

## A Guide to Children’s Mental Health and Developmental Issues

Challenge	Indications
<b><i>Mental Health Challenges</i></b>	
<p><b>Attention deficit problems (ADHD/ ADD):</b> Problem with inattentiveness, over-activity, impulsivity, or a combination. For these problems to be diagnosed as ADHD/ADD, they must be out of the normal range for the child's age and development.</p>	<p><b>ADHD/ADD Indications:</b></p> <ol style="list-style-type: none"> <li>1. Fails to give close attention to details or makes careless mistakes in schoolwork</li> <li>2. Difficulty sustaining attention in tasks or play</li> <li>3. Does not seem to listen when spoken to directly</li> <li>4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace</li> <li>5. Difficulty organizing tasks and activities</li> <li>6. Avoids or dislikes tasks that require sustained mental effort (such as schoolwork)</li> <li>7. Often loses toys, assignments, pencils, books, or tools needed for tasks or activities</li> <li>8. Easily distracted</li> <li>9. Often forgetful in daily activities</li> </ol> <p><b>Hyperactivity Indications:</b></p> <ol style="list-style-type: none"> <li>1. Fidgets with hands or feet or squirms in seat</li> <li>2. Leaves seat when remaining seated is expected</li> <li>3. Runs about or climbs in inappropriate situations</li> <li>4. Difficulty playing quietly</li> <li>5. Often "on the go," acts as if "driven by a motor," talks excessively</li> </ol> <p><b>Impulsivity Indications:</b></p> <ol style="list-style-type: none"> <li>1. Blurts out answers before questions have been completed</li> <li>2. Difficulty awaiting turn</li> <li>3. Interrupts or intrudes on others (butts into conversations or games)</li> </ol>

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<p><b>Oppositional Defiant Disorder:</b> In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the youngster's day to day functioning.</p>	<p><b>Indications:</b> Negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:</p> <ol style="list-style-type: none"> <li>1. often loses temper</li> <li>2. often argues with adults</li> <li>3. often actively defies or refuses to comply with adults' requests or rules often deliberately annoys people</li> <li>4. often blames others for his or her mistakes or misbehavior</li> <li>5. is often touchy or easily annoyed by others</li> <li>6. is often angry and resentful</li> <li>7. is often spiteful or vindictive</li> </ol>
<p><b>Conduct Disorders:</b> Conduct disorders consist of a repetitive and persistent pattern of behaviors in which the basic rights of others or major age-appropriate norms or rules of society are violated. There are four main groupings of conduct disorders: (1) aggressive conduct that causes or threatens physical harm to other people or animals, (2) non-aggressive conduct that causes property loss or damage, (3) deceitfulness or theft, and (4) serious violations of rules.</p>	<p><b>Indications:</b> Typically, there would have been three or more of the following behaviors in the past 12 months, with at least one in the past 6 months:</p> <p><i>Aggression to People and Animals</i></p> <ul style="list-style-type: none"> <li>• often bullies, threatens, or intimidates</li> <li>• often initiates physical fights</li> <li>• has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)</li> <li>• has been physically cruel to people</li> <li>• has been physically cruel to animals</li> <li>• has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)</li> <li>• has forced someone into sexual activity</li> </ul> <p><i>Destruction of property</i></p> <ul style="list-style-type: none"> <li>• has deliberately engaged in fire-setting, with the intention of causing serious damage</li> <li>• has deliberately destroyed others' property (other than by setting fires)</li> </ul> <p><i>Deceitfulness or theft</i></p> <ul style="list-style-type: none"> <li>• has broken into someone else's house, building, or car</li> <li>• often lies to obtain goods/favors or to avoid obligations (i.e., "cons" others)</li> <li>• has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)</li> </ul> <p><i>Serious violations of rules</i></p> <ul style="list-style-type: none"> <li>• often stays out at night despite parental prohibitions, beginning before age 13 years</li> <li>• has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)</li> </ul>

