If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

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Welcome & Introduction

As a result of this Continuing Education Activity, participants will be able to:

1. Describe common emotional/behavioral difficulties associated with different psychiatric diagnoses.
2. List 2-3 psychiatric diagnoses that have high language deficit prevalence.
3. List behavioral strategies that can be used with individuals with emotional/behavioral difficulties.
Outline

• Review of the literature
• Review common psychiatric diagnoses
• Basic Behavior Information
• Discuss specific treatment and behavior strategies

Notes on Terminology

• Terminology varies by discipline and institution and we use a lot of terminology interchangeably:
  • Mental Health Disorders and Diagnoses
  • Psychiatric Disorders and Diagnoses*
  • Emotional-Behavioral Disorders (EBD)
  • Emotional Disturbance (ED)

* DSM-V: Diagnostic and Statistical Manual of Mental Disorders- 5th edition
Review of the Literature

Speech-Language Pathology in Psychiatry

Review of Literature

Link between emotional-behavioral disorders and language deficits:

- Meta-Analysis indicated that 81% of children with EBD (emotional and behavioral disorders) have below average language skills (Hollo, Wehby and Oliver, 2014)
- Over 70% of children diagnosed with EBD have clinically significant language deficits (Benner, Nelson, and Epstein, 2002)
- Out of 166 children, grades K-12, who were receiving special education services for emotional disturbance, 68% had language impairment (Nelson, Benner, & Cheney, 2005)
Review of Literature

- 50% to 80% of children with language disorders may have co-occurring EBD (Hyter, Rogers-Adkinson, Self, Simmons & Jantz, 2001)
- Between one and two-thirds of children referred for conduct disorders had concomitant speech and language difficulties (Gilmour et al., 2004)
- Preschoolers with disruptive behavior disorders (DBD) showed poorer receptive, expressive and pragmatic skills than preschoolers without DBD (Gremillion & Martel, 2014)
- Found that children who have been maltreated (abuse and neglect) demonstrate poorer receptive vocabulary, receptive language and expressive language abilities (Lum, et al., 2015)

What We See…

- CCHMC: Average of 47% from 2009-2015
- Number of kids seen each year has increased
  - 2010: 1,052
  - 2015: 2,424
    - just 5 years later!
What we see.....

Yet,

• Findings of school-based population studies indicate that as many as **88%** of children identified with EBD had **not been evaluated** for speech-language problems (Hyter, Rogers-Adkinson, Self, Simmons & Jantz, 2001)

• Approximately 1/3 of children referred for assessment of socio-emotional disturbances may have previously undiagnosed language impairments (Cohen, Barwick, Horodezky, Vaillance & Im, 1998)

• Students with EBD often have speech and language disorders that go untreated (Armstrong, 2011)

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Review of Literature

**Implications:**

• Toppelberg and Shapiro, 2000, concluded that early detection of language processing problems may be crucial in the prevention of psychiatric disorders.

• Early identification and remediation of language impairment may also ameliorate later delinquent behavior (Beitchman, J., Brownlie, E., & Wilson, B., 1996).

• Language impairment may result in “misperceptions and misattributions of the child's behavior” (Cohen, Davine, Horodesky, Lipsett, & Isaacson, 1993).
Review of Psychiatric Disorders

Brief overview of common Psychiatric disorders that we work with

Psychiatric Diagnoses

• **Neurodevelopmental Disorders:**
  • A group of conditions with onset in the developmental period (Autism, Down Syndrome, Fetal Alcohol Syndrome, etc).

• **Schizophrenia Spectrum and Other Psychotic Disorders:**
  • Abnormalities in one or more of the following domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms. *Schizophrenia; Other Psychotic Disorders; Schizotypal (Personality) Disorders*

• **Bipolar and Related Disorders:**
  • The classic manic-depressive disorder now separated from depressive disorders.
Psychiatric Diagnoses

• **Depressive Disorders:**
  • The presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. What differs among them is duration, timing, or presumed etiology.

• **Anxiety Disorders:**
  • Disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear being the emotional response to real or perceived threat and anxiety is the anticipation of future threat.

