

# Children's Mental Health



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# Childhood Mental Health

Mentally healthy children:

- Meet developmental and emotional milestones
- Learn healthy social skills
- Develop coping skills for when there are problems
- Have a positive quality of life and can function well at home, in school, and in their communities
- Will struggle to cope as they face life situations that they aren't developmentally ready to cope with

(CDC-Centers for Disease Control and Prevention)

# Childhood Mental Health Disorders

- Mental health disorders among children are described as “serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day”
- Research suggests that anywhere from 10-20% of children will be diagnosed with a mental health disorder

(CDC-Centers for Disease  
Control and Prevention, NAMI)

# How does mental illness in children differ from MI in adults?

- Many children display irritability, anger, failure to gain weight (vs. weight loss in adults) in addition to more “typical symptoms” of depression, anxiety, etc.\*
- Children are reliant on others to help them manage their worlds and lack the maturity and insight that many adults have.
- Many children lack the skills to express their feelings constructively, so they “act out” to communicate how they are feeling.
- Typically manifests with more physical symptoms (stomach-aches or headaches)

(Mayo Clinic)



# Risk Factors

- Trauma
- Abuse
- Stress / anxiety
- Health issues
- Traumatic Brain Injury
- Previous episode of a mental illness
- Family history
- Organic predisposition
- Substance misuse
- Seasonal changes / environmental factors

# Protective Factors

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Healthy lifestyle

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Positive self-esteem

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Feeling in control

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Spirituality

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Abstaining from substance use

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Consistent routines

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Ability to problem solve

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School Attendance

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Economic security

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Pro-social activities

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Community connections

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Strong support network

# Most Common Disorders

Depression

Anxiety

Attention-Deficit/Hyperactivity Disorder (ADHD)

Behavioral Disorders (Oppositional Defiant Disorder, Intermittent Explosive Disorder or Conduct Disorder)

Post-traumatic Stress Disorder (PTSD)

Developmental Disorders can co-occur and exacerbate mental health symptoms

Autism Spectrum Disorder

Developmental/Learning Disabilities

Language Based Disorders

# Prevalence

## **Anxiety**

- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.

## **Depression**

- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.

## **AD/HD**

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis

## **Behavioral Disorder**

- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.

(CDC-Centers for Disease Control and Prevention)



# Facts

- 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.
- Rates of mental disorders change with age
- Diagnoses of depression and anxiety are more common with increased age.
- Behavior problems are more common among children aged 6–11 years than children younger or older.
- Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder.

# Trauma

- Traumatic events happen to all people, at all ages, and across all socio-economic strata in our society
- These events can cause terror, intense fear, horror, helplessness and physical stress reactions
- Sometimes the impact of these events does not simply go away when they are over
- Instead, some traumatic events are profound experiences that can change the way children, adolescents and adults see themselves and the world

(Trauma-informed: The Trauma Toolkit, Second Edition, 2013)

- Contains 3 common elements:
  - Unexpected
  - Person was unprepared
  - There was nothing the person could do (realistically) to stop it from happening
- Is not necessarily a single, scary event such as a severe car accident, an act of violence or a house fire
- For many, traumatic responses develop from an array of what are now called ACES-Adverse Childhood Experiences

# Trauma

# Adverse Childhood Experiences

Physical abuse

Sexual abuse

Emotional abuse

Physical neglect  
(lack of food,  
material needs,  
safe supervision)

Emotional neglect

Intimate partner  
violence

Mother treated  
violently

Substance misuse  
within household

Household mental  
illness

Parental separation  
or divorce

Incarcerated  
household  
member

# Children and Trauma

Children are especially sensitive to the adverse and long-term consequences of traumatic experiences because their brains and bodies are just developing.

Negative experiences can lead to higher stress hormones and neurobiological changes in the brain.

Gives rise to emotional, behavioral and social difficulties-often develop mental health disorders as a result.

Leads to poor physical health outcomes.

