



Child and Adolescent Mental Health

[Young people speaking out, helping others with depression - CBS News](#)



The impact of trauma, neglect or abuse on children and young people

Emotional impact:



Low self-esteem and depression are common, as well as emotions of anger, hostility, fear, humiliation, and an inability to express feelings – all of which impact on children and young people's mental health.



The emotional consequences can be devastating. For example, children who are abused or experience trauma are at risk of experiencing drug/alcohol dependence, and increased potential for child abuse as a parent.



Emotional impact

A Canadian study found that as many as 80% of abused young people were diagnosed with at least one psychiatric disorder by the age of 21.

In the UK, a study of young people with mental health difficulties, many of whom were also young offenders, found that of 34 patients (19 male and 15 female) 59% had experienced sexual abuse, 44% had experienced physical abuse, 82% emotional abuse and 88% two or more types of abuse (Mutale, 2005).

Mental health problems express themselves in many ways, including depression, anxiety, flashbacks or nightmares, eating disorders and suicide attempts, often referred to as post-traumatic stress disorder (PTSD).

Research has found that child abuse can have an equally detrimental long-term effect on mental health. Merrick et al. (2017) reported that persons endorsing CSA have been shown to have increased risk of depression, suicidality, and overall poor mental health as adults.



Behavioural impact

Child abuse and neglect appear to increase the likelihood of children and young people presenting behavioural difficulties.

Dysfunctional behaviours are considered to be coping mechanisms adopted by victims of abuse in an attempt to overcome the trauma of past experiences.

Increased aggression, abusive behaviour (including to family), increased likelihood of alcohol and substance misuse and teenage pregnancy are all made more likely, subsequently increasing the risk of offending behaviour.

A review of research investigated the role of abuse and trauma experienced by young people in the development of aggression. They described the role of PTSD in perpetuating violence by disrupting the daily lives of young people and often triggering the reliving of trauma, thus impacting on behaviour. They also believed that exposure to violence and abuse and pervasive feelings of not being safe would encourage the use of aggressive behaviour in young people through adjusting to feelings of living under 'chronic threat'.

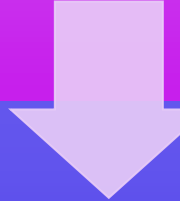


Social impact

Social impacts exist not only for the victims of abuse, but for the society as a whole.



Immediate social consequences for victims of abuse can include the inability to form secure attachments. Poor social, cognitive and language skills and a 'distrust of others' render young people unable to form friendships with peers, further presenting difficulties in the forming of relationships in adult life.



For society there is also a price to pay for child abuse and neglect both in terms of the immediate costs (child welfare systems, law enforcement, health, mental health and statutory and voluntary services) and the long-term economic consequences of supporting victims of abuse (studies have shown that physically abused children are at a greater risk for mental illness, homelessness, crime, and unemployment).



All of these affect the community and society in general and are the social costs of physical abuse, continuing awareness raising and preventative work.



Neurological impact

Long-term changes in the brain associated with child maltreatment include significantly smaller total brain cerebral volumes, electroencephalogram (EEG) abnormalities, decreased size of the corpus callosum (a large bundle of neurons that transmit information between the two hemispheres), impaired function of the cerebellar vermis (the central region of the cerebellum; helps inhibit limbic system structures), decreased function of pathways in the right brain and limbic system, and changes in neurotransmitter concentration and function.

Abnormal development of the brain can lead to cognitive deficits; affect dysregulation, lack of empathy, rage and aggression. (Heide and Solomon, 2006:229).

Logistic regression found that cortisol levels, years since trauma and number of suicide attempts were significantly correlated.



Educational impact

Most people who work with school-age children know that what happens to a child at home has a profound and lasting impact on how she or he will function at school. (Mills, 2004:7).

A review of literature conducted by the NSPCC identified a wealth of research indicating children affected by abuse, trauma or neglect are at a greater risk of underperforming at school and achieving poor academic success.

