

Foreword by Kay Barkin

# **Understanding the**

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# **Mental Health Problems of Children and Adolescents**

**Kirstin Painter**

**Maria Scannapieco**



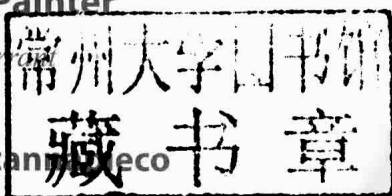
# Understanding the Mental Health Problems of Children and Adolescents

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## Foreword

*Stumbling through the dense forest, the roots of giant trees  
continually tripped me. One day I tripped on yet another root,  
but this time I looked up to find the right tree.*

THIS IS WHAT IT FEELS LIKE to have a child with mental health problems. If your child has asthma, diabetes, or another illness, you can ask around and find resources, physicians, and treatments. But, even in the second decade of the twenty-first century, mental illnesses remain in dark shadows—seldom mentioned in polite society. Yet, at any given time, one in five children is experiencing some form of mental illness. Mental illnesses must come out of the shadows, but they have a long way to go.

Imagine, if you will, what it must be like to have a child who is violent, using street drugs, sexually active, or out of control. Because the symptoms of mental illnesses are typically behavioral, parents tend to blame themselves for not teaching their children well. And others blame the parents as well. How often have you heard remarks such as, “If her parents just spent more time with her . . .,” “If his parents didn’t let him get away with everything . . .,” or “If her parents were more involved, they would know where she is and who she is with”?

As a parent of a child who was diagnosed with bipolar disorder as an adolescent, I can tell you these remarks sting. Perhaps even more stinging, though, is the realization that you might have once said the same things about children and adolescents who seemed out of control: “What is wrong with the parents? Can’t they control that child?”

In the next pages, the authors, Kirstin Painter and Maria Scannapieco, will present an excellent discussion on mental illnesses in children and adolescents. They have kindly asked me to write a foreword to give you the perspective of a

parent's experiences when a child or adolescent has a mental illness—and ways that you can help.

The first thing a social worker should do is avoid guilt-inducing statements, gestures, or eye rolling when determining the background of a child. Yes, the parents may have been responsible in part for triggering the child's symptoms. However, what good does it do to add guilt on top of guilt? If parents are seeking help for their children, they can't be all bad, can they? Instead, the therapist can help the parents discover their strengths and make a better future for themselves and their children.

Second, social workers need to recognize that parents go through all the stages of grief when learning that their child has a mental illness. What would your reaction be if the child you held in your arms as an infant—the child whose future you dreamed of—were diagnosed with a lifelong illness that could prevent those dreams from coming true? In the earliest stages, parents are often in denial—no matter how educated or accepting they are of mental illnesses. They do not want this for their children. Social workers can play a role in helping parents recognize and navigate through their grief as they work to help their children recover.

It is also common for social workers to become frustrated with parents who will not ensure that their children take prescribed medication. Again, though, put yourself in their place. They have read about children committing suicide after starting antidepressants. The news is big and bold on the front page. Unfortunately, explanations and medical discussions of these issues are buried—if they are included in the news at all. So parents do not always have a wealth of resource information. And they do not turn to their friends because no one ever talks about mental illness—so they feel they must be the only ones grappling with this problem.

It is always important to listen to the parents just as intently as you do to the child or adolescent. The children with mental illnesses whom I have encountered are often among the brightest I have ever known. As such, they know what to say to make themselves look good and their parents look bad. A therapist in a residential treatment center was shocked when my daughter had a full meltdown during family therapy two months into her treatment. Her comment was an incredulous, "I've never seen this child before." My response was, "This is the child I live with every day." Although there were certain satisfactions in having the therapist see what I had been saying, there were still the wasted two months

when the behaviors were not addressed because my daughter had never displayed them—despite my having discussed them.

Another role the social worker can play is mediator/facilitator. Too many therapists see the parent/child relationship as antagonistic. It may appear this way because many parents have no way to understand what has been happening. They have been struggling with discipline and may be at their wits' end. There are even some parents who communicate their frustrations to their children, using statements such as, "I've had enough. I give up." The situation may seem antagonistic, and sometimes it is. Often, though, the parents have no idea how to work with an emotionally disturbed child. They blame themselves, but they keep struggling. And all too often social workers present an air of mystery and intrigue: "Thank you for bringing your child to me. Now you just sit out there in the waiting room while we talk." The parent is left totally in the dark, unaware of what is being discussed or—more importantly—what he or she can do to help. The social worker can bring the parent into the room with the child in the last few minutes of the session. This may be a good time to encourage the child to communicate feelings and to discuss the illness openly with the parent and child together. The more parents can be on the same page with the therapist and the child, the more effective the changes at home can be. After all, parents who have been raised in a certain way can find it difficult to suddenly change their parenting styles. But if they understand the benefit to their child, they may feel more empowered to make the changes.

