

# The Treatment of Child and Adolescent Mental Illness

\*Course Number: V05.0102

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\*This course is offered every spring semester and carries 4 points.

\*Prerequisites include V05.0101 (Child and Adolescent Psychopathology) and/or consent of instructor. Research Methods and Evidence-Based Treatments in Child and Adolescent Mental Health (V05.0120) is also recommended but not required.

## Course Description:

This course provides students with an overview and understanding of the current methods employed in the treatment of child and adolescent mental illness. For most of the past century, treatments for children and adolescents suffering from mental illness relied primarily upon open-ended psychotherapies, which have not consistently demonstrated a beneficial effect. Over the past 25 years, however, a variety of new evidence-based treatments have been developed. These treatments include behavioral psychotherapies, such as Cognitive Behavior Therapy for anxiety and depression, Dialectical Behavior Therapy for personality disorders, and Parent Management Training for children with oppositional and defiant disorders. In addition, we now have strong evidence supporting the use of various pharmacological interventions for Attention Deficit-Hyperactivity Disorder (ADHD), mood and anxiety disorders, and autism. We will investigate each of these treatments by reading and analyzing much of the original research that established their efficacy. This course builds upon Child and Adolescent Psychopathology (V05.0101).

## Course Aims:

### *Knowledge*

Students will learn key aspects of:

1. Behavioral and pharmacological therapies; and
2. The studies designed to demonstrate treatment efficacy.

### *Skills*

Students will be able to:

1. Describe the evidence-base for various behavioral and pharmacological therapies, along with their relative efficacies; and
2. Make treatment recommendations based upon the presenting symptoms and diagnostic impressions.

### *Attitudes*

Students will develop:

1. An appreciation of the difficulties inherent in designing effective treatments for childhood mental illness; and

2. An understanding of the individual hesitance and societal resistance toward the identification and treatment of mental illness in children and adolescents.

## Course Syllabus:

This course picks-up where Child and Adolescent Psychopathology (V05.0101) left off. Our introduction will begin with an historical overview of treatments for child and adolescent mental illness and will proceed to how mental illness is diagnosed in children and adolescents in order to gain a better sense of the integrity of these diagnoses. We will then launch into an investigation of current treatments, including both behavioral and pharmacological modalities, spending the bulk of the course reviewing studies in these two domains. Students will read primary sources in an effort to understand research design and treatment efficacy. Finally, we will address how treatments are currently applied in practice and why non-evidence-based treatments continue, and to some degree must continue, to be utilized. The course will meet twice weekly, using a combined approach of lecture and recitation. Lectures will teach basic concepts, and recitations will provide an opportunity for discussion and review of the required readings.

Students will be required to purchase a course reader containing book chapters and original articles (see reading list in appendix to this document). Students will also be referred to the textbooks employed for V05.0101 as references: (1) *Abnormal Child Psychology* by Eric J. Mash & David A. Wolfe, 3<sup>rd</sup> ed., 2004; and (2) the *Diagnostic and Statistical Manual of Mental Disorders-Text Revision*, 4<sup>th</sup> ed. (DSM-IVTR), American Psychiatric Association.

### Session:      Course Topic

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| 1 – 2 | <b>Introduction:</b> The first two meetings will focus on the history of treatment for child and adolescent mental illness. We will briefly reference the crude and sometimes barbaric treatments employed until mental illness was better understood and accepted as a genuine medical concern. Cross cultural approaches to mental illness will also be explored.  |
| 3 – 4 | <b>Diagnosis &amp; Evidence Based Treatments:</b> Following the review of historical treatments, students will expand upon their understanding of psychiatric diagnoses, how such diagnoses are made, and the reliability of current measures. We will also discuss the difficulties in establishing which treatments are truly supported by scientific “evidence” and the need to rely to some degree on treatments that still do not have demonstrated efficacy. |
| 5 – 6 | <b>Behavioral Theory</b> – These sessions will focus on the early research and development of behavioral theory, particularly as applied to children and adolescents with mental illness. The current paradigmatic shift away from whole reliance upon psychodynamic theory and toward behavioral theory will also be reviewed. These sessions will pave the way for the unit on behavioral treatments that follows.   |

- 7 – 8      **Behavioral Treatment** – Cognitive Behavior Treatment for Anxiety Disorders
- 9 – 10     **Behavioral Treatment** – Cognitive Behavior Treatment for Depression
- 11 – 12    **Behavioral Treatment** – Dialectical Behavior Treatment for Personality Disorders and Depression
- 13 – 14    **Behavioral Treatment** – Parent Management Training and Parent Child Interaction Therapy
- 15         **Midterm Examination**
- 16 – 17    **Pharmacological Theory** – These sessions will focus on the research and development of neuro-receptor theory. We will further explore other theories which may help to explain how and why medications are effective for the treatment of child and adolescent mental illness. We will discuss why medication studies are so difficult to perform and why positive studies in adults do not always achieve parallel results in children. These sessions will pave the way for the unit on pharmacological treatments that follows.
- 18 – 19    **Pharmacological Treatment** – Attention Deficit-Hyperactivity Disorder
- 20 – 21    **Pharmacological Treatment** – Mood and Anxiety Disorders
- 22 – 23    **Pharmacological Treatment** – Autistic & Disruptive Behavior Disorders
- 24 – 25    **Pharmacological Treatment** – Other Disorders (e.g., sleep, psychosis, substance abuse, and Tourette Syndrome)
- 26 – 27    **Final Paper Due**
- Barriers to Treatment** – The final sessions will be devoted to an open discussion of the barriers to treatment, including (but not limited to) parental resistance, societal bias, and the psychological impact of receiving treatment.
- 28         **Final Written Examination**

