

Your child's behavioral health



Welcome to Children's Hospital Developmental Behavioral Center

The caring staff at Children's Hospital Developmental Behavioral Center knows that children are not small adults. A child's body and mind are still developing, so his physical and emotional reactions are different from adults. The professionals at the Developmental-Behavioral Center are trained to examine and treat children in ways that will help children relax and feel comfortable in order to achieve the most accurate diagnosis and the greatest results from treatment designed just for them. In some cases, the staff will work in partnership with other experts at Children's Hospital, and in the community, to ensure a child receives excellent care.

Some of the conditions we help children and teens with are:

- Anxiety disorder
- Attention deficit hyperactivity disorder
- Autism spectrum disorder
- Developmental delay
- Eating disorders (anorexia, bulimia or obesity)
- Behavioral problems caused by genetic or medical disorders
- Mood disorders
- Obsessive-compulsive disorder
- Sleep disturbances
- Tic disorders
- Intellectual disability



This booklet explains how we identify conditions a child might be dealing with and how we can help. We would like this information to encourage you to do further research and give you hope that there is treatment available for your child.

Children's Hospital Developmental Behavioral Center

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Debbie Christiansen, M.D.

Is a board certified developmental behavioral pediatrician. Her undergraduate degree is in secondary science education. As a mother to three grown children and grandmother to two, she believes children are our most valuable asset and deserve our utmost care and concern.

Lauren Johnson, M.S.N., C.P.N.P

Is a certified pediatric nurse practitioner and pediatric mental health specialist. She focuses on caring for children and adolescents with developmental and behavioral diagnoses. She is passionate about providing family-centered care and empowering children to reach their full potential. She and her husband have a growing family.

Heather Polk, M.S.N., C.P.N.P. is a certified pediatric nurse practitioner who is dedicated to helping children and adolescents reach their individual potential through family-centered, compassionate care. This includes enabling patients to improve their lives through management of symptoms related to developmental and behavioral diagnoses. She was born and raised in East Tennessee and is a mother of two.



Evaluating your child

The professionals at Children's Hospital's Developmental Behavioral Center have chosen to work with children whose struggles at home and in school offer challenges. They provide diagnostic information and treatment that is based on years of experience and knowledge of child and adolescent behavior.

When providing care, they believe it is important to consider all aspects of a child's development. For this reason, they evaluate children from a developmental and a functional perspective to obtain an accurate and complete assessment of your child before they discuss treatment.

To do this, they consider the following factors and how they are affecting your child:

Personality traits

We are all born with personality traits. We inherit them from our parents just like we inherit eye color. Traits are characteristics that make us who we are such as being shy, athletic or musical. Our traits and personality are also shaped by our choices and experiences. Traits can be viewed as positive or negative depending on the particular situation. When traits prevent a person from functioning well, such as being so active they can't finish anything or so shy they are unable to leave home, a disorder may exist. When identifying a disorder it is important not to make a diagnosis too quickly because what one person views as a problem may seem normal to someone else.



Environment

Learning is more than the facts we pick up in school. Learning occurs in all areas of our lives as we mature and develop. We learn to problem solve, to be confident, to interact with others, to be good citizens and to be who we are within our environment. A child's environment includes his home, school, community and the people around him. It also includes what technology, media and situations a child is exposed to. In the classroom, a teacher's motivation, knowledge and methods of teaching are important as well as textbooks and other resources. A stressful environment interferes with development and can have emotional and physical consequences. While a safe, calm, structured environment makes functioning easier, and is important for growth and development.

Intelligence

Intelligence is the ability to understand and problem solve. Much emphasis is placed on intelligence. While it is certainly important, it is not the only part of learning. Having a high I.Q. does not guarantee success in school, and a failure to learn does not mean less intelligence. Intelligence can be measured with standardized testing by a psychologist. The test evaluates verbal understanding, working memory, processing speed and reasoning skills. The average Intelligence Quotient (I.Q.) is 100. Most students will have an I.Q. between 80 and 120. An I.Q. lower than 80 indicates lesser abilities, while an I.Q. higher than 120 suggests greater abilities. Individuals with an intellectual disability have an I.Q. of less than 70. Persons considered to be gifted or at genius level have an I.Q. greater than 130.

