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

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

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

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

- State the problem
- Interpreting social cues
- Encode social cues
- Set goal(s)
- Generate potential solutions
- Evaluate potential solutions
- Select & enact the best solution(s)
- Assess outcomes

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

– Micro-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).
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](http://www.samhsa.gov/centers/csap/modelprograms))

But criteria are not consistently applied across authorities.
### Effectiveness of Interventions for MH Disorders

<table>
<thead>
<tr>
<th>Type of Disorder</th>
<th>Established</th>
<th>Promising</th>
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</table>
| 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  
*In vivo* 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?

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