The studies identified that children who suffer abuse/trauma are at a greater risk of poor school behaviour, being bullied in school, having special educational needs, exclusion from school, and are increasingly likely to be absent from school.

In addition, the young people are more likely to finish education at, or before, the minimum leaving age.



Further impact

The impact of impaired academic performance can be far-reaching, including lowering young people's feelings of self-esteem and self-worth and leading to a lack of a sense of control over their lives.



It also has consequences for the future impacting on young people's ability to gain employment and avoid poverty – factors that also compound the incidence and levels of abuse experienced by children and adults alike.



Expectations of academic success and failure to reach these can elicit negative reactions from teachers and other supporting adults, thus emphasising feelings of isolation and low self-esteem.

Review of developmental theories

➤ Erik Erikson – Psychosocial stages

Stage	Psychological crises	Radius of significant relationships	Elements of social order	Psychosocial modalities
1 – 0 – 12mths	Trust vs mistrust	Maternal person	Cosmic order	To get/to give
2 – 2 – 3 yrs	Autonomy vs shame/guilt	Paternal persons	Law and order	Hold on/let go
3 – 4 – 5 yrs	Initiative vs guilt	Family	Ideal prototypes	Going after/to play
4 – 6 – puberty	Industry vs inferiority	Neighbourhood/school	Technological elements	To complete/ do together
5 – adolescence	Identity vs identity diffusion	Peer groups, outgroups	Ideological perspectives	To be oneself/to share oneself
6 – Young adlthd	Intimacy vs isolation	Partners	Cooperation and competition	To lose/find oneself in another
7 – middle adulthd	Generativity vs self-absorption	Divided labour, shared household	Education and tradition	To make/to take care
8 – old age	Integrity vs despair	Mankind	wisdom	To be/face not being

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- **Trust vs mistrust** – trust in self, mother and the world. If mistrust infants are withdrawn, frustrated, suspicious and have no self-confidence.
 - **Autonomy vs shame/guilt** – learning to have self-control without losing self-esteem. Becoming more independent psychologically and physically. If parents are overbearing, the child's `will` may be broken.
 - **Initiative vs guilt** – learning to know what kind of person they are. They begin modelling the parents and identifying with them. Taking on attitudes, conscience, interests. Taking the initiative to `do` something but recognising that you do not have to be `doing` something to have worth.
 - **Industry vs inferiority** – successful experiences (e.g. school) provides a sense of mastery or competence, whereas failure can lead to inadequacy.
 - **Identity vs identity diffusion** – when adolescents learn to consolidate all of their `identities` into one whole.
 - **Intimacy vs isolation** – IF identity emerges from above stage, intimacy with oneself and others becomes possible. Fusing ones` identity with another. Failure here leaves relationships cold and empty.
 - **Generativity vs self-absorption** – faith in the future and guiding the next generation.
 - **Integrity vs despair** – acceptance of the limitations of life, wisdom of age without fear of death.

Review of developmental theories

- Vygotsky and the role of language – language is the most important tool for development, it frees children from the immediate perceptual experiences and allows them to represent the unseen, the past and the future.
- Language organises thoughts and realities.
- At first language and thought are separate, but by the age of two in a neurotypical child they allow infants to have private speech (egocentric) followed by communicative speech, eventually becoming `inner speech`.
- In other words, language acquisition is more than language learning, it is about understanding intonation, contexts and inner mental states. Basically, it is our Theory of Mind (ToM).

Review of developmental theories



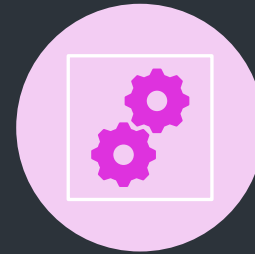
Recall Piaget and his theories of cognitive development and moral development?



Cognitive development follows an invariant sequence of stage with specific abilities developing as a result of maturing mental structures and capacities.



The sensory-motor stage



The pre-operational stage



The concrete operational stage



The formal operational stage

Moral development



Moral development follows the same logic – specific forms of moral reasoning based upon disequilibrium and decreasing egocentrism.

