



Behavioral Health – They Still Have to be Kids

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Objectives

- Develop a foundational understanding of behavioral health issues in adolescents, including Bipolar Disorder, and their significance in pediatric health care.
- Identify symptoms of manic and depressive episodes in adolescents and understand how these symptoms may present differently compared to adults.
- Learn techniques for effectively communicating with adolescents experiencing mood disturbances, ensuring empathy and understanding in clinical interactions.
- Acquire skills in managing crises related to severe mood swing or self-harm risks, including appropriate intervention and support strategies.



Jeopardy

Prevalence	Behavioral Health Terminology	EMS & Pediatric BH	Crisis Management	Bipolar Disorder
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>
<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>
<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>
<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>



Attention Deficit Disorder (ADD)

Recent data from the Centers for Disease Control and Prevention ([CDC](#)) indicate that approximately 11.4% of U.S. children aged 3–17 years have been diagnosed with 2022.

Boys are more likely to be diagnosed than girls, with rates of 14.5% and 8.0%, respectively.

Non-Hispanic White Children: 13.4%

Non-Hispanic Black Children: 10.8%

Hispanic Children: 8.9%



Anxiety Disorders

According to the Centers for Disease Control and Prevention (CDC), approximately 10% of children aged 3 to 17 years have a current, diagnosed disorder.

More common in females (11%) than in males (9%).

Non-Hispanic White Children: 12.5%

Non-Hispanic Black Children: 9.1%

Hispanic Children: 8.8%



Depression

According to the Centers for Disease Control and Prevention ([CDC](#)), approximately 4% of children aged 3 to 17 years have a current diagnosis.

More common in females (6%) than in males (3%).

Non-Hispanic White Children: 5.0%

Non-Hispanic Black Children: 3.2%

Hispanic Children: 3.8%



Autism Spectrum Disorders

Recent data from the Centers for Disease Control and Prevention ([CDC](#)) indicate that approximately 1 in 36, or 2.7%, children in the United States have a current diagnosis.

About 3.8 times more prevalent in boys than in girls, with approximately 4% of boys and 1% of girls diagnosed.

Non-Hispanic White Children: 2.4%

Non-Hispanic Black Children: 2.9%

Hispanic Children: 3.2%

Non-Hispanic Asian or Pacific Islander Children: 3.3%



Mood Disorder

Approximately 14.3% of U.S. adolescents aged 13 to 18 experience this disorder at some point, with 11.2% facing severe impairment.

More common in females (18.3%) than in males (10.5%)

Non-Hispanic White adolescents: 14.1%

Non-Hispanic Black adolescents: 11.5%

Hispanic adolescents: 12.0%



An xie ty

This term describes the mental health condition characterized by excessive fear or worry, often affecting a child's daily life.



ADD/ ADHD

This term refers to a pattern of inattention, hyperactivity, and impulsivity that is more than typically observed in children of the same age.



Cognitive Behavioral Therapy

This term is used for a form of therapy that focuses on modifying harmful thinking patterns in children and is effective for anxiety and depression.



Oppositional Defiant Disorder (ODD)

This type of behavior, characterized by defiance and hostility toward authority figures, is commonly seen in children and adolescents and can lead to challenges in school and social settings.



Pediatric Assessment Triangle (PAT)

Refers to the systematic approach EMS providers and ED nurses use to assess a pediatric patient's appearance, work of breathing, and circulation to the skin.



Sensory Stimulus

When treating a pediatric patient with anxiety or panic, EMS providers and ED personnel should first attempt to reduce this type of stimulus, which can worsen a child's distress.



Verbal De-escalation

This crisis intervention technique used by EMS involves calmly talking with a child offering reassurance and helping to manage their emotions during an emergency.



Pediatric Delirium

EMS providers and ED Personnel should be trained to recognize signs of this condition in pediatric patients, which includes symptoms of confusion, altered behavior, and difficulty in communication, often caused by underlying medical or psychological issues.



Low-stimulation approach

When managing a child with Autism Spectrum Disorder during an emergency, EMS and ED personnel should use this approach, characterized by providing clear, simple instructions and minimizing unnecessary physical contact.



Scene Safety

This is the first priority for EMS or hospital personnel when responding to a pediatric behavioral health crisis, ensuring safety for everyone on the scene.



Active Listening

When a child is experiencing a behavioral health crisis, this technique involves using a calm tone, maintain eye contact (if appropriate), and addressing the child by name to help de-escalate the situation.



Crowding the child

In a crisis, EMS and ED personnel should avoid this common action, which can escalate a child's agitation, by giving the child time and space to process what is happening.



C.A.L.M.

Communicate | Assess | Listen | Maintain Safety

This acronym helps EMS and ED personnel remember key steps when approaching a child in a behavioral crisis, focusing on communication, safety, and assessment.



Emotional Contagion

During a pediatric behavioral health emergency, EMS and ED personnel should be aware of this phenomenon, where a child's behavior may worsen due to observing others' stress or anxiety in the environment.



Mood

Bipolar disorder in children is characterized by extreme changes in this, ranging from very happy or irritable to very sad or hopeless.



Ma n ia

This phase of bipolar disorder involves periods of extremely elevated or irritable mood, high energy, and impulsive behavior.



ADD/ ADHD

Pediatric bipolar disorder is often misdiagnosed as this condition, which shares symptoms of hyperactivity and impulsivity but lacks extreme mood swings.



Negative or Suicidal Thinking

During a depressive episode, children with bipolar disorder may experience this type of thinking, which can include feelings of worthlessness and thoughts about self-harm.