• **Obsessive-Compulsive and Related Disorders:**
  • Characterized by the presence of obsessions and / or compulsions. Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted. Compulsions are repetitive behaviors or mental acts that an individual feels driven.

• **Trauma and Stressor-Related Disorders:**
  • Exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion. Psychological stress following exposure to a traumatic or stressful event is quite variable.
Psychiatric Diagnoses

- **Dissociative Disorders:**
  - Characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior.

- **Somatic Symptom and Related Disorders:**
  - The prominence of somatic symptoms associated with significant distress and impairment.

- **Feeding and Eating Disorders:**
  - Persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning.

- **Disruptive, Impulse-Control, and Conduct Disorders:**
  - Conditions involving problems in the self-control of emotions and behaviors. These problems are manifested in behaviors that violate the rights of others.

Behavior and Psychiatric Disorders

Behavior modification has been used with patients diagnosed with mental illness and psychiatric disorders to modify such behaviors as daily living skills, social behavior, aggression, treatment compliance and work skills (Scotti, McMorrow & Trawitzki, 1993).
Review of Behavior

Brief overview of information about behavior

Basics of Behavior

Behavior Modification is the field of psychology concerned with analyzing and modifying human behavior

- **Analyzing** – identifying the functional relationship between environmental events and a particular behavior to better understand the reasons for the behavior
- **Modifying** - developing and implementing procedures to help people change their behavior

### ABC Data

- **Antecedent** - a stimulus or event that precedes a behavior
- **Behavior** - what a person says or does in reaction to an antecedent
- **Consequence** - the stimulus or event that occurs immediately after a behavior

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow light</td>
<td>Speed up</td>
<td>Get through the light</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cause an accident</td>
</tr>
<tr>
<td>Time for homework</td>
<td>Throws a tantrum</td>
<td>Gets out of doing work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prompted until work is done</td>
</tr>
</tbody>
</table>


### Reinforcement

- The process in which the occurrence of a behavior is followed by a consequence that results in an increase in the future probability of the behavior

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
<th>Reinforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow Light</td>
<td>Speed up</td>
<td>Get through the light</td>
<td>More likely to speed up in the future</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cause an accident</td>
<td>Less likely to speed up in the future</td>
</tr>
<tr>
<td>Time for homework</td>
<td>Throws a tantrum</td>
<td>Gets out of doing work</td>
<td>More likely to throw a tantrum in the future</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prompted to complete work</td>
<td>Less likely to throw a tantrum in the future</td>
</tr>
</tbody>
</table>


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**SpeechPathology.com**
Functions of Behavior

- **Attention**
  - desires contact or attention
  - Yelling, throwing things, get attention in inappropriate manner, etc.

- **Tangible**
  - desire for an item/object
  - Grabbing objects, stealing, etc.

- **Escape/Avoidance**
  - response to something associated with an unpleasant situation
  - Pretending to sleep, elopement, bathroom breaks, etc.

- **Automatic/Self-Stimulatory**
  - 'stimming', engaging in a sensory based activity


General Behavior Strategies

- **Schedule**
  - Can help decrease anxiety about what the therapy session is going to look like
  - Clearly shows the expectations, when breaks occur and when the session is over
  - Shows the patient when a preferred activity is going to occur

- **Choices**
  - Allow the patient to have some say in activities, can be what game will be played, what to do for break time, etc.

- **Provide Assistance**
  - Reassure that patient that you will be there to provide help

- **Take breaks**
  - These can be requested by the patient or dictated by the clinician
  - Breaks can be times when the patient is able to make a choice of activity
General Behavior Strategies

- **Slowly increase demands**
  - Many patients may not be ready to jump in to challenging therapeutic work right away

- **Use of Visuals**
  - Pictures of preferred activities
  - Take a break or ‘I need help’ icons
  - Visual timer

- **Open discussion with patient about therapy**
  - Discuss strengths and challenges
  - Relate therapy to real world
  - Work on rapport and gaining trust

Tying it all together......
Therapeutic Crisis Intervention (TCI)

Therapeutic Crisis Intervention was developed by the Family Life Development Center.