# What Does Trauma Look Like in Young Children?

## Preschool and young school age children

- Feelings of helplessness, general sense of fear and uncertainty they are unable to express, loss of previously acquired developmental skills (toileting, language, distress tolerance), difficulty falling/staying asleep, difficulty separating from parents or caregivers to go to school or with relatives (or even out in the yard or to another room to play) (clinginess), startle easily, changes in weight/appetite, headaches/stomach-aches

## School Age Children

- Persistent concern over their own safety and the safety of others in their school or family, pre-occupied with their own actions during an event, constant re-telling of the event, talk about feeling overwhelmed by fear or sadness, sleep disturbance, problems concentrating or learning at school, headaches/stomach aches

# What Does Trauma Look Like in Adolescents and Adults?

## Adolescents

- Feel self-conscious about their emotional responses to the event, feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends, may express fantasies about revenge and retribution, may foster a radical shift in the way these children think about the world, reckless behaviors

## Adults

- Impacts parenting, working, socializing & attending appointments, difficulty with interpersonal relationships, self harm/suicidal behaviors (kids and adolescents too), substance abuse, spiritual impact (life has little purpose, questioning previous belief in higher power, identity crisis)

# Impact of Trauma on the Brain

Young children and infants learn about their world through interactions with caregivers

- If they have warm, responsive caregivers, the brain learns to regulate
- Without this warm, safe environment, the areas of the brain associated with learning, regulation, and executive functioning (The mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully) may be weaker

(Center for the Developing Child, Harvard)



# Impact of Trauma on the Brain

- Children (and adults) who are exposed to trauma are triggered in response to stressors and threats (real or perceived)
- Activates the fight, flight, freeze response

# Responses to Triggers

**FIGHT**



**FLIGHT** oohlala!



**FREEZE**



# Fight/Flight/Freeze

Manitoba Trauma Information and  
Education Centre (MTIEC)

## FIGHT

- Crying
- Hands in fists, desire to punch, rip
- Flexed/tight jaw, grinding teeth, snarl
- Fight in eyes, glaring, fight in voice
- Desire to stomp, kick, smash with legs, feet
- Feelings of anger/rage
- Homicidal/suicidal feelings
- Knotted stomach/nausea, burning stomach
- Metaphors like bombs, volcanoes erupting

## FLIGHT

- Restless legs, feet /numbness in legs
- Anxiety/shallow breathing
- Big/darting eyes
- Leg/foot movement
- Reported or observed fidgetiness, restlessness, feeling trapped, tense
- Sense of running in life- one activity-next
- Excessive exercise

## FREEZE

- Feeling stuck in some part of body
- Feeling cold/frozen, numb, pale skin
- Sense of stiffness, heaviness
- Holding breath/restricted breathing
- Sense of dread, heart pounding
- Decreased heart rate (can sometimes increase)

What do we do?



# Services offered at Center for Life Management

## Adult Services

- Individual therapy
- Medication Management
- Case Management
- Functional support services
- Assertive Community Treatment (ACT)
- Supported Housing & Homeless Outreach
- Dual Diagnosis Services
- InSHAPE Program
- Therapeutic Groups
- Transcranial Magnetic Stimulation (TMS)
- Evidence- Based Practices
  - Dialectical Behavior Therapy
  - Illness Management & Recovery
  - Integrated Dual Diagnosis (Mental Illness/Substance Use)
  - Supported Employment

## Child, Adolescent & Family Services

- Individual therapy
- Medication Management
- Case Management
- Functional support services
- Assertive Community Treatment (ACT)
- Young Adult Program
- First Episode Psychosis
- Evaluation & Treatment of Substance Use Disorders
- Child Impact Program
- Therapeutic Groups
- Evidence- Based Practices
  - Trauma-Focused Cognitive Behavioral Therapy
  - Helping the Non-Compliant Child
  - Rehabilitation for Empowerment Natural Supports Education and Work (RENEW)
  - Modular Approach to Therapy for Children (MATCH)

## Senior Services

- Individual therapy
- Case Management
- Functional support services
- Assertive Community Treatment (ACT)
- REAP Program
- Supported Housing & Homeless Outreach

# Stages of a Crisis

Goal is to communicate with children in crisis in a way that they feel safe and heard.

“Listen” vs. “Talk”:  
80% Listen  
20% Talk

Try to let the child have the opening words while you listen by making a gentle hypothesis: “It seems like you are really upset today”

Can also try a simple, open- ended questions

Usually begins with words like “How” “When” “What” or “Where” (avoid “Why”)

“What’s going on today?”  
“What’s causing you to feel upset?”