People are generally expected to learn within their range. A person with an I.Q. of 80 would not perform at the same level as an individual with an I.Q. of 120. A child not learning at the expected level is often a reason for further evaluation.

Physical well-being

To grow and develop correctly, a child must be physically healthy. Conditions that can get in the way of his development are:

- A genetic disorder
- Prenatal exposure to drugs or alcohol
- Prematurity
- A chronic or acute illness
- Neglect
- Vision or hearing problems
- Nutritional or sleep deficiencies
- Hunger, headaches, allergies and infections

A complete behavior evaluation will include a physical examination to rule out any contributing medical conditions.

Emotional well-being

Both positive and negative emotions can affect a child. These emotions may be developmentally appropriate, or they may be caused by a disorder. Basketball championships, cheerleading tryouts and birthdays are positive emotional experiences, but may distract from learning and affect behavior. The death of a parent or sibling, divorce or bullying can cause stress and delay development.

Severe anxiety or depression can make it difficult for a child to function normally. Difficulties managing frustration and anger may cause problems with relationships.



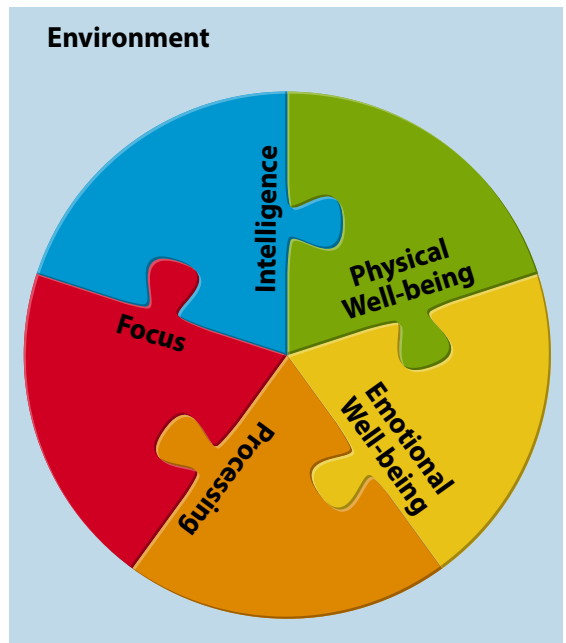
Processing

Processing is the way information is linked in the brain so it can be used. It is different from I.Q. which is the potential to learn. For example, the sound of the letter A, what the letter looks like, whether it is upside down or sideways and words that start with the letter A are all different bits of information. To understand the letter A, and use the letter correctly, the information must be linked together. This involves seeing, hearing, memory and speaking. How information is processed can break down in several different places making it difficult for a child to understand it. When this happens, it is called a learning disability.

A learning disability is defined as the difference between how a person could learn and what they really do learn. Many learning disabilities can be discovered by standardized testing. However, there are other problems that can affect a child's ability to learn that may not be noticed with routine standardized testing. These difficulties may need to be addressed for a child to be successful in school.

Focus

Each child has a basic, inborn attention span. The more a child can focus and resist distractions, the more information he will be able to understand and retain. As information becomes more difficult, the time needed to process it increases and more focus is required. Not being able to focus makes it challenging for a child to learn and develop. As with any skill, the ability to focus must be learned and practiced.



Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder (ADHD) is a diagnosis that is frequently mentioned when a child experiences problems in school or has difficulty with behavior at home or in public. While studies have shown differences in the brains of people with ADHD, there is no scientific test for this disorder. It is a condition that cannot be measured or identified by a blood test or a CT scan.