Heteronomous moral reasoning: 5–9 years. Rules are rigid and given by adults/God. Rules tell you what is right or wrong. Consequences dictate the severity of a behaviour, not the intentions (Pre-operational & Concrete Operational)



Pre-moral: 0 – 5 years. Little understanding of rules as children can't carry out complex mental operations. Behaviour is regulated from outside the child (Sensorimotor & Pre-operational)



Autonomous morality/Moral relativism: 10 years upwards. Emphasises co-operation. Rules are changeable under certain circumstances and with mutual consent. (Concrete and Formal Operational)

Ethology (Attachment) and Neuroscience

- ▶ Attachment from an ethological stance is species specific and involves reflex actions and fixed action patterns to ensure survival of a species.
- ▶ However, in humans compared to animals we have relatively few of these, our brains are more PLASTIC even prenatally.
- ▶ Recall that high levels of stress hormones in pregnancy predisposes a child to anxiety, risk taking, fearfulness and aggression in later life (Pluess & Belsky, 2011).
- ▶ According to Bowlby, children are innately predisposed to interact with their caregiver; they have signalling patterns and can smile by six weeks. Think of their facial features too.
- ▶ Remember the concept of a sensitive period – babies can differentiate between attractive and unattractive faces by 9 months of age. What does this tell us?

Attachment research

- ▶ Much of the contemporary research on attachment focuses on parenting styles/skills and how this impacts the child's behaviour in adulthood.
- ▶ Research has looked at the development of empathy, compassion, altruism and internalising/externalising problems.
- ▶ For example, an insecure attachment alters the stress response and can have poor health outcomes (Pietromonaco & Powers, 2015).
- ▶ A parents oxytocin level predicts the child's level for the first 3 years (Feldman et al., 2013). I.e. a child's social reciprocity correlates with their oxytocin levels.
- ▶ Early exposure to violence, poverty, harsh parenting correlates with risky behaviour, early fertility, aggression, less stable bonding more children and less parental investment (Bjorklund & Ellis, 2014).

Good parenting is like an insurance policy!

- ▶ GWAS examine the genomes of thousands of people to detect genetic variations that correlate with mental health disorders. Findings indicate that genetic patterns correlate with ASD, Schizophrenia, Bipolar Disorder, Substance Abuse, Depression within traumatic experiences, ACE's, poor nutrition and low physical activity.
- ▶ Good parenting can act as a buffer even when genetics predispose an individual; social support is crucial for the child to feel safe and supported.





Neuroscience and brain development

- ▶ Most children develop in a similar way, allowing the brain to become more specialised as part of the pruning process.
- ▶ However, in atypical situations due to plasticity, the brain responds differently. For example, in children born blind, eventually the area for vision becomes auditory.
- ▶ Likewise, the inhibitory systems of children born to mothers who are highly stressed due to social isolation, become altered due to a lack of verbal stimulation.
- ▶ Couple this with the knowledge that brain systems develop at different times, the emotional and reward systems develop quickly whilst the frontal sections are the last to mature – what does this imply, particularly for adolescents?

Epigenetics

- ▶ Epigenetic changes occur during our lifetime, particularly during the developing brain. Chemical compounds attach to segments of our DNA affecting how our genes express themselves.
- ▶ Romens and colleagues (2015) found that parental physical maltreatment in 11 – 14 yr olds affected their stress regulation response leading to `cascades of downstream changes in their biology and behaviour`.
- ▶ What is most concerning, is that these changes can be passed down to the next generation, not through changing the gene itself, by the cellular memory of how the gene expresses itself.
- ▶ According to Moffitt et al. (2013), ACE`s and trauma put the child's physical, psychological and cognitive health at risk via epigenetic changes in the stress response itself causing health problems, immune deficiencies, heart disease, dementia, behavioural and learning problems, depression and anxiety.



