

Unit 7



Growing Up





Chapter 23

Children and Adolescents



Oppositional Defiant Disorder (ODD)

- Characterized by a persistent pattern of angry mood and defiant behavior
- Occurs more frequently than is usually observed in individuals of comparable age and developmental level
- Interferes with social, educational, or vocational activities
- Typically begins by age 8 and not usually later than early adolescence
- More in boys than girls before puberty, then more equal after puberty
- Often precedes conduct disorder

Predisposing Factors for ODD

- Biological influences
 - Role has not been fully established
- Family influences
 - If power and control are issues for parents, or if they exercise authority for their own needs, a power struggle can be established between the parents and the child, which sets the stage for the development of ODD



Assessment: ODD

Characterized by passive-aggressive behaviors

- Stubbornness, procrastination
- Disobedience, negativism
- Carelessness, testing of limits
- Resistance to directions
- Unwillingness to cooperate
- Running away
- School avoidance and underachievement
- Temper tantrums, fighting, and argumentativeness
- Impaired interpersonal relationships



Diagnosis/Outcome Identification

- Noncompliance with therapy
- Defensive coping
- Low self-esteem
- Impaired social interaction



Planning/Implementation/ Evaluation

- Nursing care of the patient with ODD is aimed at:
 - Encouraging cooperation with therapy
 - Helping patient accept responsibility for own behaviors
 - Promoting increased feelings of self-worth
 - Assisting in the development of socially appropriate behaviors in interactions with others
- Evaluation
 - Achieving the established goals based on nursing diagnosis





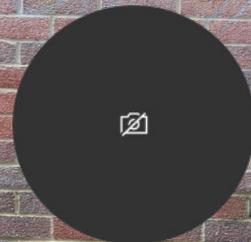
The nurse is preparing to teach a group of parents about ODD. Which fact should be included in the education?

- a) The diagnosis occurs before the age of 3.
- b) Prevalence of ODD is higher in girls than in boys.
- c) The diagnosis of ODD usually occurs not later than early adolescence.
- d) The diagnosis of ODD is not a developmental precursor to conduct disorder.



Conduct Disorder

- Persistent pattern of behavior in which the basic rights of others and major age-appropriate societal norms or rules are violated
 - Childhood-onset type
 - More likely a history of ODD
 - Greater likelihood of a personality disorder in adulthood
 - Adolescent-onset type



Predisposing Factors to Conduct Disorder

- Biological influences
 - Genetics
 - Temperament
 - Neurobiological factors
- Psychosocial influences
 - Peer relationships



Predisposing Factors to Conduct Disorder

- Family influences
 - Parental rejection
 - Inconsistent management with harsh discipline
 - Parental sociopathy
 - Economic stressors
 - Frequent changes in residence
 - Parents with antisocial personality disorder alcohol dependence
 - Marital conflict and divorce
 - Lack of parental supervision



Assessment

- Classic characteristic is the use of physical aggression in the violation of the rights of others
- Use of drugs and alcohol
- Sexual permissiveness
- Low self-esteem manifested by a “tough-guy” image
- Problems with inattentiveness, impulsiveness, and hyperactivity
- Lack of feelings of guilt or remorse
- Use of projection as a defense mechanism
- Inability to control anger
- Low academic achievement



Diagnosis/Outcome Identification

- Risk for other-directed violence
- Impaired social interaction
- Defensive coping
- Low self-esteem

Planning/Implementation/ Evaluation

- Nursing care of the patient with a conduct disorder is aimed at:
 - Ensuring safety of patient and others
 - Assisting in the development of socially appropriate behaviors in interactions with others
 - Encouraging patient to accept responsibility for own behaviors
 - Promoting increased feelings of self-worth
- Evaluation:
 - Achieving the established goals based on nursing diagnosis





Conduct disorder may be a precursor to the diagnosis of which personality disorder?

- a) Histrionic personality disorder.
 - b) Antisocial personality disorder.
 - c) Histrionic personality disorder.
 - d) Passive-aggressive personality disorder.
- 
- 

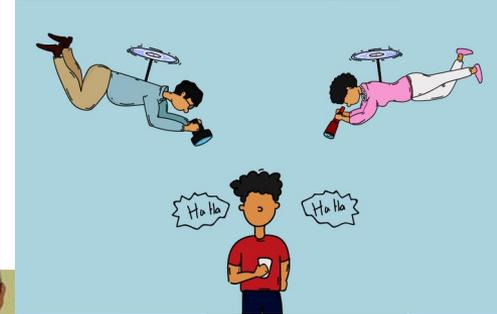
Separation Anxiety Disorder

- Essential feature is excessive anxiety concerning separation from those to whom the individual is attached
- The anxiety exceeds that which is expected for the person's developmental level
- The anxiety interferes with social, academic, occupational, or other areas of functioning



Predisposing Factors to Separation Anxiety Disorder

- Biological influences
 - Genetics
 - Temperament
- Environmental influences
 - Stressful life events
- Family influences
 - Insecure parent-child attachment
 - Parental overprotection
 - Maternal depression
 - Transfer of fears from parent to child



Assessment of Separation Anxiety Disorder

- Occur as early as preschool, rarely as late as adolescence.
- Child has difficulty separating from the mother
- Separation results in tantrums, crying, screaming, complaints of physical problems, and clinging behaviors
- Reluctance or refusal to attend
- Younger children may “shadow”
- Worrying is common
- Nightmares may occur
- Specific phobias are not uncommon
- Fear of sleeping away from home



Diagnosis/Outcome Identification

- Anxiety (severe)
- Ineffective coping
- Impaired social interaction

Planning/Implementation/ Evaluation

- Nursing care of the child with separation anxiety disorder is aimed at
 - Helping the patient maintain anxiety at a manageable level in the face of separation from significant other
 - Assisting with development of more adaptive coping strategies
 - Developing trust and demonstrating the ability to interact appropriately with others
- Evaluation
 - Reassessment of the behaviors for which the family sought treatment.
 - Both the patient and the family members will have to change their behavior.

Treatment Modalities

- Behavior therapy
- Family therapy
- Group therapy
- Psychopharmacology





Which is a diagnostic criterion for the diagnosis of ADHD?

- a) Inattention.
- b) Physical aggression.
- c) Anxiety and panic attacks.
- d) Recurrent and persistent thoughts.





When admitting a child diagnosed with a conduct disorder, which symptom would the nurse expect to assess?

- a) Remorse when confronted with wrongdoing.
- b) History of cruelty toward people and animals.
- c) Excessive distress about separation from home and family.
- d) Repeated complaints of physical symptoms such as headaches and stomachaches.





Which of the following stimulant medications are prescribed in the treatment of ADHD? (**Select all that apply**)

- a) Clonidine.
- b) Guanfacine.
- c) Methylphenidate.
- d) Lisdexamfetamine.
- e) Amphetamine/dextroamphetamine.



**DOCTOR: HOW IS
THE CHILD WHO
SWALLOWED A
FEW QUARTERS
DOING?**

**NURSE: WELL,
NO CHANGE.**

