

Advances in Children's Mental Health

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Overview

- Prevalence
- Advances in Developmental Psychopathology
- Advances in Psychosocial Interventions
- Advances in Psychopharmacology
- [System Issues and Reforms]
- Challenges

Types of Mental Disorders

- Disruptive behavior disorders
 - AD/HD
 - Oppositional defiant disorder
 - Conduct disorder
- Emotional disorders
 - Mood disorders
 - Anxiety disorders
- Developmental disorders
- Substance abuse disorders
- Others

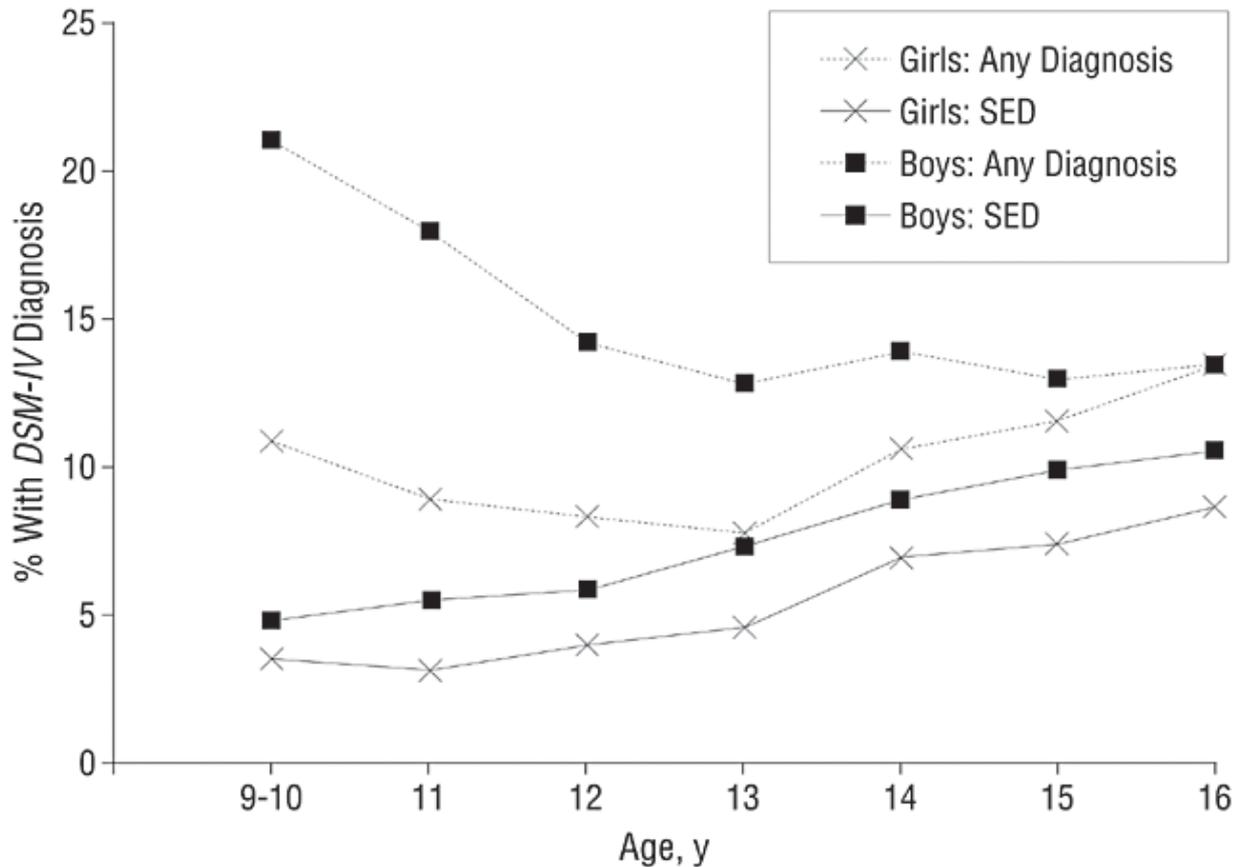


Table 1. Prevalence Rates of Psychiatric Disorder without Impairment Among School-Age Youth