And finally – Social Learning Theory

- ▶ In his more recent work, Bandura focused on self-efficacy, an individuals' perception of their confidence.
- ▶ According to Bandura, a parent and child's self-efficacy is the key to positive developmental outcomes.
- ▶ Throughout the lifespan there are changes in which elements of self-efficacy are more important to a healthy psyche. For example –
 - ▶ Adolescence and young adulthood – the focus is on self-efficacy in relationships, appearance and occupational competence.
 - ▶ In middle adulthood the focus is on physical performance, new areas of interest and a re-evaluation of life.
 - ▶ In old age the focus is on memory loss and losing self-esteem.
- ▶ Poor self-efficacy leads to a lack of agency, a disengagement with society and lack of empathy. Interestingly, this is found in children and adolescents who bully.

- Presenting problems
- Predisposing problems
- Precipitating problems
- Perpetuating problems
- Protective factors

Part 2: Case Formulation

Case study 1: Skin Deep

- Tori presented at the psychologist after quitting school two weeks previously on her 16th birthday. She was sullen with a look of disgust on her face. Her parents were at a loss at how to manage her; as she was getting out of hand. She had taken a bus to stay with a friend in a city several miles away without telling her parents. They had been frantic for days, not knowing where she was. Her parents initially thought that she was skipping school to go shopping with friends on her birthday, but when she did not come home, they phoned the police. Her mother, Andrea was particularly upset as they had planned a family meal at Tori's favourite restaurant to celebrate her turning 'sweet sixteen'.
- Tori lives with her parents Andrea and George, aged 38 and 40. There is also a younger sister, Cindy, who is 10, but Tori does not get along with her at all. There is fierce competition between them for their parents' attention. When Andrea is asked about Tori's childhood, there is little recollection, whilst the pregnancy was uneventful, Andrea was depressed, and she recalls this as a dark time. George was drinking heavily and often had blackouts and could not recall events of several days. Andrea too turned to alcohol to manage her depression and to block out the financial worries that they had. As a result, Tori spent most of her day in daycare and with a 12year old neighbourhood boy who took Tori under his wing.

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- ▶ When Tori was 6 the boy and his parents moved towns and she was devastated. She was crushed, lonely and sad. She did not have friends of her own age and it was at this time that Andrea became pregnant with Cindy. Tori became very jealous as a result.
 - ▶ When asked about family history of mental health, there is a history of alcohol abuse on George`s side and his 19yr old nephew was in prison for drug related offences. George`s mother was an eccentric forever complaining about `her lot`. Andrea`s family had a history of impulsive behaviours, and her brother was in prison for DUI, theft and road rage, whilst her sister was repeatedly arrested for shoplifting.
 - ▶ At age 8 Tori was just starting to make friends in school when they moved to a city 200miles away due to her father's new work. She was very upset about the move and struggled to adjust. She would beg to stay home and complain about stomach pains. She became increasingly resentful of Cindy who was able to stay home with the mother.
 - ▶ On one bus trip to see old friends from her former home, Tori met a 20yr old girl; Josie who she immediately took too. It was Josie who she ran away to on her 16th birthday.

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- Tori had disliked school since the move and her parents have moved her six times in the last eight years whenever she said she did not like the school. When asked if she had ever been happy in school she could not recall any positive memories at all; rather she held onto bitter memories of unpleasant times and her inability to 'fit in'.
 - Her bare arms showed obvious cuts from a razor which she admitted to doing when feeling distressed. She openly admitted to cutting herself when feeling distressed or depressed and following arguments. During following sessions she opened up about family matters and focused on her sister and the fights that they were having. She then asked the psychologist if she would call her parents to tell them that she was trying to improve, but her sister was making it difficult for her. She also complained of problems with sleeping and eating and that she was down to 87lbs in weight.
 - On the last session she turned up appearing very edgy with fresh cuts on her arm. She complained that her boyfriend was being very mean to her, and she felt empty. She also said that when she cuts herself she feels nothing, no pain but she was doing it to see if she could feel anything, but there was nothing.