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	<ul style="list-style-type: none"> <li>• is often truant from school, beginning before age 13 years</li> </ul>
<p><b>Anxiety disorders:</b> Children and adolescents with anxiety disorders typically experience intense fear, worry, or uneasiness that can last for long periods of time and significantly affect their lives. If not treated early, anxiety disorders can lead to:</p> <ul style="list-style-type: none"> <li>• Repeated school absences or an inability to finish school;</li> <li>• Impaired relations with peers;</li> <li>• Low self-esteem;</li> <li>• Alcohol or other drug use</li> </ul>	<p><b>Types of Anxiety Disorders</b> include phobias, generalized anxiety disorder and others, including Separation Anxiety Disorder.</p> <p><b>Indications of Separation Anxiety Disorder:</b></p> <p>Children with separation anxiety disorder:</p> <ol style="list-style-type: none"> <li>1. Often have difficulty leaving their parents to attend school or camp, stay at a friend's house, or be alone</li> <li>2. Often "cling" to parents and have trouble falling asleep</li> <li>3. May also experience depression, sadness, withdrawal, or fear that a family member might die</li> </ol>
<p><b>Post-Traumatic Stress Disorder (PTSD):</b> Children and adolescents can develop post-traumatic stress disorder after they experience a very stressful event, such as physical or sexual abuse; being a victim of or witnessing violence; or living through a disaster, such as a bombing or hurricane.</p>	<p><b>Indications:</b> Children and adolescents who develop PTSD:</p> <ol style="list-style-type: none"> <li>1. Experience the event over and over through strong memories, flashbacks, or other kinds of troublesome thoughts</li> <li>2. May try to avoid anything associated with the trauma</li> <li>3. May overreact when startled or have difficulty sleeping</li> </ol>
<p><b>Depression:</b> A common mental health condition that involves a change in mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.</p>	<p><b>Indications:</b></p> <ol style="list-style-type: none"> <li>1. Loss of interest in activities that were once interesting or enjoyable</li> <li>2. Loss of appetite with weight loss or overeating with weight gain</li> <li>3. Loss of emotional expression (flat affect)</li> <li>4. A persistently sad, anxious or empty mood</li> <li>5. Feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness</li> <li>6. Social withdrawal</li> <li>7. Unusual fatigue, low energy level, a feeling of being slowed down</li> <li>8. Sleep disturbance with insomnia, early-morning awakening, or oversleeping</li> <li>9. Trouble concentrating, remembering, or making decisions</li> <li>10. Unusual restlessness or irritability</li> <li>11. Persistent physical problems such as headaches, digestive disorders, or chronic pain that do not respond to treatment</li> <li>12. Thoughts of death or suicide or suicide attempts</li> <li>13. Alcohol or drug abuse may be signs of depression</li> </ol>

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<p><b>Attachment Disorders/Difficulties:</b> An attachment disorder is a mental-health condition caused by the absence of an emotionally secure attachment to a caregiver in the early years of life. A disruption in the development of secure attachment can occur as a result of parental illness, parental unavailability because of other life commitments, or the serious illness of the child. Children who move from foster home to foster home or spend the early years of their lives in orphanages can experience long-term attachment difficulties. Children who are abused or neglected or otherwise traumatized often show signs of impaired attachment.</p> <p><b>Reactive Attachment Disorder</b> is characteristic of children who received extremely insufficient early care and display a consistent pattern of inhibited, emotionally withdrawn behavior toward caregivers and social/emotional disturbance</p>	<p><b>Indications:</b> Potential signs of attachment disorders/difficulties include the following child behaviors:</p> <ul style="list-style-type: none"> <li>• Is exceptionally clingy to the parent most of the time, to the point of distress, and there are no other circumstances to explain the clinginess</li> <li>• Seems more affectionate with strangers than with family members</li> <li>• Is frequently distant and doesn't accept help from parents</li> <li>• Defiantly opposes parents' efforts to set limits more often than not</li> <li>• Lies or steals despite parents' interventions and beyond the normal testing of children.</li> <li>• Is constantly manipulative, beyond the normal range for children</li> <li>• Displays anger that does not seem normal.</li> <li>• Is hurtful to animals or threatening to other children or adults</li> <li>• Has difficulty regulating strong emotions</li> </ul>
<p><b>Sensory Integration Dysfunction (SID),</b> also called <b>sensory processing disorder:</b> A disorder causing difficulties with processing information from the five classic senses (vision, auditory, touch, olfaction, and taste), the sense of movement (vestibular system), and/or the positional sense (proprioception). The origin of sensory integration problems is thought to be neurological. These problems are not currently considered to be a psychiatric issue, but they can have significant implications for a child's behavior and development – and for parenting.</p>	<p>Sensory integration disorders vary between individuals in their characteristics and intensity. Some people are so mildly afflicted, the disorder is barely noticeable, while others are so impaired they have trouble with daily functioning.</p> <p>Children can be born hypersensitive or hyposensitive to varying degrees and may have trouble in one sensory modality, a few, or all of them.</p> <p>Hypersensitivity is also known as <b>sensory defensiveness</b>. Examples of hypersensitivity include feeling pain from clothing rubbing against skin, an inability to tolerate normal lighting in a room, a dislike of being touched (especially light touch) and discomfort when one looks directly into the eyes of another person.</p> <p>Hyposensitivity is characterized by an unusually high tolerance for environmental stimuli. A child with hyposensitivity might appear restless and seek sensory stimulation.</p>
<p><b>Autism Spectrum Disorder:</b> Persistent deficits in social communication and social interaction in multiple settings, with or without intellectual impairment or language development</p>	<p><b>Indications:</b></p> <ul style="list-style-type: none"> <li>• Deficits in social-emotional reciprocity</li> <li>• Deficits in nonverbal communication</li> <li>• Deficits in developing, maintaining, and understanding relationships</li> <li>• Restrictive, repetitive patterns of behavior/interests</li> </ul>

