



Behavioral Health Diagnoses, Symptoms, and Interventions for Children Ages 4 and older

Desk reference created October 2013 by Dartmouth Trauma Interventions Research Center for DCYF

Diagnoses and symptoms based on DSM-5; Interventions drawn from various evidence-based practice guidelines

Diagnosis	Typical symptoms	Behavioral interventions known to work (Evidence-informed; Manualized) *Descriptions provided below	Common medications (* indicates FDA approved)
<u>Trauma-related disorders</u> Post-traumatic stress disorder	Upsetting memories, nightmares, avoid talking about, avoid reminders, anxious, looking for danger, negative thoughts of self/world, negative mood (anger, sad)	Older children: Cognitive behavioral therapy (Trauma-focused Cognitive Behavioral Therapy); Eye Movement Desensitization and Reprocessing Younger children: Dyadic trauma-focused treatment such as Child Parent Psychotherapy	No specific medications. Medications may be appropriate specific associated symptoms of depression or anxiety
----- Reactive Attachment Dis. ----- Disinhibited Social Engagement Dis.	Emotionally withdrawn following neglect/ caregiver changes Overly familiar approach behaviors with adults following neglect/caregiver changes	Dyadic attachment therapies with caregiver coaching such as Child Parent Psychotherapy or Dyadic Developmental Psychotherapy NEW Disorder; no research yet; likely dyadic attachment therapies such as above	
ADHD	Difficulty concentrating, attending, completing tasks, hyperactivity	Behavioral parent management training (Triple P, Helping the Noncompliant Child, Parent Child Interaction Therapy)	Stimulants*; Strattera*, Intuniv* (guanfacine); Kapvay (clonidine) Wellbutrin; tricyclics
<u>Mood disorders</u> Major Depression Dysthymia	Sad/irritable moods, tearful, can't have fun, tired, low self-esteem, thoughts of hurting self	Cognitive behavioral therapy; Interpersonal therapy	Select SSRIs*; Wellbutrin; Effexor; Cymbalta; Remeron
----- Bipolar Disorder	Extreme elevated /irritable mood (mania) with decreased need for sleep, possible episodes of depression or hallucinations	Cognitive behavioral therapy	Lithium*; Select atypical antipsychotics*; Select mood stabilizers*
----- NEW Disruptive Mood Dysregulation Dis.	Severe temper outbursts; irritable/angry mood	NEW disorder; no research yet. Likely interventions are cognitive-behavioral and behavioral parent management training	Potential medications for associated mood/ aggressive symptoms



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<u>Behavioral disorders</u> Oppositional Defiant Dis. Disruptive Behavior Dis. Conduct Dis.	Non-compliant, oppositional angry mood, vindictive, aggressive deceitful, behaviors	Behavioral parent management training; Multisystemic therapy	Potential medications for associated mood/aggression/ ADHD
<u>Anxiety disorders</u> Generalized, Social, Panic, Separation Anxiety	Excessive fears, worries, physical symptoms, restless	Cognitive-behavioral therapy (e.g., Coping Cat)	Select SSRIs (anti-depressants); buspirone, or benzodiazepines (Clonazepam, Lorazepam)
Obsessive Compulsive Disorders (OCD, Hair pulling) ----- Tic Disorders	Obsessive, unwanted thoughts/urges and/or repetitive behaviors to reduce anxiety Vocal or motor tics; odd repetitive vocal or motor behaviors	Cognitive-behavioral therapy (exposure and response prevention) Habit reversal	Anafranil*; Luvox*; Zoloft*, Prozac*, other SSRIs Clonidine, Guanfacine, Orap*, Atypical and traditional antipsychotics
<u>Autism Spectrum</u> Autism, Aspergers, Pervasive Developmental Disorder	Social communication and interaction deficits; restricted behavior/interests	Applied Behavioral Analysis parent training Behavioral parent management training; Social Thinking	For aggressive behaviors, select atypical antipsychotics*
<u>Thought disorders</u> Schizophrenia Psychotic Disorder	Delusions, hallucinations, disorganized speech or behavior	Cognitive behavioral therapy	Select atypical and traditional antipsychotics*

NOTE: The list of behavioral interventions and medications is suggestive but not exhaustive. Some interventions may not be available everywhere. Clinical judgment is needed for each child and family when choosing interventions. Age and developmental level of the child are important, and many children have more than one diagnosis. In some cases, both behavioral interventions and medications are indicated. This desk reference is relevant to children ages **4 years and older**.



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Descriptions of Behavioral Interventions

Cognitive-behavioral therapy describes a broad type of short-term psychotherapy that integrates theories of cognition and learning with cognitive and behavioral techniques. CBT assumes that thoughts, behaviors, and emotions are related. Treatment is aimed at identifying and changing unhelpful thoughts and behaviors through cognitive restructuring and behavioral techniques.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a short-term specific therapy approach for children and teens with emotional and behavioral difficulties related to traumatic life events. It combines a trauma-lens with CBT, family therapy, and strength based principles and techniques.

Eye Movement Desensitization and Reprocessing (EMDR) is a short-term specific integrative psychotherapy approach for the treatment of trauma. The therapy involves picturing the traumatic event while concentrating, for example, on the rapid back and forth movements of a therapist's finger.

Dyadic trauma-focused treatment describes a broad type of psychotherapy that involves the caregiver and child and focuses on emotional and behavioral difficulties related to traumatic life events.

Dyadic attachment-focused treatment describes a broad type of psychotherapy that focuses on the attachment relationship between the caregiver and child.

