**Behavioral and Emotional Disorders**

**Attention-Deficit Hyperactivity Disorder (ADHD)**

This disorder is one of the most common mental disorders among children; two to three more boys than girls are affected. Many children are unable to sit still, finish tasks, plan ahead, or even be aware of what is going on around them. Some days, children with ADHD seem “normal”, and other days could be a whirlwind of frenzied and disorganized activity.

Notice that ADHD is not a disability, rather a disorder that affects the child’s ability to pay attention and stay focused on tasks for sustained amounts of time. Children with ADHD should be treated accordingly, and everyone involved with raising the child should understand that some of the behaviors that they see are not the result of the child misbehaving. The behaviors cannot be controlled, so caregivers must understand this and be patient when disciplining children with the disorder.

Attention Deficit: This part of the disorder means that the child usually has trouble paying attention to any one thing for a long period of time. If the child enjoys what he/she is doing, he/she will stay on task longer, but the amount of time is much less than children without the disorder. The attention deficit can also be noticed when the child seems to be so easily distracted by common things in their environment. Parents and teachers must provide a low stimulus environment for the child if they need to focus or learn. This does occur for all children at sometimes but children with ADHD suffer from this many times each day.

Hyperactivity: This can often be the most difficult part to deal with, because the child seems to be unable to sit still or calm down. The biggest sign of hyperactivity is the constant need to be moving, especially during activities that the child truly enjoys. Children that are hyperactive simply cannot control what their brain is telling them to do, so you must be patient and understand their need to be more active.

The best way to treat children with ADHD is by providing them with a very consistent schedule and a living environment that does not create too many distractions. Learn what the child loves to do and focus much of your child’s attention toward that love. As time passes, try to explore new opportunities for the child. Some children may be on medications to help manage their ADHD symptoms as well (Concerta, Ritalin, Vivance, Adderal). ADHD can continue on into adolescence and even adulthood; however, within the past decade, scientists have learned more about it and how to treat it. From medications to therapy and varying educational options, children with ADHD can learn to function in new ways.

**Autism**

Children with autism appear to be remote, indifferent, isolated in their own world, and unable to form emotional connections with others. Autism is found in every region of the country and is more common in boys than girls. It affects 2 in every 1,000 people. This brain disorder can manifest itself in intellectual disability, language delays, and other symptoms. Autism symptoms can be on a very low level of the spectrum or a very high functioning level. Because those with autism are slower functioning, consistency is the key.

Autism is a neural disorder that is characterized by impaired communication, impaired interaction, and limited and repetitive behavior. Typically, these signs begin before age three. This disorder affects information processing in the mind by affecting how the nerves and synapses connect, but why/how the disease happens is still unclear. In addition to autism, there are other disorders that fall along the autism spectrum (Aspergers, Pervasive, etc).

Signs of autism are normally noticed in children before age three. The signs develop gradually, but some children with autism build up more normally and then revert. Earlier intervention will help the child t gain care, communication skills, and social knowledge. Even though there is no cure, there have been reported cases where children have been able to recover after early intervention. Because each person with autism falls somewhere different on the spectrum, symptoms vary widely. Common symptoms (in varying degrees) are loneliness, social struggle, fixation to one hobby or idea, difficulty understanding social cues, etc.

**Bipolar Disorder**

Bipolar disorder generally begins during early childhood and continues into adulthood. It is characterized by intense mood swings. Those with bipolar will have extreme and excessive “highs” and will also experience extreme depressive “lows”. This is thought to be a genetic illness. Many times, younger children are misdiagnosed with ADHD, and later diagnosed with bipolar.

**Anxiety Disorders**

Anxiety disorders often cause children to feel distressed, uneasy, even frightened for no apparent reason. Some common anxiety disorders are Panic Disorder (episodes of intense fear that occur without warning or reason) and Obsessive-Compulsive Disorder (compulsive, repeated behaviors or thoughts that seem impossible to stop until carried out). The most common anxiety disorder is Generalized Anxiety Disorder. It is normal for children to be anxious at times, but when the anxiety is chronic, it is time to seek help. Generalized Anxiety Disorder is when the person worries most of the time about many things (past, present, and future). Symptoms include worry, restlessness, constant exhaustion, and troubles concentrating and sleeping.

Studies show that educating on the disorder, identifying the disorder, and training the person with relaxation techniques is the most effective treatment plan for Generalized Anxiety Disorder. A positive support system is also important. Many who struggle with this disorder turn to seeking thrills, rejecting responsible behavior, using drugs, or skipping schools as ways of handling the anxiety.

**Oppositional Defiant Disorder/Conduct Disorder**

ODD is a learned behavior; it is usually a combination of home environment, ineffective/inconsistent/harsh discipline, lack of supervision, abuse/neglect, and developmental delays. Because it is a learned behavior, the disorder can also be “unlearned”. There are no medications for ODD, but ODD is usually diagnosed in combination with other disorders including ADHD, depression, and anxiety. A child with ODD will display the following symptoms: extremely strong will, disrespect towards adults or authority, defiance in most situations, temper tantrums disproportionate to the child’s age, arguing habits, lying, anger, and resentment. Children will typically fight regardless of being right or wrong, thrive on annoying people, refuse to take responsibility, and blame others quickly. ODD can progress into actions such as vandalism, drug use, arson, harming humans or animals, theft, vandalism, etc.

Children who has ODD can be taught to reverse the disorder. With patient, consistent treatment, positive reinforcement, and appropriate discipline, the child can begin reversing the behaviors.

**Depression**

Depression can also occur at different levels of severity. Symptoms include being withdrawn, lethargy, sadness, frequent crying, hopelessness, etc. Depression can be treated with medications, therapy, and use of coping mechanisms.

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| **CLEAR COMMUNICATION** |
| **People with Mental Illness…** | **I must:** |
| Have trouble with reality | Be simple, truthful |
| Are fearful | Stay calm |
| Are insecure | Be accepting |
| Have trouble concentrating | Be brief, repeat |
| Are over stimulated | Limit input, don’t force discussion |
| Are easily agitated | Recognize agitation, allow escape |
| Have poor judgment | Not expect rational discussion |
| Have changing emotions | Disregard |
| Have changing plans | Keep to one plan |
| Have little empathy for you | Recognize as a symptom |
| Believe delusions | Ignore, don’t argue |
| Have low self-esteem | Stay positive |
| Are preoccupied | Get attention first |
| Are withdrawn | Initiate relevant discussion |

1. Pre-plan, but don’t pre-judge. It’s good to know about the child and the disorder, but expect the best!

2. Remember the child is a child of God, made in God’s image.

3. Don’t take things personally. It’s about the child.

4. Don’t be alone. If you’re the only counselor, be in the public.

5. As the leader, be flexible. If you want to change plans but it’s not the best idea for the group, be flexible and stick to the original plan.

6. Talk to another counselor or program staff for help, breaks, etc.

7. Report scary things to Barry/Jenna.

8. Be consistent!

9. Treat each moment as a clean slate. Don’t hold a child’s mess up from yesterday against him/her today.

10. LOVE, LOVE, LOVE.