

Developmental Disabilities/Mental Health Needs of Children and Teens

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Goals

Learn about diagnostic criteria for common disabilities

Gain strategies and practices that can be applied to support children and teens within the school and home settings.

Autism Spectrum Disorder

- Level System (1,2,3)
- Genetics- Mostly Males (4:1)
- Developmental Disability
- Skills can vary (cognitive, social, motor and adaptive)

Autism Spectrum Disorder

- Social-Communication Impairments
- Patterns of Repetitive and Restricted Behaviors.
- Sensory Processing Needs

Autism Spectrum Disorder

- Language abilities can vary immensely.
- Decreased Initiation of meaningful language
- Lack of conversational reciprocity
- Repetitive/Idiosyncratic Language
- Odd Prosody/restricted affect and use of gestures
- Theory of Mind Deficits

ASD Facts

- CDC, 2023 - 1 in 36 children
- Etiology Unknown (vaccine debate- vaccines do not cause autism)
- 25-30% of individuals with ASD are nonverbal
- 70% of individuals with ASD have one other comorbid disability/disorder
- 40% of individuals with ASD have two or more comorbid disabilities/disorders
- 31% of individuals with ASD have intellectual disability

Attention Deficit Hyperactivity Disorder (ADHD)

Genetic/Organic Etiology. Brain Differences (Frontal Lobe)

Evident early in development (prior to age 7)

Subtypes (Inattentive, Hyperactive/Impulsive/Combined)

Attentional Challenges - Sustaining, Initiation

Impulsivity - Decreased Inhibition, Physical Behaviors

Emotional Impulsivity - Lying, Exaggerated Reactions.

Hyperactivity - Increased need for movement

ADHD (Cognitive Impact)

Planning/Organizing

Prioritizing

Organizing

Shifting

Accessing Working Memory

Self-Monitoring

Role of Medication to treat symptoms.

Discrepancy between knowledge and output**

Disruptive Mood Dysregulation Disorder (DMDD)

- Not given to children under 6 or over 18 years of age.
- Irritable or angry mood most of the day, nearly every day
- Severe temper outbursts (verbal or behavioral) at an average of three or more times per week that are out of keeping with the situation and the child's developmental level
- Trouble functioning due to irritability in more than one place (e.g., home, school, with peers)

To be diagnosed with DMDD, a child must have these symptoms steadily for 12 or more months.

DMDD: Emotional Dysregulation

- Cognitive Flexibility - Handling the Unexpected.
- Plan B Thinking Accessing skills “in the moment”
- Dealing with Frustration - Being told no.
- Controlling or redirecting heightened emotions (excitement, anger, sadness, jealousy).

DMDD Impact

Academically: Tolerating Mistakes, Persisting when challenged, applying flexible thinking to academic tasks.

Adaptive Living Skills: Poor adaptability to changes in expectation, being told no or handling disappointment.

Socially: Can't regulate emotional responses, reactions that are “too big” and interfere with friendships, impulsive behavioral responses.

Anxiety

ANXIETY IS A NATURAL REACTION TO STRESS OR PERCEIVED DANGERS. FIGHT OR FLIGHT RESPONSE. IT IS ADAPTIVE.

SOMETIMES, OUR BODIES/BRAINS CAN HYPER-RESPOND TO PERCEIVED DANGERS.
FEELS VERY REAL, BUT DANGER IS NOT ALWAYS "RATIONAL"

Anxiety (typical types in children)

- Separation Anxiety (especially in the evening hours)
- Specific Phobias (bugs, clowns, scary monsters)
- Generalized Anxiety (persistent worries)
- Obsessive-Compulsive Disorder (perfectionism)
- Social Anxiety Disorder
- 20% of Children have a diagnosable anxiety disorder. 65% of children living with an anxious parent meet criteria for an anxiety disorder (nature/nurture).
- Anxiety is TREATABLE!! Untreated anxiety leads to depression and more significant mental health disorders (depression, suicidality, substance abuse).

Anxiety- important message

ANXIETY IS NORMAL AND WE NEED IT TO FUNCTION AT OUR BEST!
HEALTHY AND NON-HEALTHY WORRY.

WE NEED TO LEARN STRATEGIES TO PUT IT IN PERSPECTIVE AND
PUSH THROUGH IT!

SEEKING CERTAINTY AND COMFORT SHOULD NOT BE THE "GO TO"
AT ALL TIMES.

ADULTS SERVE AS COACHES, NOT ENABLERS

Depression (looks different in children & teens)

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- Irritability/Oppositional Behaviors
 - Resistance to trying new things
 - Transitional Challenges
 - Changes in Sleep/Eating/Leisure
 - Argumentative
 - Isolation/Change of Routines (School Refusal)
 - Self-Injury/Aggressive Behaviors

Common Language: Self-Regulation Scripts

- What is your plan?
- Are you ready?
- Is that your job or my job?
- Is this a big deal or little deal?
- Is this hard or easy?
- Is that expected?

Ask as questions help them to stop and think

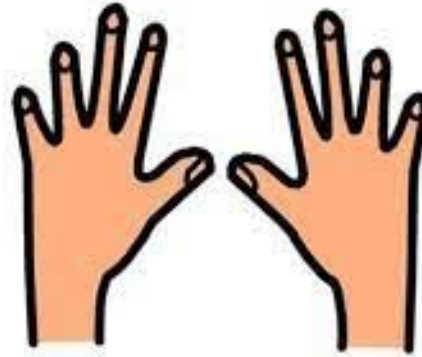
Leads to consistency and predictability

Classroom Basics- Visuals

Calm Body



Hands to Yourself



Use quiet voices.



Walk



Access to comfort items or activities*

Age appropriate* (on desk, in locker, in folder)

Specific item (key chain, stuffed animal, bracelet)

Pictures of family members

Drawing/Journaling

Music

Video of parent talking to them

Phone calls to parent