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<p><b>Other specified Neurodevelopmental Disorder</b>  <b>Prenatal Alcohol Exposure:</b> more than minimal exposure to alcohol during mother’s pregnancy (more than 13 drinks in 1 month, no more than two drinks on a single occasion)</p>	<p><b>Indications:</b></p> <ul style="list-style-type: none"> <li>• Impaired neurocognitive functioning as manifested in intellect, executive functioning, impairment in learning, memory, etc.</li> <li>• Impaired self-regulation</li> <li>• Impairments in adaptive functioning</li> </ul>
<p><b>Learning Difficulties</b></p>	
<p><b>Academic underachievement:</b> A discrepancy between a child's potential for learning (ability) and actual achievement</p>	<p>May be the result of specific learning disabilities (please see below) and/or mental-health challenges (please see preceding information)</p>
<p><b>Grade retention:</b> Repeating an academic year of school. Also called “being held back” or “repeating a grade”</p>	<p>May be the result of specific learning disabilities (please see below) and/or mental health challenges (please see preceding information)</p>
<p><b>Specific learning disorder:</b> Specific learning disability refers to a disorder in one or more of the basic psychological process involved in understanding or using language, spoken or written. A specific learning disability may manifest itself in imperfect ability to listen, think, speak, read, write, spell or perform mathematical computations.</p>	<p><b>Indications:</b>  Indications of specific learning disorders are different for different children. Children may:</p> <ol style="list-style-type: none"> <li>1. Have difficulties in reading, which also frequently results in written language difficulties (especially in spelling).</li> <li>2. Have problems only in areas requiring mathematical calculation; experience a combination of reading, writing, and mathematics difficulties. Have difficulties in oral language (receptive and or expressive)</li> <li>3. Experience nonverbal learning disabilities in such areas as motor skills, visual-spatial orientation, social relationships, and organization</li> </ol>

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**Substance Abuse:** A pattern of substance (drug) use leading to significant problems or distress such as failure to attend school, substance use in dangerous situations (driving a car), substance-related legal problems, or continued substance use that interferes with friendships and or family relationships. Substance abuse, as a disorder, refers to the abuse of illegal substances or the abusive use of legal substances. Alcohol is the most common legal drug of abuse.

**Indications:**

The following are the most common behaviors that indicate an adolescent is having a problem with substance abuse. However, each adolescent may experience symptoms differently. Symptoms may include:

1. Getting high on drugs or getting intoxicated (drunk) on a regular basis
2. Lying, especially about how much they use or drink
3. avoiding friends and family members
4. Giving up activities they used to enjoy such as sports or spending time with non-using friends
5. Talking a lot about using drugs or alcohol
6. Believing they need to use or drink to have fun
7. Pressuring others to use or drink
8. Getting in trouble with the law
9. taking risks, such as sexual risks or driving under the influence of a substance
10. Suspension from school for a substance-related incident
11. Missing school due to substance use
12. Depressed, hopeless, or suicidal feelings

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