Study	<u>Sample Characteristics</u>			<u>Methods</u>		<u>% of Sample with DSM-III or IV Diagnosis</u>					
						<u>Disruptive Behavior</u>			<u>Emotional Disorders</u>		
	N	Age	Sample	DSM	Instrument	ADHD	ODD	CD	GAD	SAD	DEP
Egger et al., 2003	1422	9-16	Normative sample of rural youth	IV	CAPA (caregiver and youth report; 3 mo prevalence)	7.6	24.3	12.9	5.2	7.5	12.6
Simonoff et al., 1997	2762	8-16	Normative sample of Caucasian twins	III-R	CAPA (caregiver and youth report; 3 mo prevalence)	2.4	3.9	6.6	10.8	7.2	1.3
Garland et al., 2001	1618	6-18	Indicated sample of service-involved youth	IV	DISC-IV (caregiver and youth report; 1 yr prevalence)	24.4	17.4	24.9	1.2	4.9	6.0
Teplin et al., 2002*	1829	10-18	Indicated sample of juvenile detainees	III-R	DISC 2.3 (youth report; 6 mo prevalence)	18.3	15.6	38.8	7.2	15.0	12.0
Beals et al., 1997	109	13-18	High-risk sample of American Indians	III-R	DISC 2.1c (youth report; 6 mo prevalence)	10.6	2.9	3.8	1.9	1.9	4.7

Note: CAPA=Child and Adolescent Psychiatric Assessment; DISC=Diagnostic Interview Schedule for Children; ADHD=Attention Deficit/Hyperactivity Disorder; ODD=Oppositional Defiant Disorder; CD=Conduct Disorder; GAD=Generalized Anxiety Disorder; SAD=Separation Anxiety Disorder; DEP=Depressive Disorders. *Prevalence estimates reflect rates of diagnosis with impairment.

Prevalence of Any Diagnosis and SED by Gender



Costello, E. J. et al. Arch Gen Psychiatry 2003;60:837-844.



Advances in Understanding the Development of Mental Disorders in Childhood

Streams of research from:

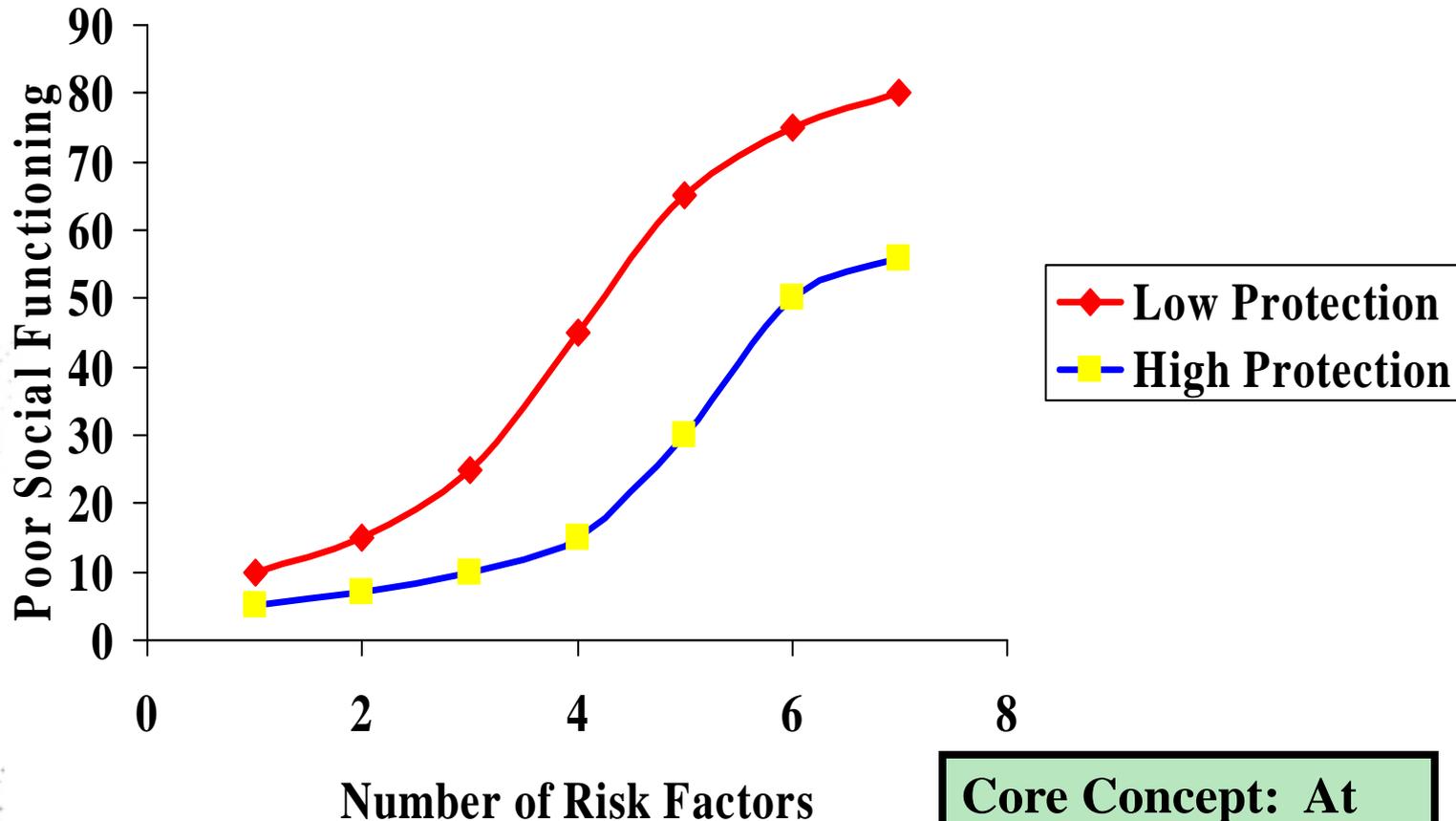
- Child development
- Genetics and biology
- Cognitive and neuroscience
- Prevention science

Developmental Psychopathology = child development + etiology of mental disorders

Developmental Psychopathology and Epidemiology

- Risk factor -- increase the probability of onset, digression to a more serious state, or maintenance of a problem condition
- Protective factor -- individual and environmental resources that reduce risk