Tori: the details and diagnosis

Tori presents numerous symptoms of depression, social anxiety, impulse control and emotional regulation. She does not appear to have a sense of direction and is lost in respect of plans for the future.



Tori's mother did disclose an early history of maternal depression, during which time she was not emotionally available for Tori.



Non-suicidal, self-injury (NSSI) is increasingly becoming more prevalent in female psychiatric populations and is associated with family/peer problems, trauma, low self-esteem, eating disorders, anxiety, depression and personality disorders.



Research suggests that it is a learned behaviour that is used to reduce psychic pain and becomes a learned response in the self-rewarding mechanism of NSSI.



Individuals inheriting one form of the 5-HTT transporter gene are at twice the rate of developing impulse disorders and those with the short-short 5-HTT are four times more likely than those with the long-long alleles.

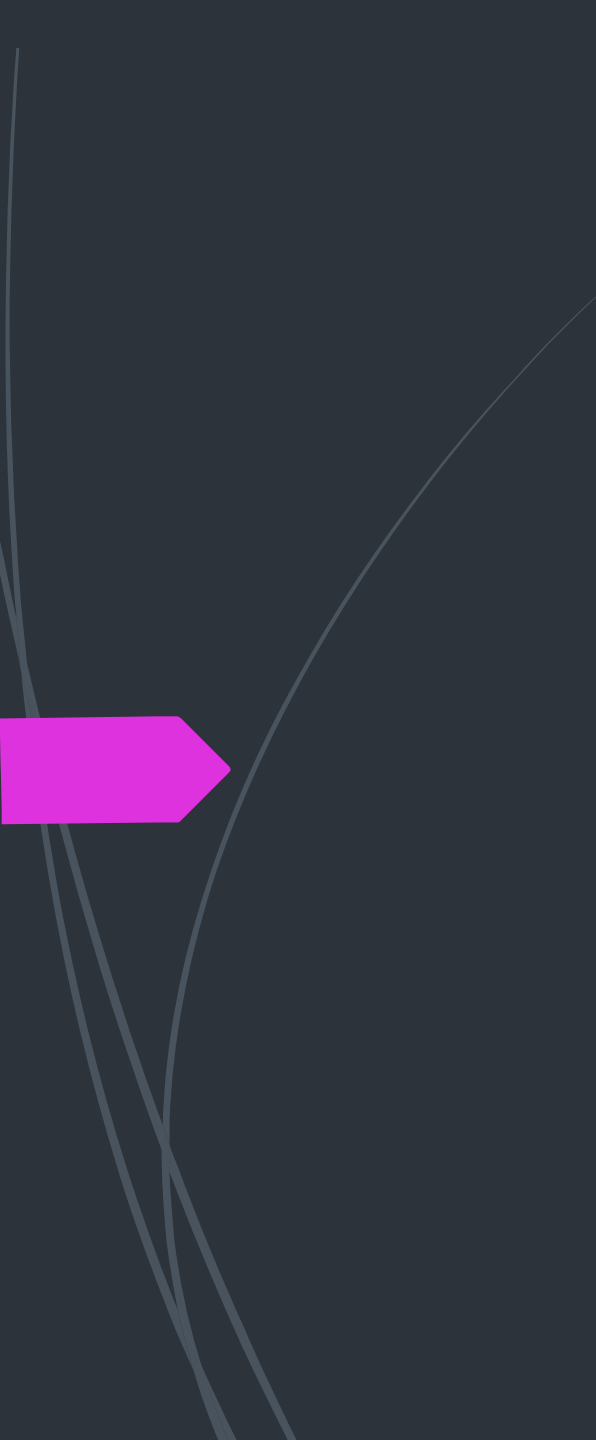


Bessel van der Kolk
on the Treatment of
Trauma: How
Childhood Trauma
is Different from
PTSD
(youtube.com)

6 ways to heal
trauma without
medication | Bessel
van der Kolk | Big
Think
(youtube.com)