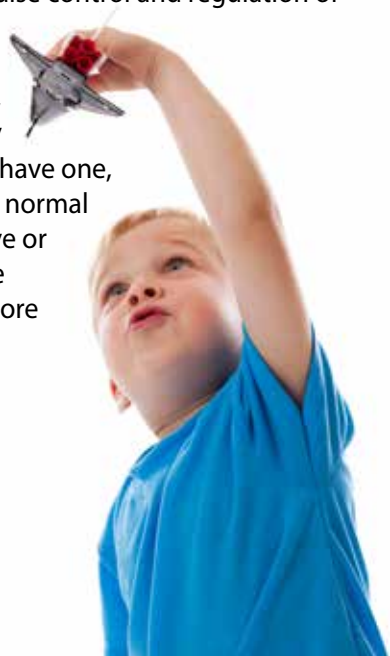
To make a diagnosis of ADHD, the professionals at Children's Hospital Developmental Behavioral Center conduct an evaluation to search for behavior patterns and learning styles that match clinically approved criteria. The evaluation consists of an in-depth interview with the child and his parents, a review of school records and a complete physical exam.

During the evaluation we try to get a complete assessment of the child from pre-birth to the present. We look closely at when symptoms began and how difficulties with attention, impulse control and regulation of activity level have negatively affected a significant area of a child's life.

ADHD has three components: attention, hyperactivity and impulse control. Every child is different; as a result, a child may have one, two or all three of these. Sometimes it is normal for children to be inattentive, hyperactive or impulsive. For children with ADHD these behaviors are more severe, take place more frequently and cause more problems.

Attention

All children are distracted at times. However, children with ADHD are distracted beyond what is typical for their age. This distraction makes it difficult to learn as expected.



To receive a diagnosis of ADHD there has to be a persistent problem with a child's ability to pay attention in most situations.

Children who have problems with attention may:

- Have trouble listening.
- Be easily distracted and have difficulty focusing on one thing.
- Miss details and frequently switch from one activity to another.
- Forget things.
- Become bored with a task after only a few minutes, unless they are doing something enjoyable.
- Be disorganized and have trouble completing or turning in homework assignments.
- Lose things (books, pencils, instructions) needed to complete tasks.
- Daydream, become easily confused or avoid doing things that require mental effort.
- Not complete tasks as quickly or accurately as others.
- Struggle to follow instructions.

Hyperactivity

Children can have an excess of energy and channel it appropriately. However, energy without control causes difficulty with behavior at home, in school and in social settings. When this occurs for no other reason such as jealousy, abuse or stressful situations, and it has been a chronic problem, then a diagnosis of ADHD or Bipolar disorder may be considered.

Children who have problems with hyperactivity may:

- Talk nonstop and frequently interrupt others.
- Have difficulty going to sleep.
- Touch or play with anything in sight.
- Have trouble sitting still.
- Be constantly in motion.
- Have difficulty doing quiet tasks or activities.

Impulse control

Learning to control impulses is part of maturing and should improve significantly with age. If social, educational or individual functioning is impaired because of the lack of impulse control, then the diagnosis of ADHD or Bipolar disorder becomes appropriate to consider.

Children who have problems with impulsivity may:

- Act and speak without thinking.
- Call out answers without waiting for the question to be completed.
- Show his emotions without restraint.
- Act without regard for consequences.
- Have difficulty waiting for things or waiting his turn in games.
- Interrupt conversations or others' activities.
- Break rules without meaning to.
- Overeat.
- Use tobacco, alcohol, or illicit drugs as a teen or adult.
- Lack the ability to maintain relationships.

Depression

Depression does affect children and adolescents. However, it has not always been formally diagnosed in children. This previous lack of identification has led to the mistaken belief that depression in children has increased.

Depression tends to be hereditary. It is more than just feeling sad. It is a persistent feeling of helplessness, lack of energy and loss of interest in favorite activities. Often there are physical signs associated with depression such as headaches, stomach aches, weight change or trouble sleeping. Frequent crying spells, irritability or anger may also be related to depression.



Children and teens with depression may still laugh and smile. As a result, the problem can go unnoticed for a period of time. Early treatment of depression may prevent the development of chronic depression.

When a tragedy happens, it is part of the normal grief process to feel very sad. Grieving by itself does not usually require medication; however, grieving may lead to a depressed state. A person who is crying daily two weeks after the death of a loved one is most likely experiencing normal grief. Daily crying spells six months later is not usually normal grieving and may indicate depression. When depression has been present for greater than two years it is considered to be chronic and is sometimes difficult to treat.