Another aspect of the family to assess and counsel is the situation of other children in the home. Mental illnesses do not affect only the child with the illness—or even the child and parents. Often, a child with mental illness will act out against other children in the family. Parents can be so involved in the care of the child with mental illness that they cannot find the time they need for the other children, which can add to their feelings of guilt. Sometimes a professional can help explain the illness to other children in the family who are old enough to understand. If the family can become more cohesive, it can provide a much better environment for the child struggling with the illness.

Many social workers have advised me to research parenting tools that can work. It's a good idea to arm parents with whatever you can, but never anticipate that typical parenting programs will work. And when they don't, the parents will again feel guilty. They must not have done it correctly or are not capable as parents even when they follow guidelines. For example, many parents try working with privileges. If a child lives up to certain behavioral standards, he or she



receives privileges. If not, privileges are removed. In my own case, my daughter would miss the privileges for a very short time and then forget about them. They just didn't matter to her. How do you decide which privileges to remove when the privileges valued by the child change rapidly? The behavior contract is another example of a tool that does not work for every parent. The adolescents you see are often very savvy. They know they just need to sign the contract to move forward, so they do. However, they may have no intention of living up to their promises. Again, the parents feel guilty because they were unable to make the child commit to the terms of the contract.

As you will see in the following pages, knowledge about mental illnesses is constantly changing. When my adopted daughter was just six weeks old—before she came to us—she was physically abused. We knew a little about the abuse when we adopted her, but my thinking was that she would never remember anything that happened at such an early age. Over the years, research has shown that even early childhood trauma can change the way a child's brain develops. That might seem like common sense to you, but parents continue to be unaware of the nature and impact of early childhood trauma. As a social worker, you can help parents understand the importance of those early childhood experiences. I will always wonder if my daughter's behaviors would have become so out of control if we had addressed the trauma issues.

Finally, social workers often try to help parents deal with their child's situation by encouraging the parents to take care of themselves. This is good advice without a doubt. However, parents are often emotionally and financially strapped. Many cannot even afford a movie night out. Single parents may have lost the friends they once had—the parents of their children's friends have busy lives with their healthy children, and sometimes they see the parent of a child with mental illness as flawed. So continue to tell parents to take care of themselves for the sake of their children, but give them some ideas about ways they can do that within the limitations they have.

Although I have addressed many issues in this foreword, I must stress that most of my experiences with social workers have been positive. I consider many of those who worked with my daughter to be life savers. The ones who cared about my entire family and made that clear have my undying gratitude. I have been fortunate to work with many social workers beyond those who provided therapy for my child, including the authors. I have seen firsthand the help they give to families who struggle every day with a child's mental illness. I thank all

of them and encourage you to follow their examples and truly make a difference in the lives of children with mental illness and their families.

Kay Barkin

Parent of a child with bipolar disorder

Social marketer for Mental Health Mental Retardation of Tarrant County

Hand in Hand System of Care

## Preface

THE OBJECTIVE OF *Understanding the Mental Health Problems of Children and Adolescents* is to provide a practical guide for social workers on promoting positive mental health in youth from a system of care perspective. Social workers will gain an understanding of the scope of mental health issues in youth to include definitions, etiology, and evidence-based treatments, as well as the importance of partnering with youth and caregivers, addressing issues from a strengths perspective, and engaging in culturally sensitive practice.

Social workers in all fields of practice need this information. This book is distinctive in its clear presentation and explanation of the various mental health problems and the treatment for these problems. We begin our book with a foreword from a parent of a child who has experienced mental health problems. We think this is important because we need the voices of our parents and youth to fully understand their experiences. The book also includes the core competencies of the Council on Social Work Education and a table outlining the competencies that are addressed in each chapter.

The first three chapters set the context of the book. We discuss the state of mental illness in the United States and the changes to the *Diagnostic and Statistical Manual of Mental Disorders* from version IV-TR to version 5. The theoretical framework of the book is outlined for understanding and treating mental health problems. A brief overview of child and adolescent development is provided as a refresher for the reader.

The remaining chapters are divided by disorder and treatment. For each mental health problem area, there is a chapter dedicated to the definition and etiology of the disorder followed by a second chapter that describes the known treatments for the disorder. Case scenarios are presented with discussion questions to help guide application of the chapter content. Comorbidity with substance abuse is

also discussed. Because secondary educational settings are key to identifying and treating mental health problems for youth and adolescents, the final chapter focuses on educational programs and practices.