Case study 2: Disconnected connections

- ▶ Little is known about Jason's early childhood apart from the fact that his parents died when he was four. There were stories of a murder suicide, as they were found in a submerged car that had crashed through a bridge. Jason's mum was a teenager when he was born with a history of substance abuse and running away from an abusive home. Jason's father had a similar upbringing and a history of reckless behaviour along with the substance abuse. Jason's father was physically abusive and a registered sex offender.
- ▶ Initially after his parent's death, he was cared for by a maternal aunt, who was also abusive, therefore Jason moved in with his maternal grandparents. At six years of age he was impulsive, reckless, extremely fearful of the dark and of water. He would scream hysterically if the lights were turned off and he suffered night terrors. He was afraid of the bath and hygiene became an issue.
- ▶ His grandparents did not know how to console him when he was upset, he never sought affection or attention and did not appear to have any happy times and was often irritable, angry or sad. Children in school would call him names and he would retaliate by punching and kicking.

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- ▶ Temper tantrums were frequent, he would kick scream, throw himself onto the floor and bang his head repeatedly. Mood shifts were frequent, and he would `zone out` into a world of his own. Ultimately, his grandparents gave up when he set their bedroom on fire.
 - ▶ He went through a series of foster placements destroying them before they had a chance to succeed. His life became a self-fulfilling prophecy. In play therapy, all of his themes were destructive and violent. In an intellectual assessment it was found that he had average intelligence, but struggled with STM, attention and concentration. Ritalin was prescribed to help him with this.
 - ▶ On assessment at age 15 he presented well and was cooperative and congenial. He informed the psychologist that he wanted to become a pyrotechnician and knew about the qualifications and study required for this. He became chattier and began to push the boundaries of the relationship, but never quite beyond the bounds of decorum. When asked where a pyrotechnician might live, he said in a part of the city where people around him would earn less than him. When asked about his recent attempt at breaking and entering, he denied any involvement, saying he was waiting for friend. He was upset that the police did not believe him.

Jason: the details and diagnosis



ODD type behaviours represent overt non-destructive behaviours, with a defiant and hostile approach towards authority figures.



In adolescence the pituitary gland works overtime, causing the HPA axis to become activated, particularly in those more susceptible to stress.



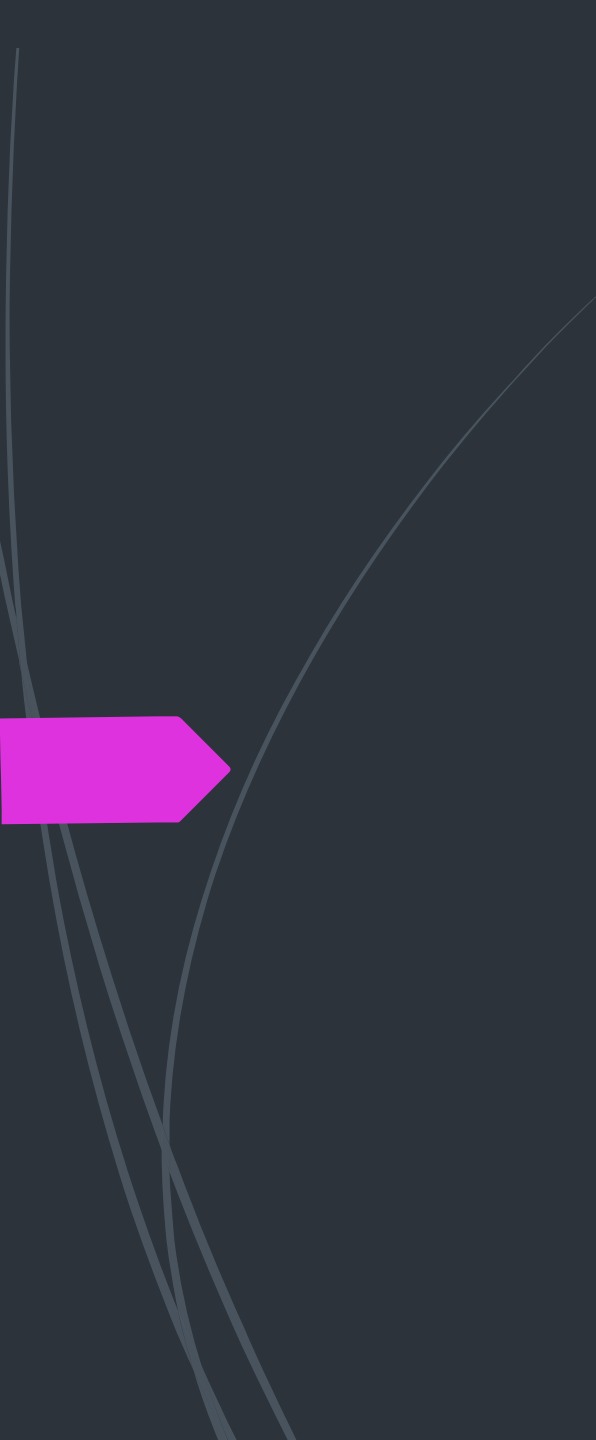
Within the ANS, the sympathetic system is responsible for activation of the HPA, whilst the parasympathetic branch is responsible for recovery. Usually, the ability to self-regulate increases in adolescence, but in those with a dysregulated system, they may experience inflated emotions of anger and avoidance (overactive sympathetic system, weak parasympathetic system).