Medication is important in the treatment of depression. It can offer relief from the lack of interest and other physical symptoms a child may be experiencing and can safely be used in children. Counseling and support are also important in the treatment of depression. These resources can help change behavior patterns which may prevent the return of symptoms.

Many antidepressants work by increasing the body's supply of serotonin which is responsible for mood. Sleep and exercise may naturally increase serotonin and are important aspects of a treatment plan for depression. Because a change in weight is often associated with depression, good nutrition is also essential for healing.



Anxiety

Anxiety disorders do occur in children and can have negative effects in all aspects of a child's life. As with other behavioral health disorders, anxiety can be inherited.

Children with anxiety may be inattentive and have difficulty in school. They may also have problems interacting with others and managing life at home. They can experience panic attacks and complain of chest and abdominal pain or other ailments. Children with anxiety may also have difficulty doing activities particularly when the activities are stressful to them.

Worrying is very real. But, it is a feeling not reality. Fortunately, facts can be used to help change feelings. Cognitive behavioral therapy (CBT), through self talk and self reassurance, helps a child use brain power to overcome feelings. Willingness to participate in treatment is essential for this type of behavioral therapy.

Medication is useful in treating anxiety. While medication can make a difference, anxiety will never completely go away because some anxiety is a normal part of life. With treatment, a patient should begin to feel "in charge" of anxiety rather than allowing negative thoughts to have control.

Obsessive compulsive disorder

Obsessive compulsive disorder (OCD) is when a person becomes obsessed with thoughts that continually circle around in his mind. A compulsion is the act a person does to make a thought go away.



Someone thinking about germs on his hands (obsession) will go wash them (compulsion). The relief he gets from worrying about the germs is very short lived. Soon the thoughts of germs start again making him wash his hands again. This continues to the point the person may not be able to do anything else but wash his hands.

Germs are a frequent concern for children with OCD; however, fears of illness, storms, becoming overweight and failure are also common. Eating disorders may be a manifestation of OCD. Medication does help OCD, but obsessive-compulsive symptoms will come and go over time with or without the use of medication. Cognitive behavioral therapy is also helpful in the management of this disorder.

Tic disorders

Motor tics are repetitive, involuntary and non-purposeful movements of a body part such as blinking, twisting of the face or shrugging of the shoulders. The repetition of words or sounds is a vocal tic. Tics are frequently intensified with anxiety, stress or fatigue. Children with ADHD have a higher incidence of tics. Tic disorders do occur in families and can come and go over time.

Children with Tourette's syndrome have both motor tics and vocal tics that interfere with function and impair quality of life. Medication can reduce tics.

Autism

Autism spectrum disorder is a behaviorally defined disorder which occurs across a wide range of behavior from mild, formerly called Asperger's syndrome, to severe. It involves impaired social communication and interaction with others, interests that are restricted and repetitive behaviors.

Medical management of autism spectrum disorders focuses on treatment of specific symptoms rather than the disorder.

There is no specific medication for autism; however, many behaviors that autistic children have will respond to medical therapy. At Children's Hospital's Developmental Behavioral Center, medication therapy is used for anxiety, aggression, sleep disturbance and attention problems experienced by autistic children.

Medication does not replace behavior therapy or speech therapy or any other support service an autistic child might need. We encourage parents with an autistic child to continue these vital treatments and services while we address medication.

Eating disorders

There are many eating disorders. Obesity or over-eating is a significant problem in our current culture. Bulimia is a combination of binge eating followed by purging. Anorexia nervosa is a significant potentially life-threatening eating disorder which includes a severely distorted perception of body image and extreme weight loss. Eating disorders generally require dietary consultation and supportive psychological counseling. Medication is often necessary. There are many physical considerations with eating disorders from blood chemistry abnormalities to cardiac arrhythmias. At Children's Hospital's Developmental Behavioral Center we provide medical support to monitor things such as blood tests, electrocardiograms and physical exams that set appropriate weight boundaries and prescribe medication.

