

Child Psychiatry (Palestine)1

ANXIETY

Definition.

A feeling of fear(real or unreal threat)

With physical symptoms.

A Need for protection.

Avoidance of escape.

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CHILD PSYCHIATRY (PALESTINE)2

- Causes.
- Gender: Male:Female.4-5 to 1
- Genetic Loading.(via Personality Traits)
- Parental Depression.(Especially if mixed with anxiety symptoms)
- Traumatic Events.
- Coping Style. **IMET2000-PAL**
- Family/Community Modelling.
- Development Processes.

CHILD PSYCHIATRY(PALESTINE)3

- Types.
 - 1)Simple Phobias(Prime Threat: Specific Objects/Situations)
 - “2)Separation Anxiety Disorder
- (Prime Threat:Abandonment)
- 3)Generalised Anxiety Disorder
- (Prime Treat. Almost anything)
- 4)Social Phobia.
(Prime Threat:Embarassment/Ridicule)

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CHILD PSYCHIATRY(PALESTINE)4

- TREATMENT.
Psychological Education about distorted thinking
- Relaxation Techniques.
- Controlled Breathing. **IMET2000-PAL**
- Imagined Safe Place.
- Identification with “Superhero”.
- Praise & reward for any success(even Partial)
- Graded exposure to feared situation.
- Emphasis on coping in other situations.
- BASIC PROCESS: TO CONFRONT ANXIOUS SITUATIONS.

CHILD PSYCHIATRY (PALESTINE)5.

- Additional Treatments.
- In an emergency, Benzodiazapines.
- (NEVER MORE THAN 2 WEEKS)
- Whole Family Therapy.
- School Support.

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CHILD PSYCHIATRY(PALESTINE)6

- POST TRAUMATIC STRESS DISORDER.
- After traumatic, events we all will react.
- Most will show short-lived acute stress reactions.
- At Least 15% of children will have longer lasting problems.
- A Variety of psychiatric problems may occur,such as PTSD, Chronic anxiety , depression, conduct disorders.

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CHILD PSYCHIATRY(PALESTINE) 7.

- Post Traumatic Stress Disorder.
- Psychological Threat to Integrity of Self or Others.
- Intrusive Phenomena.
 - Vivid recollections of the Event(eg.sights, smells)
- Frightening Dreams.
- Vivid Re-experiencing of the events(out-of-the blue)
- High Physiological Arousal. Avoidance of sites or reminders of the event.
- Social Withdrawal & Impairment.
- Occasional aggressive responses.(Unexplained)

CHILD PSYCHIATRY(PALESTINE)8

- RISK FACTORS.
- Nature of Stressors.
- Experience in the Trauma.
- Individual Features.
- Earlier Coping Strategies.
- Post Trauma Experiences & Support.
- Parental Adjustment.

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CHILD PSYCHIATRY(PALESTINE)9

- Management.
- Early Secure Provision.
- Later.
- Trauma Based Cognitive Behaviour Therapy.
 - a) Education about thoughts ,feelings & actions.
 - b)Gentle exploration of childs trauma experience.(using any mode of expression)
 - c) Behavioural experiments to test false beliefs& tolerance of high arousal.
- Eye Movement Desensitisation & Reprocessing.(EMDR)
- Occassionally,
Drug Therapy(SSRIs)
- Family Therapy.
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CHILD PSYCHIATRY (PALESTINE)

- DEPRESSION.
- Not Normal Sadness.
- Symptoms.
 - Persistent Low Mood(out of character)
 - Thinking Abnormalities.
 - a)Poor Self View(“Nobody loves me”)
 - b)Hopelessness.(“I will never be any good”)
 - c)Guilt.(It is always my fault when things go wrong”)

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CHILD PSYCHIATRY(PALESTINE)

- Deopression(continued)
- d) Loss of pleasurable feelings(Withdrawal from enjoyable activities then duties)
- e) Suicidal Thoughts.
 - (be careful if suicidal plans made)
- f) Self Harm.

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CHILD PSYCHIATRY(PALESTINE)

- Depression.
- Prevalence.
- Pre-puberty: 2%. Boys =Girls.
- Adolescence:5-10% Girls++>Boys.
- TREATMENT.
- Diagnosis & Explanation of Illness(Child & Family)
- First Month.
- Regular Contact & Support.
- If some improvement, Graded Exercise Programme.
- If no improvement,formal CBT programme to correct dysfunctional thinking.
- Review at 10 weeks, if no major improvement, prescribe SSRIs.

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