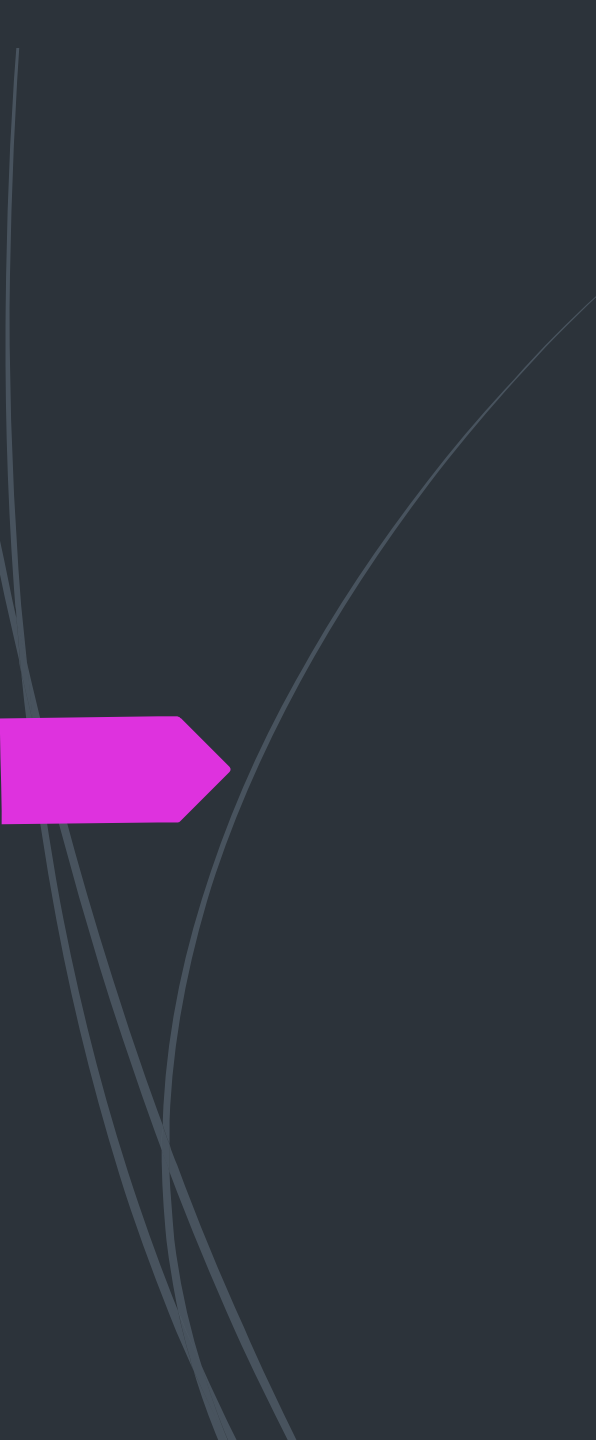


Longitudinal studies have shown that trauma or deprivation can alter neural pathways leading to a dysfunction of the HPA system (Battaglia et al., 2005).

