



# Conduct Disorder

- Serious, repetitive, and persistent misbehavior
- Aggression toward people or animals
- Property destruction
- Deceitfulness, theft
- Three or more incidents in last year; one during last six months
- Problem must be persistent, not a reaction to stress, crisis, cultural, or social life context
- Co-occurs with ADHD, learning disabilities, depression
- See also: Oppositional Defiant Disorder



# Tourette's Disorder

- Involuntary motor movements and/or vocalizations (tics)
- Throat clearing, snorts
- Facial twitches
- Arm jerking, kicking
- Imitation of others
- May show sudden rage attacks
- Easily Frustrated
- Neurobiological disorder
- Frequency & intensity waxes and wanes
- Symptoms worsen with anxiety
- Co-morbid with ADHD and OCD



# Reactive Attachment Disorder

- Destructive, self-injurious
- Absence of guilt or remorse
- Defiant, provokes power struggles, manipulative
- Mood swings, rages
- Inappropriately demanding or clinging
- Disturbed and developmentally inappropriate social relatedness in most contexts
- Begins before age five, usually after a period of grossly inadequate care or multiple caretaker changes



# Fetal Alcohol Spectrum Disorders

- Symptoms vary by age
- May have normal or low IQ, usually test low on functional tests
- Sensory Integration Dysfunction
- Problems reading social cues, maintaining personal boundaries and safety
- Fetal Alcohol Syndrome: Brain damage and physical defects due to prenatal alcohol exposure
- Fetal Alcohol Effects: no characteristic facial features, but secondary symptoms may be worse because of “invisibility”



# Schizophrenia

- Withdrawn, lack motivation
- Vivid and bizarre thoughts or speech
- Confusion between fantasy and reality
- Hallucinations (visual) or delusions (auditory)
- Severe fearfulness
- Odd, regressive behavior
- Disorganized speech
- Commonly appears in late teens or early adulthood
- May begin gradually; may appear in teens with other mental health diagnoses.
- Early treatment is imperative; 50 percent or more may attempt suicide



# Depression

- Continuing sadness
- Hopelessness, self-deprecating remarks
- School avoidance
- Changed eating & sleeping patterns
- Frequent physical complaints
- Isolation, nonparticipation
- Affects thoughts, feelings, behavior, relationships, physical health
- In early childhood, may appear as irritability, defiance, restlessness, or clinging



# Bipolar Disorder

- Frequent, intense shifts in mood, energy, motivation
- Shifts in children are very fast and unpredictable
- “Mania” phase may appear as intense irritability or rages
- Anxiety, defiance may be seen
- Strong craving for carbohydrates
- Impaired judgment, impulsivity
- Delusions, grandiosity, possibly hallucinations
- High risk for suicide and accidents



# Anxiety Disorders

- Frequent absences
- Isolating behaviors
- Many physical complaints
- Excessive worry
- Frequent bouts of tears
- Frustration
- Fear of separation
- School avoidance
- Fear of new situations
- Drug or alcohol abuse
- See also: OCD, PTSD



# Obsessive-Compulsive Disorder

- Intrusive, repeated thoughts
- Senseless repeated actions or rituals
- Counting rituals, rearranging objects
- Poor concentration
- School avoidance
- Anxiety or depression
- Difficulty finishing work on time due to perfectionism or ritual rewriting, erasing, etc.
- Frequently co-occurs with substance abuse, ADHD, eating disorders, Tourette Syndrome, other anxiety disorders



# Post-Traumatic Stress Disorder

- Flashbacks, nightmares, repetitive play re-enactments
- Emotional distress when reminded of incident(s)
- Fear of similar places, people, events
- Easily startled, irritable, hostile
- Physical symptoms such as headaches, dizziness
- Affects children who are involved in or witness a traumatic event
- A concern with refugee populations
- Intense fear and helplessness predominate at event and during flashbacks



# Eating Disorders: Anorexia, Bulimia

- Impaired concentration
- Withdrawn, preoccupied, anxious
- Depressed or mood swings
- Irritability, lethargy
- Fainting spells, headaches
- Now at earlier ages, 10-20% of cases boys
- Perfectionists, over-achievers, athletes at highest risk
- High risk for depression, alcohol, and drug abuse



This presentation and the supporting materials can be downloaded from the following web site: [www.macmh.org](http://www.macmh.org)

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