

Navigating Child and Adolescent Mental Health Concerns During Community Interactions

**Presented by: Emily Ruskowski, LICSW
Clinical Supervisor
Beth Israel Lahey Health
Behavioral Services
Beverly Outpatient Clinic**

"Mental health conditions in children are most often defined as delays or changes in thinking, behaviors, social skills or control over emotions."

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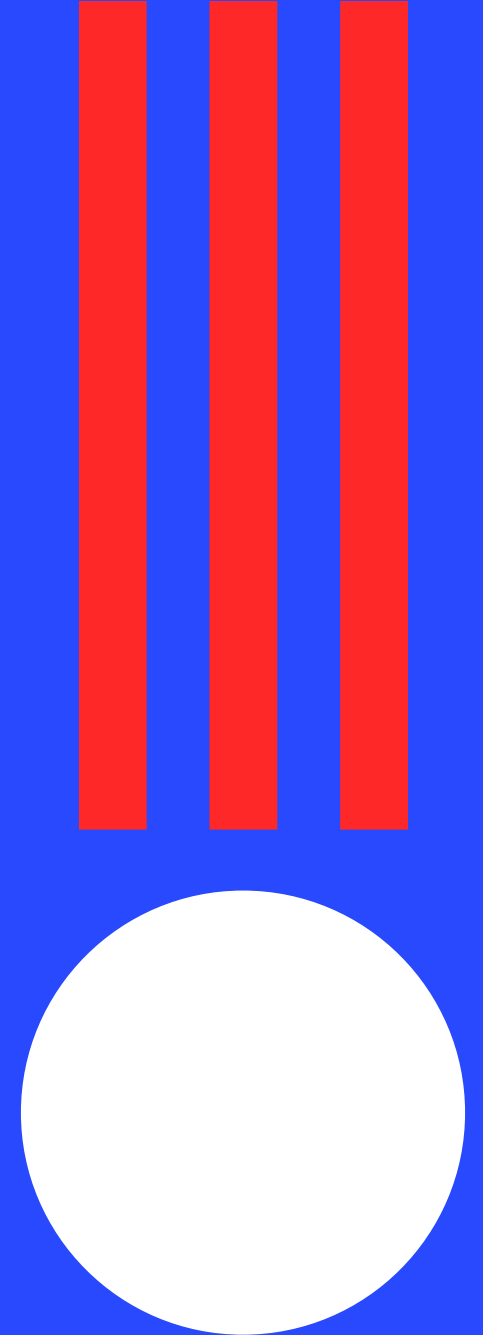
Key Learning Objectives:

- Review most commonly-seen diagnoses and symptom presentations**
- Gain understanding of family dynamics and generational trauma**
- Identify effective engagement and de-escalation techniques**



Anxiety and Panic Disorders

- Characterized by persistent nervousness, worry, hyperfixation, fear without a clear cause, disrupted sleep**
- Some presentations include struggles in social situations, panic attacks, physical symptoms (sweating, rapid heartbeat)**
- Individual may present as avoidant, locking themselves in a room, covering face and body, tearful, shaking, nervous about physical proximity, fear if comfort person is not present**






Depressive Disorders

-Characterized by persistent sadness, loss of interest in hobbies, interpersonal connections, life events, hypersomnia, struggles with activities of daily living, suicidal thoughts, self-harm, poor self-esteem

-Individual may present as uncooperative, lethargic, struggles with hygiene, tearful, unresponsive verbally



ASD/Neurodevelopmental Disorders

-Autism Spectrum Disorder is a pervasive developmental disorder that includes impairments in social functioning, restrictive and repetitive patterns of communication, behavior, and interests

-can include struggles with emotional regulation

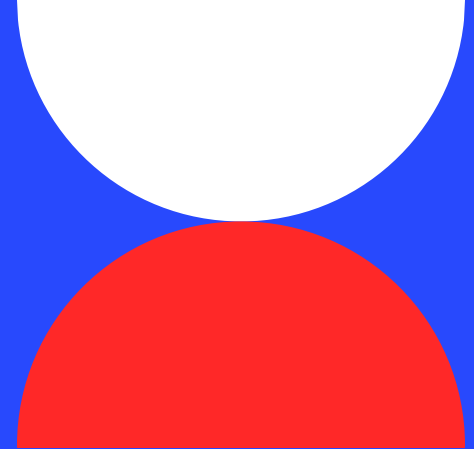
- Individuals may present as physically aggressive, nervous or agitated with physical proximity, may be “stimming” May become frustrated due to feeling misunderstood



Attention-deficit/Hyperactivity Disorder (ADHD)

-ADHD Characterized by struggles with impulse control, focus, and attention. May struggle with emotional regulation and behavior management skills, low frustration tolerance.