Examinations and Grades:

Grades will be based upon class participation (10%), a midterm examination (30%), a final paper (30%), and a final examination (30%). The examinations will include a:

**Midterm Examination:** Students will complete a one-hour short answer and multiple choice examination based upon material from the first half of the course.

**Final Paper:** Students will complete a final paper (not to exceed 10 double-spaced, type written pages) describing how they would develop and manage a treatment plan for a child or adolescent with a given psychiatric illness. Students will be provided with a series of clinical cases from which they may choose and will be required to describe the behavioral, family, and individual treatments that can be utilized.

**Final Examination:** Students will complete a one-hour short answer and multiple choice examination based upon material from the second half of the course.

Course Meetings:

The course will meet twice weekly for 75 minutes, incorporating both lecture and discussion.

Tentative Required Course Readings:

1. AACAP Work Group on Stimulant Medications. Practice Parameter for the Use of Stimulant Medications in the Treatment of Children, Adolescents, and Adults. *Journal of the American Academy of Child and Adolescent Psychiatry*. 41(2):26S-49S, February 2002.
2. AACAP Work Group on Suicide. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*. 40(7):24S-51S, July 2002.
3. Albano AM, Kendall PC. Cognitive behavioural therapy for children and adolescents with anxiety disorders: clinical research advances. *International Review of Psychiatry*. 14:129-134, 2002.
4. Baxter LR, Schwartz JM, Bergman KS, et al. Caudate Glucose Metabolic Rate Changes with Both Drug and Behavior Therapy for Obsessive-Compulsive Disorder. *Arch Gen Psychiatry*. 49(9):681-9, 1992.
5. Beitchman JH, Young AR. Learning Disorders with a Special Emphasis on Reading Disorders: A Review of the Past 10 Years. *Journal of the American Academy of Child and Adolescent Psychiatry*. 36(8):1020-1032, August 1997.
6. Biederman J, Birmaher B, Carlson GA, et al. National Institute of Mental Health Research Roundtable on Prepubertal Bipolar Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*. 49(8):871-878, August 2001.
7. Bonner C. Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance Skills for Adolescents: A Treatment Manual. *Star Center Publications, WPIC*. 2002.
8. Burke JD, Loeber R, Birmaher B. Oppositional Defiant and Conduct Disorder: A Review of the Past 10 Years, Part II. *Journal of the American Academy of Child and Adolescent Psychiatry*. 41(11):1275-1293, November 2002.
9. Cantwell, DP. Attention Deficit Disorder: A Review of the Past 10 Years. *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol 35(8):978-987, August 1996.
10. DelBello M, Grcevich S. Phenomenology and Epidemiology of Childhood Psychiatric Disorders That May Necessitate Treatment with Atypical Antipsychotics. *Journal of Clinical Psychiatry*. 65(suppl 6):12-19, 2004.