Evidence-based and informed practice is emphasized throughout the book. There is a great disparity between the evidence base of effective community-based treatments for youth with mental health disorders and the treatments available to these youth. Although the concept of evidence-based practice has gained increased attention over the past twenty years, the profession of social work began incorporating evidence-based practice models into the professional literature in 2003. Today, the literature is increasingly emphasizing the importance of evidence-based practices. Unfortunately, although there has been an increase in the literature emphasizing the importance of evidence-based programs and treatments and early identification and treatment of youth with mental health problems, social work lacks adequate training in mental health issues of children and evidence-based practices.

To enhance the learning experience, have your students access the National Institute of Mental Health website to view illustrations of the brain and how it functions ([nimh.nih.gov/news/image-library](http://nimh.nih.gov/news/image-library)). This is particularly applicable in chapters 3, 4, and 14. You will find illustrations of normal brain development as well as comparisons to brains experiencing mental illness and trauma.

The appendix provides website links to various resources that will support continued learning in mental health. It is the authors' hope that the materials in the book are straightforward and immediately applicable to practice.

# **Council on Social Work Education Educational Policy and Accreditation Standards: Core Competencies**

THE COUNCIL OF SOCIAL WORK adopted in 2008 and revised in 2010 the Educational Policy and Accreditation Standards. These standards lay out ten core social work competencies guiding curriculum design in social work education programs. Competencies are practice behaviors integrating knowledge, values, and skills.

The competencies covered in this book are outlined below, followed by a matrix that shows the competencies that are covered in each chapter.

## **EDUCATIONAL POLICY 2.1.1**

Identify as a professional social worker and conduct oneself accordingly.

Social workers serve as representatives of the profession, its mission, and its core values. They know the profession's history. Social workers commit themselves to the profession's enhancement and to their own professional conduct and growth. Social workers

- Advocate for client access to the services of social work;
- Practice personal reflection and self-correction to assure continual professional development;
- Attend to professional roles and boundaries;
- Demonstrate professional demeanor in behavior, appearance, and communication;

- Engage in career-long learning;
- Use supervision and consultation.

### **EDUCATIONAL POLICY 2.1.2**

Apply social work ethical principles to guide professional practice.

Social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant law. Social workers

- Recognize and manage personal values in a way that allows professional values to guide practice;
- Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles;
- Tolerate ambiguity in resolving ethical conflicts;
- Apply strategies of ethical reasoning to arrive at principled decisions.

### **EDUCATIONAL POLICY 2.1.3**

Apply critical thinking to inform and communicate professional judgments.

Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information. Social workers

- Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom;
- Analyze models of assessment, prevention, intervention, and evaluation;
- Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.

### **EDUCATIONAL POLICY 2.1.4**

Engage diversity and difference in practice.

Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity

are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers

- Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power;
- Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;
- Recognize and communicate their understanding of the importance of difference in shaping life experiences;
- View themselves as learners and engage those with whom they work as informants.

### **EDUCATIONAL POLICY 2.1.5**

Advance human rights and social and economic justice.

Each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. Social work incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice. Social workers

- Understand the forms and mechanisms of oppression and discrimination;
- Advocate for human rights and social and economic justice;
- Engage in practices that advance social and economic justice.

### **EDUCATIONAL POLICY 2.1.6**

Engage in research-informed practice and practice-informed research.

Social workers use practice experience to inform research; employ evidence-based interventions; evaluate their own practice; and use research findings to

improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers

- Use practice experience to inform scientific inquiry;
- Use research evidence to inform practice.

**EDUCATIONAL POLICY 2.1.7**

Apply knowledge of human behavior and the social environment.

Social workers are knowledgeable about human behavior across the life course, the range of social systems in which people live, and the ways social systems promote or deter people in maintaining or achieving health and well-being. Social workers apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. Social workers

- Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation;
- Critique and apply knowledge to understand person and environment.

**EDUCATIONAL POLICY 2.1.8**

Engage in policy practice to advance social and economic well-being and to deliver effective social work services.

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers

- Analyze, formulate, and advocate for policies that advance social well-being;
- Collaborate with colleagues and clients for effective policy action.

**EDUCATIONAL POLICY 2.1.9**

Respond to contexts that shape practice.

Social workers are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Social



workers recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively. Social workers

- Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services;
- Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.

**Educational Policy 2.1.10(a)–(d)—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.**

Professional practice involves the dynamic and interactive processes of engagement, assessment, intervention, and evaluation at multiple levels. Social workers have the knowledge and skills to practice with individuals, families, groups, organizations, and communities. Practice knowledge includes identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

**Educational Policy 2.1.10(a)—Engagement.**

Social workers

- Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities;
- Use empathy and other interpersonal skills;
- Develop a mutually agreed-on focus of work and desired outcomes.

**Educational Policy 2.1.10(b)—Assessment.**

Social workers

- Collect, organize, and interpret client data;
- Assess client strengths and limitations;