- The center’s mission is to improve professional and public efforts to understand and deal with risk and protective factors in the lives of children, youth, families and communities that affect family strength, child wellbeing, and youth development.

- TCI aims at assisting organizations in preventing crises from occurring, de-escalating potential crises, managing acute physical behavior, reducing potential and actual injury to young people and staff, teaching young people adaptive coping skills, and developing a learning organizations.


Conflict Cycle

Behavioral Support

- **Managing the Environment**
  - lighting, noise, comfortable chairs, etc
- **Prompting**
  - Providing direction and information to the patient
- **Caring Gesture**
  - Show support to the patient [pat on the back, supportive statements, etc]
- **Hurdle Help**
  - Provide assistance to the patient
- **Redirection and Distraction**
  - Focus their attention on something else
- **Proximity**
  - Your distance to the patient
- **Directive Statements**
  - Tell, do not ask (ex. “go to your room” vs. “will you go to your room?”)
- **Time Away**
  - Have the patient take a break, take them away from the situation


Crisis Intervention

- The goals of crisis intervention are:
  - **SUPPORT**: Environmentally and emotionally to reduce stress and risk
  - **TEACH**: Children better ways to cope with stress

Types of Aggression

• **Proactive Aggression** – is planned and is used to obtain something. Reason dominates, not emotion. The aggressor is in control and the action is designed to achieve a goal.

• **Reactive Aggression** - is fear induced aggression. This is when a young person feels a serious threat and the ‘flight or fight’ response is triggered. May be triggered by frustration or stress. There is a loss of control of emotion that drives the patient’s actions.


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### Reactive vs. Proactive

<table>
<thead>
<tr>
<th>Reactive Aggression</th>
<th>Proactive Aggression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide eyed, red faced, pale</td>
<td>Impassive, staring, smiling or smirking</td>
</tr>
<tr>
<td>Disorganized, impulsive</td>
<td>Deliberate, methodical</td>
</tr>
<tr>
<td>Angry, loud, shrill</td>
<td>Firm, calm, menacing</td>
</tr>
<tr>
<td>Highly aroused</td>
<td>Apparently controlled</td>
</tr>
</tbody>
</table>

The Stress Model

- **Triggering Event** – Challenging situation that increases a patient’s stress.
- **Escalation Phase** – The patient shows increased anxiety and failure to cope effectively with the stressful situation. Adults can use behavior support techniques and active listening in this phase.
- **Outburst Phase** – The patient may be explosive and acting dangerously. Do not attempt to intervene at this time. You may continue to de-escalate the patient, but should reduce your use of verbal communication.
- **Recovery Phase** – Provide the patient an opportunity to learn and grow from the crisis experience.

Life-Space Interview

• The Life-Space Interview (LSI) is a powerful tool for teaching self-management and values. It uses the patient’s reactions to difficult situations as a way to help the patient gain insight and understanding into their own feelings and behaviors.


Goals of the Life-Space Interview

• Return the patient to baseline
• Clarifying events
• Repair and resort the relationships with the adult
• Teach new coping skills
• Reintegrate the patient back into the program

Steps in the LSI

• Isolate the conversation
• Explore the patient’s point of view
• Summarize the patient’s feelings and content
• Connect feelings to behavior
• Alternative behaviors
• Plan developed/practice new behavior
• Enter young person back into routine

Clinician-Patient Interaction, Behavior

• All behavior has meaning
  • What does the child feel, need, think or want?
• Trauma-based behaviors may look different than what you learn about in grad school
• Rather than thinking about strict behavioral principles (e.g., ABCs of behavior), remember that:
  • These children have a lot of pain-based behaviors and defensive adaptations
    • Aggression, self-injurious behavior, sexualized behaviors, controlling relationship dynamics, running away, defiance
  • Struggle with impulsivity and have difficulty exerting control over behavior and emotions
  • Exhibit rigid behavior patterns and resistance to changes in routine