Nonlinear Effect of Cumulative Risk

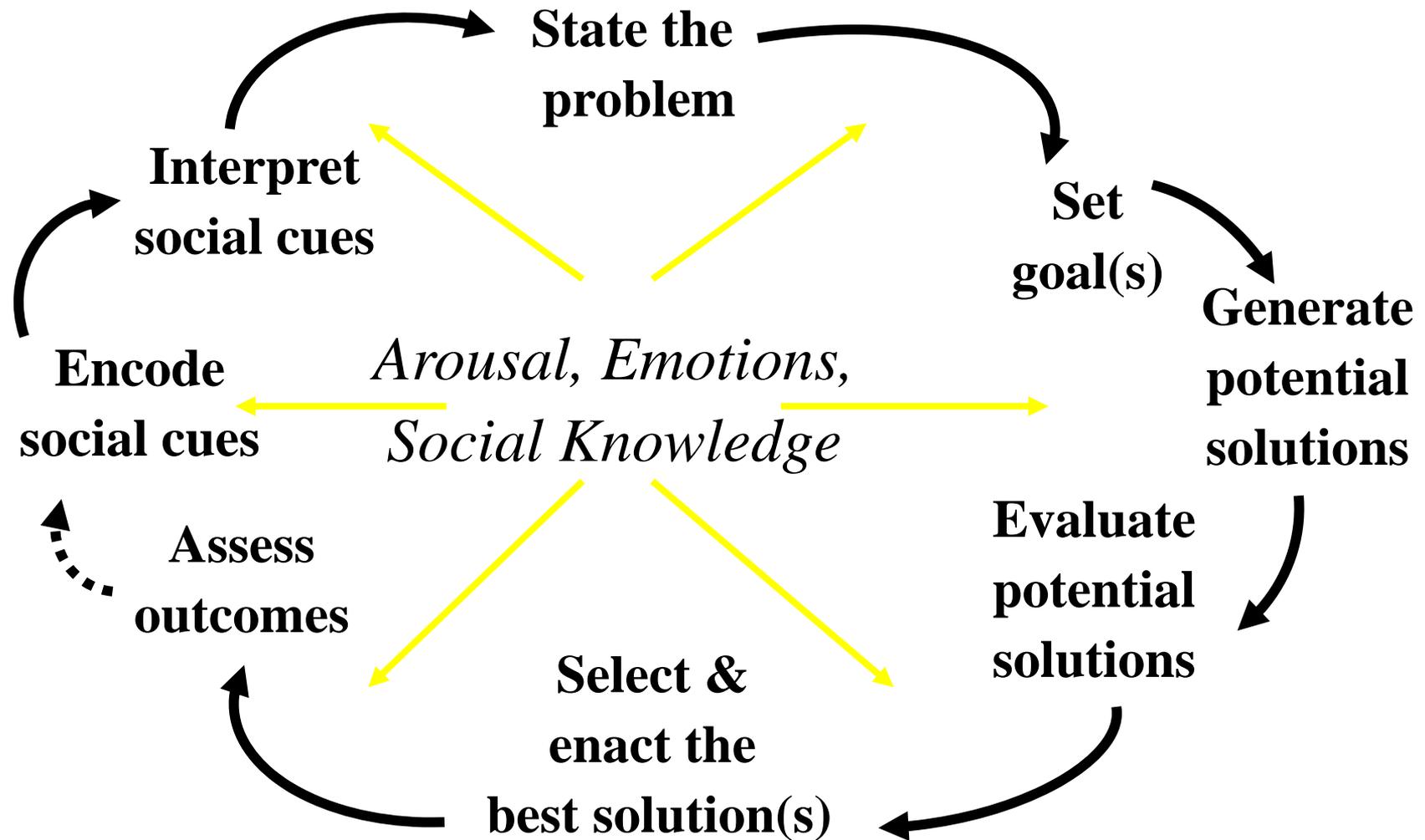


Core Concept: At high levels of risk, few children may be resilient.

Biopsychosocial Model

- Genetic risk is environmentally mediated
- Cognitive processes mediate early risk and later outcomes
 - Social knowledge
 - Scripts
 - Schema
 - Patterns in processing information
- Cumulative risk may be more important than specific risk factor

Cognitive Problem-Solving Sequence: Integrating Social Information Processing with Emotional Regulation



Social Knowledge: Life experiences producing scripts, schemata, skills, and beliefs

Risk Mechanism

- ...a sequence or chain of risk factors that significantly elevates vulnerability for a disorder
- Macro-social – the relationship of neighborhood cohesion to informal social control and the development of youth gangs
 - Mirco-social – communication patterns like “deviant talk” that reinforce problem thinking and behavior

Fish sticks for dinner?



Coercion Risk Mechanism

1. Parents makes request.
2. Child responds coercively (aversive escalation).
3. Parent acquiesces (child escapes contingency).
4. Parent is frustrated. Anger builds as child continues to ignore request.
5. Parent responds with force (and is increasingly distanced from child).
6. But parent behavior is rewarded by the child's coerced compliance.



Challenge: Identify and interrupt risk mechanisms...



Implications for Practice: Disrupt Risk Mechanisms...