Case study 3: The Slippery slope

- ▶ Alex is the only child of Wanda and Jason Bishop. Wanda's father, Bill come from Poland at 14yrs with the promise of a better life, however this did not materialise, as his uncle put him to work immediately to pay for his keep. Eventually they fell out and Bill moved out, met and married Martha (Wanda's mother).
- ▶ Bill never forgot his roots and after Wanda was born insisted that Martha no longer work. Wanda too, wanted independence and wanted to go to university to become a teacher, however Bill was not willing, as he believed that a woman's` job is to be a wife and a mother. Wanda found a job and moved into an apartment that she shared with two other girls, hoping that she could pursue her dreams.
- ▶ Unfortunately, with no one to support her she could not afford it, so she became fed up with her lot and started drinking. Initially it was one for a nightcap, but soon it became a regular daily theme. It did not interfere with her job however and soon she met Jason at a local bar. They became firm friends and soon moved in together to save money on rent.

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- ▶ Within three months she became pregnant and her father disowned her. Jason did not want children, so they argued and separated. Alex was born a healthy 7lb baby, although he never had the chance to meet his maternal grandmother before she died.
 - ▶ Alex was a bright boy, who loved going to school/ He was popular, the teachers liked him and although things were tight financially, Wanda and Alex got on well. When Alex was 12 Wanda met Logan at a company barbecue. Wanda was cautious about a new relationship, but Logan was keen to build a family with Alex and Wanda.
 - ▶ Alex was jealous of the attention his mother showed towards Logan, as he had been the beneficiary of this for so long. When he had the opportunity in the summer to go to a sports camp for three weeks, he was excited when Wanda managed to fund the trip. Whilst he was away, Logan took Wanda on a cruise holiday, which swept her of her feet. On the fourth day of the cruise, Wanda and Logan were married by the ship's Captain.

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- ▶ On return from the summer camp, Wanda and Logan were waiting for Alex with `exciting` news. On hearing the news, Alex threw his rucksack on the floor, ran to his room and slammed the door. He did not speak to his mother for days. Wanda was so caught up in her own happiness that she did not foresee the impact that it was having on Alex.
 - ▶ The look of betrayal that she saw on Alex's` face is one that she will never forget when telling him the news. For the next year, Wanda and Logan were swept up in their happiness, going for meals in restaurants and local pubs. They always invited Logan, but he always refused, coming up with various excuses.
 - ▶ One night Alex came home very late and Logan noticed that he was drunk, he chose not to share this with Wanda, assuming that Alex was blowing off steam. However, Alex`s behaviour is now out of control, he is drinking, smoking marijuana and had even tried ecstasy and cocaine.
 - ▶ He has now been suspended from school for turning up intoxicated, hence the referral to the psychologist in an attempt to uncover the cause of his behaviour.



Alex: the diagnosis and details

Substance abuse (SA) is considered harmful if it leads to increased consumption, unsuccessful attempts to stop, tolerance, withdrawal and an inability to fulfil roles.

Research shows that the substances mostly abused by adolescents are alcohol 62%, tobacco 35%, cannabis 31% and inhalants 14%. However, since adolescence is a time of experimentation and discovery, it is difficult to fully assess the severity of SA.

Children of alcoholics are more at risk than children of non-alcoholic parents. Having close friends that abuse also increases the risk.

The neurotransmitter dopamine is associated with the reward centre of the brain and abnormal receptors have been found in those with alcoholism and those addicted to cocaine.

Early use of substances have proposed that cannabis is a gateway drug to other substances (Hall & Lynskey, 2005).



End of module!