Child Parent Psychotherapy (CPP) is a specific psychotherapy that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories. The therapy includes the child and caregiver and it targets the effects of family violence or other traumas on the parent-child relationship and the child's mental health.

Dyadic Developmental Psychotherapy (DDP) is a specific family-focused therapy for children with complex trauma, reactive attachment disorder (RAD), and other attachment difficulties. Focus is placed on building relationships and increasing the parents' understanding and ways of responding to the child's needs.

Behavioral parent management training (e.g., Triple P, Helping the Noncompliant Child, Parent Child Interaction Therapy) describes a broad type of therapy that involves the child and the caregiver. The goal is to improve parenting techniques in order to change the child's problematic behavior.

Interpersonal Therapy (IPT) is a specific short-term psychotherapy that focuses on interpersonal issues which are seen as related to the emotional and behavioral difficulties of the child. The goals of IPT are to reduce symptoms and distress, improve relationships, and increase social support.

Multisystemic Therapy (MST) is a specific family- and community-based treatment program that focuses on changing the systems (i.e., school, community) that impact chronic and violent teens. To improve the quality of life for the child and their families, this treatment assumes that the systems play an important role in the child's behavior and therefore should be the focus of the interventions.

Exposure and response prevention is a specific technique used to treat Obsessive Compulsive Disorder that involves exposure to situations or cues that cause obsessions and compulsions. Treatment is aimed at preventing compulsive behaviors by helping the client reduce their fears.

Habit reversal is a specific behavioral technique in which the client learns a new way of responding to a feared situation and stop responding to a previously learned cue. It is used to reduce unhelpful repetitive behaviors, such as tics, hair-pulling, and nervous habits.

Applied Behavioral Analysis (ABA) is a specific treatment for autism that is rooted in behavioral principles and learning theory. The goal is to address problematic behaviors. Techniques are individualized and guided by the client's progress.

Social Thinking is a specific developmental treatment approach rooted in CBT for children with social learning and social skill problems.



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Psychotropic Medications (listed by brand names here, but all also have generic names) and Side Effects

Stimulants (e.g., Adderall, Concerta, Dexedrine, Focalin, Metadate, Quillivant, Vyvanse): weight loss, trouble falling asleep, headache, stomachache, loss of appetite, weight loss. Rare: Tics (twitching of the face, blinking or throat clearing, biting finger nails), increased irritability or excitability, decreased growth (possibly an inch over 3-8 years). **Please tell your doctor if your child has relatives under 50 who have died of heart problems, or your child has a history of irregular heartbeats, heart murmurs, fainting spells, chest pain, or other possible heart problems.**

Strattera (non-stimulant for ADHD): sleepiness or insomnia, appetite loss, weight loss, nausea, stomachaches. Rare: eyes and/or skin turning yellow or changes in urine color (related to inflammation of the liver), trouble urinating, or worsening moods. The U.S. Food & Drug Association has included a “black box” warning that Strattera may increase suicidal thoughts and behaviors.

Antidepressants [SSRIs (Celexa, Lexapro, Luvox, Prozac, Trazodone, Zoloft), SNRIs (Cymbalta, Effexor), other (Remeron, Wellbutrin)]: headache, dizziness, stomachaches, nausea, loose stools or diarrhea, dry mouth, mild weight gain or loss, sleepiness, insomnia. Rare: Rash, seizures, feeling excited, irritable or more depressed. The U.S. Food and Drug Administration has put out a “black box” warning that antidepressants may cause suicidal thoughts and behaviors (about 4% of the time). Patients should have check-ups after antidepressants are started or their doses are increased.

Second Generation (Atypical) Antipsychotics (e.g., Abilify, Geodon, Latuda, Risperdal, Seroquel)/First Generation Antipsychotics (e.g., Haldol): sleepiness, dizziness, increased appetite, weight gain, high cholesterol, muscle stiffness, tremors, restlessness. Rare: Using these medications over time can lead to excessive weight gain, high blood pressure and high blood sugars or diabetes. Patients may develop abnormal movements of the face, tongue, arms or legs called tardive dyskinesia that don't always end if the medicine is stopped. In extremely rare cases, patients can get muscle stiffness and high fevers that can be fatal. Regular check-ups (for weight, blood pressure, abnormal movements), blood tests, and EKG tests of the heart (for Geodon) are needed.

Lithium: sleepiness, tremors, weight gain, increased or decreased urination, increased thirst, acne, loose stools or diarrhea. Rare: Thyroid or kidney problems, irregular heartbeat, confusion, brain injury if blood level goes to high, clumsiness, dizziness. Regular blood tests are needed to check for thyroid or kidney problems and to be sure the blood level of lithium is right. **Check before using Lithium with other medications (e.g. Motrin).**

Depakote, Tegretol, Lamictal, Trileptal: sleepiness, tremors, weight gain. Rare: liver or pancreas problems, dizziness, confusion, changes in blood cell and platelet numbers, changes in vision, severe skin rash, and birth defects if taken when pregnant. **Lamictal or Tegretol can cause a severe, possibly deadly allergic reaction where the skin blisters and falls off or the white blood cell count goes very low. Please let the doctor know if there are any new rashes or changes of the skin.** Regular blood tests are needed to check for problems and to be sure the blood level of the medicine is right.



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Guanfacine, Clonidine: sleepiness, low blood pressure, dizziness, dry mouth, dry eyes, blurry vision, headache, weakness, and decreased heart rate. **If your child has been taking this medication and suddenly stops it, his/her blood pressure can go up very high. If the medication needs to be stopped, you should discuss with your doctor how to go off this safely.**