- Assess for cumulative risk and protection
- Identify malleable risk/protective factors and mechanisms
- Focus on family with sensitivity to race/ethnicity, culture, gender, age
- Strengthen cognitive and other skills (social knowledge, scripts, SIP skills)
- Change environmental conditions that interact with bio-risk and elevate stress

Stress-Vulnerability Model with
Cognitive Features?

Advances in Interventive Knowledge

- Psychosocial
- Psychopharmacological



Many Review Authorities

- Model Programs of the U.S. DHHS Center for Substance Abuse Prevention
(<http://www.samhsa.gov/centers/csap/modelprograms>)
- American Psychological Association Division 12
(http://www.apa.org/divisions/div12/rev_est/index.html)
- American Psychiatric Association
(http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm)
- Campbell Collaboration
(<http://www.campbellcollaboration.org/>)
- Rand Corporation
(<http://www.promisingpractices.net/>)

But criteria are not consistently applied across authorities.

Effectiveness of Interventions for MH Disorders

Type of Disorder	Established	Promising
Attention Deficit Hyperactivity Disorder	Behavioral parenting training Behavioral modification in classrooms	Cognitive behavioral therapy
Anxiety Disorders (Generalized Anxiety Disorder, Separation Anxiety Disorder)	None	Cognitive behavioral therapy Cognitive behavioral therapy plus family anxiety management
Depression	None	Behavioral self-control therapy Cognitive behavioral coping skills training
Obsessive-Compulsive Disorder	None	Exposure/response prevention
Oppositional Defiant Disorder Conduct Disorder	Behavioral parent training Functional family therapy Multisystemic family therapy Videotape modeling	Anger control training with stress inoculation Anger coping therapy Assertiveness training Cognitive behavioral tx Problem-solving skills Rational-emotive therapy Time out plus signal seat treatment
Phobias	Graduated exposure Participant modeling Reinforced practice	Imaginal desensitization <i>In vivo</i> desensitization Live modeling Filmed modeling Cognitive behavioral tx

Source: Ollendick & King, 2004

On balance...

- Children who receive interventive services do better than those who do not.
- Children who receive research interventions do better than children who receive routine services.
- Disjuncture: The interventions that have the strongest evidence bases are not offered by many mental health agencies.

What we know is not yet reflected in what we do.

Source: Kazdin, 2003, 2004

Change Forces:

- Advances in knowledge regarding developmental psychopathology
- Advances in knowledge regarding psychosocial interventions
- Advances in knowledge regarding psychopharmacological intervention
- Widespread dissatisfaction with status quo





Multiple reforms in the context of major advances in scientific knowledge

- Systems of care
- Managed care
- Privatization
- Accountability
- Quality assurance
- Accreditation for training in specific evidence-based programs



Amidst the turmoil of MH reforms...

The gap between routine mental health care practice and evidence –based practice represents a significant public health problem. (p. 3)

What can social workers do?

Source: New Freedom Commission on Mental Health (2005, April). *Subcommittee on Evidence-Based Practices: Background Paper* (Pub. No. SMA-05-4007). Rockville, MD: DHHS.

Lessons from Reid et al.

- Continue to build the knowledge base by...
 - Programs of sequential experimentation with a variety of designs and measures
 - Development of specified treatment programs
- In the course of your career...
 - Write one treatment manual
 - Do one intervention study
- Schools – must prepare a new workforce
 - Use treatment manuals and guidelines
 - Work in the home with families
 - Understand group process and be able to run groups
 - Attend to environmental conditions that increase vulnerability

Practice-Research Challenge: Design and Develop Interventions

...group experimental research has represented a major departure from earlier experiments in social work, in which researchers were cast primarily in the role of evaluators with little involvement in the design and operation of the service programs... A particular strength of the [emerging] model is that it enables researchers to design and shape their own interventions and then test them. (p. 180)

-- Bill Reid, 1994