“How can I help you and your Mom today?”

# Low and Slow Approach

- Goal is to bring the child back to baseline
- Provides nonverbal and verbal cues
- Aims to decrease arousal of both you and the child—helps to decrease the fight or flight response
- Involves monitoring your own anxiety response

(Bolick, 2001)

# Low ...

1

Lower your body so that your eyes are at or below the eye level of the child. If the child or adolescent might hit or kick you in the course of his distress, make sure that you stay at a safe distance away.

2

Lower your voice—both in volume and in pitch. Keep your tone matter of fact, even if you're screaming on the inside.

3

Lower the complexity of your language. Speak in short sentences. Don't ask a lot of questions. Don't preach.

(Bolick, 2001)



# ...Slow

01

Slow down your own heart rate and breathing rate. This is usually accomplished most easily by taking slow deep breaths (count to yourself “In-2-3-4, Out-2-3-4-5-6”).

02

Slow down your rate of speech. Pause between sentences. In these situations, try to speak no more than once every 30 to 60 seconds.

03

Slow down your movements. We mammals feel threatened by sudden movement. If you must move quickly (such as when a child is in danger), try to do so in full view of the child.

04

Slow down your agenda. Take your time.

# Active Listening

Identifies and expresses emotions

Is respectful of the young person

Responds to feelings, rather than  
just behavior

Communicates caring and  
understanding

Helps the young person “talk out”  
rather than “act out”

# Emotional Labeling

- The intent of emotional labeling is to respond to the emotion heard in the person's VOICE rather than the content.
- Use phrases like: “You seem” or “You sound..”, “You look to me...” or “I hear that you are ...”
- Important to not *assume* emotions (do not say, “You ARE...”)

(Mourning Fox, LCMHC)

# Paraphrasing

- A summary in your words as to what they have told you.
- Creates empathy, it shows you're listening and you understand.
- For example: “Are you telling me...?” or “Are you saying...?”
- Use the same terminology as they did.

(Mourning Fox, LCMHC)

# Reflecting/Mirroring

- Simply repeat the last word or phrase the person said and say it in the form of a question.
- Provides the person with exact feedback that you are listening.
- Guides the person to further explain.
- “So, you’re really mad that your Mom won’t give you your cell phone privileges back...”
- “So, you feel so sad all the time and like you want to kill yourself...”
- “I notice that you are pacing a lot...”

(Mourning Fox, LCMHC)

# Use Silence

- Silence is effective
- Most people are uncomfortable with silence and will fill it with talk (12 seconds!)
- Gives the person time to organize thoughts
- Reduces threat and increases ability to process
- Remember, if they talk, we get more information; with information comes the ability to resolve a crisis

(Mourning Fox, LCMHC)

# “I” Messages

- Shows the person how you feel, why you feel that way and how they can change to remedy the situation
- Communicates that you want the behavior to change not them
- Use the formula: “I feel (emotion) when you (behavior) because (your reason) and I would like you to (behavior).”
- For example: **“I feel (concerned) when you (yell) because (I am afraid I will miss something important) and I would like you to talk with me over here so we can resolve this together.”**

(Mourning Fox, LCMHC)

# Phrases that Damage Rapport

## **“Calm Down”**

can be perceived as an order which may provoke intense anger

## **“Why”**

feels accusatory, creates defensiveness

## **“I understand”**

often used to jump to problem solving; well intentioned but counter-productive

## **“You should(n’t)” or**

## **“You need”**

being too directive early on could create defensiveness and a fight/flight response



# Phrases that Help Build Rapport

- “I can see (hear) how angry you are.”
- “I’m listening” or “Help me understand”
- “What’s causing that?”
- “It would be better if...”

(Mourning Fox, LCMHC)

# I-Assist

**I**solate the young person

**A**ctively listen

**S**peak calmly, assertively, respectfully (See “Low and Slow” Handout)

**S**tatements of understanding ideally precede requests

**I**nvide the young person to consider positive outcomes and behaviors

**S**pace reduces pressure

**T**ime helps young people respond to requests

Questions?



**Thank you!**

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