Clinician-Patient Interaction, Behavior

• Manifests differently in different children
  • Internalizing and externalizing
  • Over-controlled and under-controlled
• Big difference between reactive and proactive aggression/behavior
  • Proactive: is NOT emotionally-based; cognition is dominant; goal-oriented and planned
  • Reactive: is emotionally-based; involves loss of control; emotions are dominant
    • MOST children and teens with emotional disturbance struggle with reactive aggression
  • Follows the “Stress Model of Crisis”
    • Baseline behavior ➔ trigger (agitation) ➔ escalation (aggression) ➔ outburst (violence) ➔ recovery

Behavior and Trauma

According to the Substance Abuse and Mental Health Services Administration, **Trauma** results from an **event**, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social emotional, or spiritual well-being.

- **Event**: actual or extreme threat of physical or psychological harm or severe life-threatening neglect for a child
- **Experience**: how the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event
- **Effect**: long-lasting adverse effects

Trauma

- **Complex Trauma**
  - Refers to children’s experience of multiple traumatic events that occur within the care giving system and the social environment that is supposed to be the source of safety and stability in a child’s life.
  - Physical abuse, sexual abuse, neglect, traumatic grief, domestic violence, community and school violence, complex trauma, medical trauma, refugee, war, and terrorism

[www.NCTSNet.org](http://www.NCTSNet.org) (National Child Traumatic Stress Network)
Impairments Associated with Trauma

- Attachment
- Biology
- Affect regulation
- Dissociation
- Behavioral control
- Cognition
- Self-concept

Regardless of the domain, it is important to tolerate the child’s behavior and manage your own emotional response
Attachment

The affiliation between parents and children
• Seeks to obtain an internal feeling of security
• Relationships that involve the offer of attention and emotional availability

Impairments include:
• Problems with boundaries
• Social isolation
• Uncertainty about the predictability of the world
• Interpersonal difficulties
• Difficulty attuning to others’ emotion
• al states
• Distrust
• Difficulty with perspective taking

Attachment Interventions

Interventions should focus on:
• Trust-building activities
• Building relationships
• Teaching Emotions
• Relationship repair
• Use Calm tones, slow pace, and rhythm
• Unconditional Positive regard
• Compliment good choices
• Address bad choices with fact
• Consistency

An example: Scene from Good Will Hunting, where Matt Damon is talking to Robin Williams in the office
Biology

The neurological and other physiological systems that interact are involved in feeling states, cognitive abilities, and behavioral responses

- Piaget’s model of cognitive development, states the sensorimotor stage is completed by age 2.

Impairments include:
- Sensorimotor developmental problems
- Increased medical problems across a wide span (ex. Pelvic pain, asthma, skin problems, etc.)
- Hypersensitivity to physical contact
- Frontal lobe deficits (judgment, emotional memory)
- Difficulty linking left and right hemispheres (language)

Biology Interventions

Interventions should focus on:
- Avoiding obvious triggers
- Desensitization to unavoidable triggers
- Develop coping skills
- Using visual schedules

An example: Scene from Beautiful Mind for Psychosis
Affect Regulation

The ability to modulate feelings without being overwhelmed

Impairments include:
• Difficulty with emotional self-regulation
• Difficulty describing feelings and internal experience
• Difficulty communicating wishes and desires
• Difficulty with intimate relationships

Affect Regulation Interventions

Interventions should focus on:
• Expressing their feelings
• Perspective taking
• Problem-solving activities
• An external aid to represent internal feelings
• Assertiveness
• Role-play
• Groups/interactions with others

An example: Scene from Mr. Jones where Richard Gere interrupts the concert
**Dissociation**

A response to an environmental cue or trigger that has created stress. It is activated to protect the individual from further exposure to the stress response.

Impairments include:
- Alterations in states of consciousness
- Amnesia
- Impaired memory for state-based events
- Depersonalization and derealization

**Dissociation Interventions**

Interventions should focus on:
- Orientation to self, time, and place
- Keeping the environment stimuli low
- Redirecting back to reality
- Encourage eye contact
- Encourage topic maintenance

An example: Scene from Band of Brothers, after playing ping pong
Behavioral Control
Without the words to put with the experience, unconsciously acting it out through their behaviors becomes a way for many children to get their story out.