Sleep disturbance

Sleep habits are developed from birth. By six months of age, babies will begin to acquire sleep routines and cycles. Letting poor sleep patterns develop may cause a child to have long term difficulty with sleep and promote negative behavior later. No one functions well, thinks clearly or feels well when they are tired. Children also need sleep for growth, brain development and the ability to fight infection.

Sleep patterns are not easy to change because the process requires separation on the part of the child and consistency on the part of the parent.

Independence in children is often tied to the ability to confidently sleep alone. The ability to separate from parents and confidently go to sleep is a type of responsible behavior. Not all children who continue to sleep with parents have a behavior problem. However, many children who have difficulty with behavior have sleep problems.

Medication

The idea of placing your child on medication can be very frightening. Many parents worry their child will change in a negative way. Our goal is to find the right medicine to help your child be more of who they are, not less.

Before the decision to use medication is made, the following information is considered:

- Is your child at risk of harm; are there safety issues?
- Are the issues negatively impacting academic progress and learning?
- Are they interfering with the development of strong relationships?
- Is your child developing a confident and healthy sense of self?

If any of these areas are impacted, medication may be recommended.

Medication does not treat a specific diagnosis, but the symptoms of a diagnosis. Medication is always prescribed to fit the child and the situation. Every child is different.



We work to find the right medicine and the right dose. It is important to “start low and go slow.” This allows us to find the best fit and to minimize side effects. You know your child best. If your child is placed on medication, we want you to contact us with any concerns or questions you may have. We do not want you to wait until your follow-up appointment.

Medications

Drug	Trade name
Used for inattention *	
Methylphenidate	Ritalin, Ritalin LA, Concerta, Metadate CD Focalin, Focalin XR, Daytrana Quillivant Liquid
Amphetamine	Adderall, Adderall XR, Dexedrine Dexedrine Spansules, Vyvanse
Atomoxetine	Strattera
Used for hyperactivity *	
Guanfacine	Tenex, Intuniv
Clonidine	Kapvay
Used for depressed mood or anxiety *	
Fluoxetine	Prozac
Sertraline	Zoloft
Bupropion	Wellbutrin/WellbutrinSR/Wellbutrin XL
Amitriptyline	Tofranil
Imipramine	Elavil
Used to stabilize mood *	
Aripiprazole	Abilify
Risperidone	Risperdal
Olanzapine	Zyprexa
Quetiapine	Seroquel
Valproic acid	Depakote
Lamotrigine	Lamictal
Phenytoin	Dilantin
Topiramate	Topamax
Lithium	Eskalith

*** These are broad categories and the use of these medications can overlap.**

Information about medication is available in the media, particularly on the internet. We encourage you to learn all you can about your child's behavior and diagnosis. However, be wary of unconfirmed material. Please discuss any information you find with us to ensure the facts you have are accurate.

How long will medication be used?

The length of time medication is required varies according to the child and the disorder. Medication is no longer needed when a child is able to cope and interact well at home and school. We work to reduce the use of medication and regularly check if it is needed.

Depending on the diagnosis, we may recommend a trial without medication. This should never be done at the beginning of a school year. The trial may be as short as one day or as long as six weeks. Our goal is to help your child develop skills so medication is not necessary. But, when there are definite benefits without negative side effects, medication may be used indefinitely. Please do not stop a medication that is used regularly without letting us know.

We will do all we can to make the process as easy as possible for you.

Medication refills

At each office visit you will be given refills to last until your next scheduled appointment. Controlled drugs, such as Focalin, Concerta, Adderall, have laws that govern how they can be dispensed. Insurance companies also have rules about refills which vary from company to company. Insurance companies also have rules that only allow you to get a certain amount of medication each month. At times, these restrictions make getting refills time-consuming and confusing.

Prescriptions for controlled drugs may be written for one month of medicine and do not allow refills. We can send these prescriptions electronically. If your provider approves we will send post dated prescriptions. We do many refills a day. As a result, we cannot fill a prescription if you drop by the office. Please give us at least two business days before your child runs out of medicine to get the refill to the pharmacy.