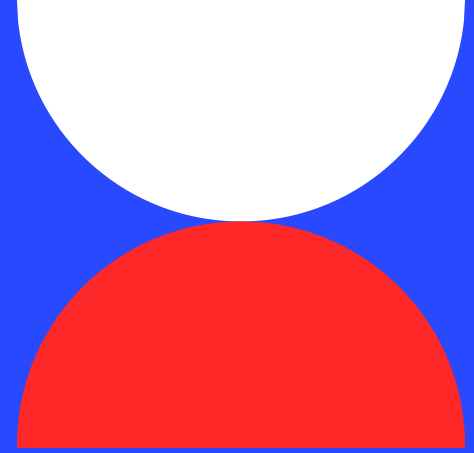
-May present as physically hyperactive, hyperverbal, physically aggressive, inattentive/disinterested in engaging



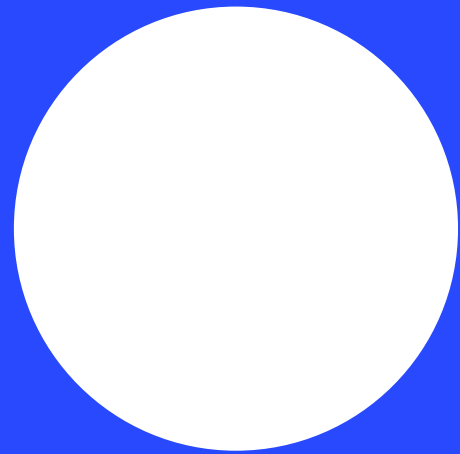
DISRUPTIVE MOOD DYSREGULATION DISORDER

-Characterized by persistent struggles with mood regulation and behavioral control across several life domain settings.

-May present as defiant, uncooperative, physically or verbally aggressive, impulsive



Trauma and Adjustment Disorders



-Characterized by long-term symptoms after a trauma, which can include sleep disturbances, persistent fear, hypervigilance, nightmares, dissociations, flashbacks

-Can present as very nervous and scared, uncomfortable with physical proximity and loud voices, reluctant to engage, can shut down.

Family systems and generational trauma

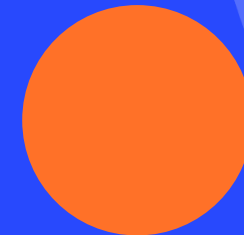
- Youth and families that experience trauma and aces are more likely to have interactions with police
- If a youth has trauma it is likely the parent/caregiver has also experienced trauma
- Trauma impacts a family's ability to function

ACES: Before age 18

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through divorce, abandonment, death, or other reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
6. Did you live with anyone who went to jail or prison?
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
9. Did you feel that no one in your family loved you or thought you were special?
10. Did you experience unwanted sexual contact

Techniques for navigating symptoms

- Be mindful of personal space
- Remain calm and regulated
- Partner with caregivers and supports
- Separate escalated individuals
- Resist the urge to assume that someone is being intentionally obstinate when you give a command
- keep focus on the present and creating safety.
- Don't take behaviors personally
- Be mindful of factors impacting the family/situation



Case Vignette 1

-A psychiatrist has sectioned her 14-year-old trans male client named Lex after Lex texted her communicating a plan to end his life. The psychiatrist called to communicate that the client has diagnoses of GAD, MDD, and PTSD. You are accompanying the ambulance to the house. When you arrive, Lex's mother Sue is banging on Lex's door yelling. Sue tells you Lex "does this all the time for attention" and Sue is "sick of dealing with it." Lex will respond through the door but does not want to come out of his room.

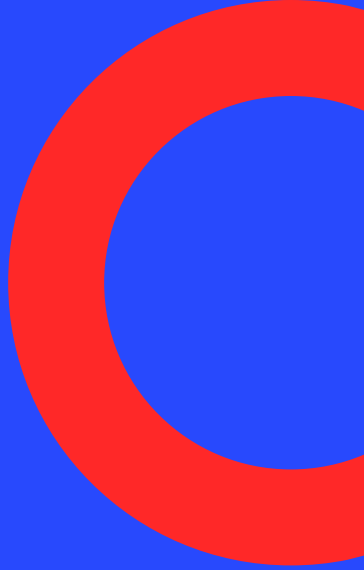


Case Vignette 2

You are called to a house by a tearful mother named Lauren reporting that her 8-year-old daughter Olivia is “tearing the house apart again.”

Lauren is tearful when you arrive and is sitting in a corner while Olivia is throwing stuffed animals at her.

Lauren tells you that Olivia has been diagnosed with both ASD and ADHD. When you approach Olivia she swears at you and tries to kick you, screaming “don’t touch me!” Lauren reports that the family’s in home therapy team created a safety plan for Olivia but she was unable to use it.



Key Takeaways:

- State not trait**
- Be mindful of factors impacting presentation**
- Symptoms/stressors**
- Stay regulated**
- Keep focus on strategies and solutions rather than consequences**

Questions...