11. Eapen V, Fox-Hiley P, Banerjee S, Robertson M. Clinical Features and Associated Psychopathology in a Tourette Syndrome Cohort. *Acta Neurologica Scandinavica*. 109:255-260, 2004.
12. Emslie GH, Heiligenstein JH, Wagner KD, Hoog SL, Ernest DE, Brown E, Nilsson M, Jacobson JG. Fluoxetine for Acute Treatment of Depression in Children and Adolescents: A Placebo-Controlled, Randomized Clinical Trial. *Journal of the American Academy of Child and Adolescent Psychiatry*. 41(10):1205-1215, October 2002.
12. Eyberg, S.M., & Mattarazzo R.G. (1980) Training parents as therapists: A comparison between individual parent child interaction training and parent group didactic training. *Journal of Clinical Psychology*, 36, 492-499.
13. Eyberg, S.M., & Robinson, E.A. (1982) Parent-child interaction training: Effects on family functioning. *Journal of Clinical Child Psychology*, 11, 130-137.
14. Eyberg, S.M., & Boggs, S.R. (1990). Parent Training for oppositional-defiant preschoolers. In C.E.Schaefer & J.M. Briesmeister (Eds.), *Handbook of parent training: Parents as co-therapists for children's behavior problems* (pp.105-132). New York Wiley.
15. Faridi K, Suchowersky O. Gilles de la Tourette's Syndrome. *Le Journal Canadien des Sciences Neurologiques*. 2003;30: Suppl. 1 – S64-71.
16. Findling RL, McNamara NK. Atypical Antipsychotics in the Treatment of Children and Adolescents: Clinical Applications. *Journal of Clinical Psychiatry*. 65(suppl 6):30-44, 2004.
17. Geller B, Tillman R, Craney JL, Bolhofner K. Four-Year Prospective Outcome and Natural History of Mania in Children with a Prepubertal and Early Adolescent Bipolar Disorder Phenotype. *Archives of General Psychiatry*. 61(5):459-467, May 2004.
18. Kazdin AE. Parent Management Training: Evidence, Outcomes, and Issues. *Journal of the American Academy of Child and Adolescent Psychiatry*. 36(10):1349-1356, October 1997.
19. Keller MG, Ryan RD, Strober M, et al. Efficacy of Paroxetine in the Treatment of Adolescent Major Depression: A Randomized, Controlled Trial. *Journal of the American Academy of Child and Adolescent Psychiatry*. 40(7):763-772, July 2001.
20. Kendall PC. Treating anxiety disorders in children: results from a randomized clinical trial. *Journal of Consulting and Clinical Psychology*. 62(1):100-110, 1994.
21. Kendall PC, Aschenbrand SG, Hudson J. Child-Focused Treatment of Anxiety. In A. E. Kazdin and J. Weisz (Eds.) *Empirically-based psychotherapies for children and adolescents* (pp. 81-100). New York, NY: The Guilford Press, 2002.
22. Kendall PC, Frlannery-Schroeder E, Panichelli-Mindel SM, Southam-Gerow M, Henin A, Warman M. Therapy for youths with anxiety disorders: a second randomized clinical trial. *Journal of Counseling and Clinical Psychology*. 65(3):366-380, 1997.
23. King BH, State MW, Shah B, Davanzo P, Dykens E. Mental Retardation: A Review of the Past 10 Years, Part I. *Journal of the American Academy of Child and Adolescent Psychiatry*. 36(12):1656-1663, 1997.

24. Koerner, K. & Linehan, M. Case Formulation in Dialectical Behavior Therapy for Borderline Personality Disorder. In Eells (Ed. 1997), *Handbook of Psychotherapy Case Formulation*. NY: Guilford Press.
25. Leckman JF. Phenomenology of Tics and Natural History of Tic Disorders. *Brain and Development*. 25 (suppl. 1):S24-S28, 2003.
26. Loeber R, Burke JD, Lahey BB, Winters A, Zera M. Oppositional Defiant and Conduct Disorder: A Review of the Past 10 Years, Part I. *Journal of the American Academy of Child and Adolescent Psychiatry*. 39(12):1468-1484, December 2000.
27. March J, Silva S, Petrycki S, et al. Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents With Depression Study (TADS) randomized controlled trial. *JAMA*. 2004 Aug 18;292(7):807-20.
28. McConville BJ, Sorter MT. Treatment Challenges and Safety Considerations for Antipsychotic Use in Children and Adolescents with Psychoses. *Journal of Clinical Psychiatry*. 65(suppl 6):20-29, 2004.
29. Pavuluri MN, Naylor MW, Janicak PG. Recognition and Treatment of Pediatric Bipolar Disorder. *Contemporary Psychiatry*. 1(1):1-9, April 2002.
30. Rathus & Miller, (2002) Dialectical Behavior Therapy Adapted for Suicidal Adolescents. *Suicide and Life-Threatening Behavior*, 32(2), 146-157.
31. Strober M, Schmidt-Lackner S, Freeman R, Bower S, Lampert C, DeAntonio M. Recovery and Relapse in Adolescents with Bipolar Affective Illness: A Five-Year Naturalistic, Prospective Follow-Up. *Journal of the American Academy of Child and Adolescent Psychiatry*. 34(6):724-731, June 1995.
32. The MTA Cooperative Group. A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder. *Archives of General Psychiatry*. Vol 56:1073-1086, December 1999.
33. The Texas Consensus Conference Panel on Medication Treatment of Childhood Major Depressive Disorder. The Texas Children's Medication Algorithm Project: Report of the Texas Consensus Conference Panel on Medication Treatment of Childhood Major Depressive Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*. 38(11): 1442-1454, November 1999.
34. Volkmar FR, Lord C, Bailey A, Schultz RT, Klin A. Autism and Pervasive Developmental Disorders. *Journal of Child Psychology and Psychiatry*. 45(1):135-170, 2004.
35. Wagner KD, Ambrosini P, Rynn M, Wohlberg C, Yang R, Greenbaum MS, Childress A, Connelly C, Deas D. Efficacy of Sertraline in the Treatment of Children and Adolescents with Major Depressive Disorder: Two Randomized Controlled Trials. *Journal of the American Medical Association*. 290(8):1033-1041, August 2003.
36. Wagner KD, Robb AS, Findling RL, Jin J, Gutierrez MM, Heydorn WE. A Randomized, Placebo-Controlled Trial of Citalopram for the Treatment of Major Depression in Children and Adolescents. *American Journal of Psychiatry*. 161(6):1079-1083, June 2004.