Parenting

The job of parenting comes without a job description or a handbook. It has been said it is the hardest work you will ever do with the lowest salary. But fortunately, it has great benefits. Those benefits include watching your child grow into a successful adult.

Parenting takes practice and the willingness to do what is best for your child. Just because something works once for a child does not mean it will work all the time or at all for a different child. Often our parenting skills are copied from our parents who may not have the best parenting style.

Parents do not cause a child's disorder. Correct parenting will not cure a child's behavioral problem. But the proper response from parents is important for treatment to be successful and to make life better for your child and family.

Parenting is difficult; and it is very difficult to parent a child with special needs. The staff at the Developmental Behavioral Center are here to support you as you help your child develop the skills he needs to manage his behavior. Having these skills will make it easier for your child to have happier and healthier relationships with his family, friends, peers and teachers.

Educational support

Federal law guarantees that all children have the right to a free, suitable, public education. However, some children need classroom and academic support in order to receive this education. If your child requires assistance we can make recommendations for interventions and support. We can also assist you with the official procedure required for your child to get the help he or she needs.

Follow-up visits

We strive to keep the number of follow-up appointments to a minimum. Rechecks are required for several reasons:

- Determine if medication is still needed.
- Verify your child is still on the appropriate medication.
- Monitor blood pressure and growth.
- Check for possible medication side effects.
- Discuss the need for other services such as counseling or tutoring.

Follow-up visits generally take 30 minutes. If you require more time we can arrange for a longer visit. Please mention your need for extra time when making your appointment. Once a child is doing well on medicine, recheck visits are normally two to three times a year.

Communication with your child's primary care provider



We understand it is important for your child's primary care provider to have information of any medical care your child receives. We will send a copy of your child's original evaluation to your primary care provider.

Resources

Websites we trust:

National Institute of Mental Health. www.nimh.org

National Institute of Mental Health. A parent's guide to autism spectrum disorder. <http://www.nimh.nih.gov/health/publications/a-parents-guide-to-autism-spectrum-disorder/index.shtml>

Children and Adults with Attention Deficit/Hyperactivity Disorder. www.chadd.org

American Academy of Pediatrics. www.aap.org

Anxiety Disorders Associations. www.adaa.org

Autism Speaks. www.autismspeaks.org

International Dyslexia Association. www.interdys.org (Tennessee Branch)
www.tn-interdys.org

The ADD Warehouse offers numerous publications. www.addwarehouse.com

Hawthorne Publications is a company which offers publications for specific non medical interventions for ADHD and learning problems. www.hes-inc.com



Recommended books:

The ADD Hyperactivity Handbook for Schools by Harvey C. Parker, Ph.D.

Discipline Without Shouting or Spanking by Wykoff and Unel. This is an older book which is about discipline and responsibility in younger children.

One, Two, Three Magic by Thomas W. Phelan, Ph.D. This is about a systematic approach to “say what you mean” and “do what you say.”

Kids in Danger by Ross Campbell. This book is an interesting look at a different way to teach your child about managing anger.

Raising Resilient Children by Robert Brooks, Ph.D. and Sam Goldstein, Ph.D. This book is written by two family therapists and discusses parenting that fosters self-sufficiency.

Driven to Distraction by Ed Hallowell. This book is written by a psychologist who himself has ADHD.

The Explosive Child by Ross W. Greene, Ph. This book focuses on teaching children how to handle frustration and anger.

Parenting With Love and Logic by Foster W. Cline and Jim Fay.

American Academy of Pediatrics ADHD A Complete and Authoritative Guide by Michael I. Reiff, MD, Sherill Tippins.

Get Out Of My Life But First Could You Drive Me And Cheryl To The Mall: A Parent's Guide to the New Teenager by Anthony E. Wolf, Ph.D.

More Than Moody: Recognizing and Treating Adolescent Depression by Harold S. Koplewicz, M.D.

Asperger's Syndrome: A Guide for Parents and Professionals by Tony Attwood.

Talking Back to OCD by John March

Notes:





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