Suicidal behavior or self-harm

In pediatric bipolar disorder, mixed episodes are periods where symptoms of both mania and depression occur simultaneously. This often leads to greater risks of this severe consequence.



Why do they need EMS/ ED?





What We Are Doing



Syncope
Most Common

?
Blacking out.

Falling for no reason.

Feeling dizzy.

Feeling drowsy or groggy.

Fainting, especially after eating or exercising.

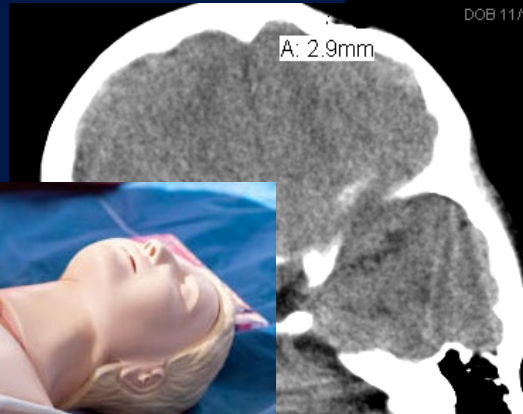
Feeling unsteady or weak when standing.

Changes in vision, such as seeing spots.

Tunnel Vision.

Headaches.

Cleveland Clinic



TYPES OF DEMENTIA

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- * **Mixed dementia:** Dementia from more than one cause

Call 911 right away

Original Prescription Strength

Easy to Use

Can Save a Life

NARCAN
Naloxone HCl Nasal Spray 4 mg

Emergency Treatment of Opioid Overdose

Designed to Rapidly Reverse the Effects of a Life-Threatening Opioid Emergency

2 Single-Dose Nasal Spray Devices
0.003 fl oz (0.1 mL) each

For use in nose only



Thoughts or Assumptions ??

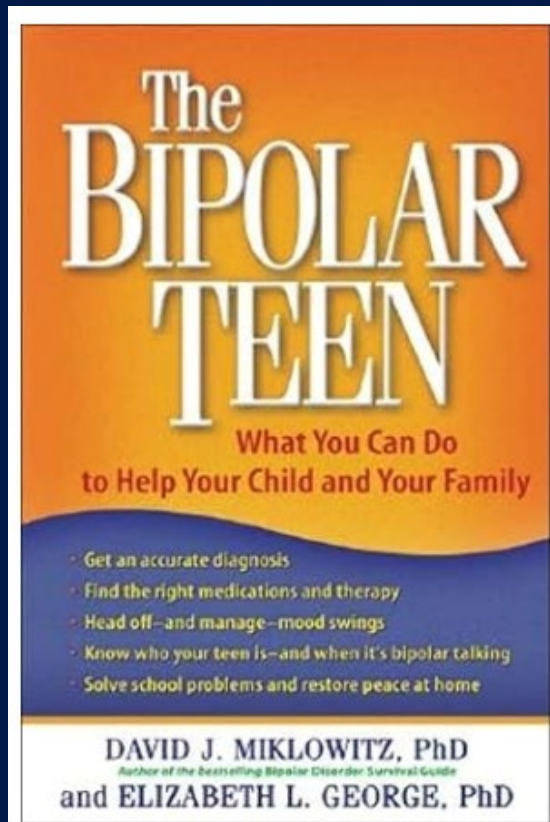


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Bipolar Disorder in Children and Teens

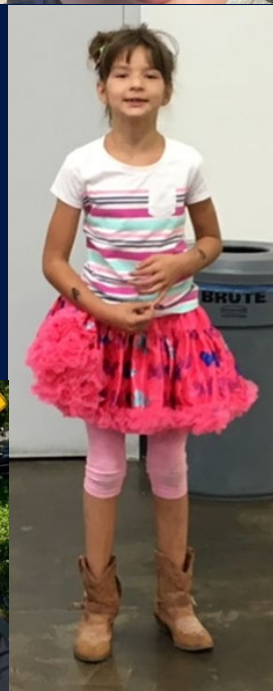
Pediatric bipolar disorder: Assessment and diagnosis





Family Perspective





We can do better!!



TRAUMA-INFORMED CARE:

What does it look like?

@therecoverycenterusa

Language and Communication

Helpers use non-judgmental and empathetic language. They avoid making assumptions about an individual's past experiences. For instance, instead of asking, "What's wrong with you?" they might ask, "What happened to you?"

Providing Choices

In healthcare settings, offering choices to patients can be empowering. For example, allowing a patient to choose their meal preferences or the time of their therapy sessions gives them a sense of control.

Sensory-Friendly Environments

Recognizing that sensory sensitivities can be triggered by trauma, trauma-informed care might involve providing calming sensory rooms or ensuring that lighting and noise levels are adjustable to individual preferences.

Active Listening

Helpers actively listen to individuals without interrupting or rushing through appointments. They validate their feelings and experiences.

Training and Self-Care

Healthcare staff are trained in trauma-informed care principles and are encouraged to practice self-care to prevent burnout. This ensures that they can provide the best possible care to their patients.

De-escalation Techniques

In situations where patients may become agitated or distressed, trauma-informed care involves de-escalation techniques that prioritize safety and minimize re-traumatization.

A PSYCHIATRIC ADVANCE DIRECTIVE

describes your treatment preferences if you experience a **mental health crisis**:

What medications are or aren't helpful

What treatments or treatment locations you prefer

Whom should be contacted in case of a mental health crisis

What causes or helps prevent a crisis for you

HHS.gov



Questions?





Thank you!