- Aggression, self-injurious, and sexualized behaviors

Impairments include:
- Self-destructive behaviors
- Poor modulation of impulses
- Aggression
- Sleep disturbances
- Eating disorders
- Substance abuse
- Oppositional behavior
- Difficulty understanding/ complying with rules
- Communication of traumatic past by reenactment

Behavioral Control Interventions
Interventions should focus on:

- Utilizing visuals
- Using a facilitative approach *
- Small obtainable goals with a hierarchy
- Therapist remaining calm
- Asking for a break
- Teaching coping skills

* Bauer & Sapona, 1988

An example: Scene from Jumangi where the little boy refuses to talk to anyone except his sister
Cognition

The process of thought

- Sensory and emotional deprivation in an infant’s development can lead to delays in receptive and expressive language development

Impairments include:

- Difficulties in attention
- Difficulty with executive functioning
- Problems processing new information
- Problems focusing in and completing tasks
- Difficulty planning and anticipating
- Problems understanding own contribution to what happens to them
- Impaired comprehension of complex visual-spatial patterns

Cognition Interventions

Interventions should focus on:

- Implementing a visual schedule
- Constructing a routine
- Functional communication skills
- Memory strategies
- Completing tasks
- Creating a safe environment

An example: Scene from I am Sam with Sean Penn reading with Dakota Fanning
Self-Concept

Composed of relatively permanent self-assessments, such as personality attributes, knowledge of one’s skills and abilities, one’s occupation and hobbies, and awareness of one’s physical attributes.

Impairments include:
• Poor sense of separateness
• Disturbances of body image
• Low self-esteem
• Shame and guilt
• Lack of a continuous, predictable sense of self

Self-Concept Interventions

Interventions should focus on:
• Positive self-talk
• Social sharing
• Social control
• Empowered decision-making
• The child’s strengths
• Increasing tolerance of “weaknesses”
• Consistency

An example: King’ Speech Scene with Colin Firth and Geoffrey Rush (I have a voice)
Signs of Abuse and Neglect

• According to the Child Welfare Information Gateway (2013):
  • Shows sudden changes in behavior or school performance
  • Is always watchful, as though preparing for something bad to happen
  • Is overly compliant, passive, or withdrawn
  • Is reluctant to be around a particular person
  • Has unexplained burns, bites, bruises, broken bones, or black eyes
  • Has fading bruises or other marks noticeable after an absence from school
  • Has difficulty walking or sitting
  • Reports nightmares or bedwetting
  • Runs away

https://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm

• Shrinks at the approach of adults
• Abuses animals and pets
• Is frequently absent from school
• Attaches very quickly to strangers or new adults in their environment
• The parent sees the child as entirely bad, worthless, or burdensome
• The parent demands a level of physical or academic performance the child cannot achieve
• The parent primarily looks to the child for care, attention, and satisfaction of the parent’s emotional needs
• The parent offers conflicting, unconvincing, or no explanation for the child’s injury

https://www.childwelfare.gov/pubs/factsheets/whatiscan.cfm
What to do if you suspect abuse...

Refer to another professional!

- **Contact Childhelp** anonymously
  - Childhelp National Child Abuse Hotline
    1.800.422.4453
- **Contact your Local Child Protective Service Agency**
  - Ohio Department of Job and Family Services:
    1.855.O.H.CHALD
- **Refer to your internal organization’s support services, such as social work or clinical psychologist**

Resources

- Do you want **more information** on this population for SLPs?
  - Please check out the following **upcoming presentations** in this series on SpeechPathology.Com:
    - Treatment of children and adolescents with psychiatric diagnoses
      - Tentatively in January of 2017
Questions/Comments?

References

References


Resource

Sign up now for updates and SLP tools from Cincinnati Children’s Division of Speech-Language Pathology

Link: https://viablesynergy.wufoo.com/forms/s3q62e1k51n5v/