


Trends in Child & Adolescent Mental Health:

What to look for and what to do about it.

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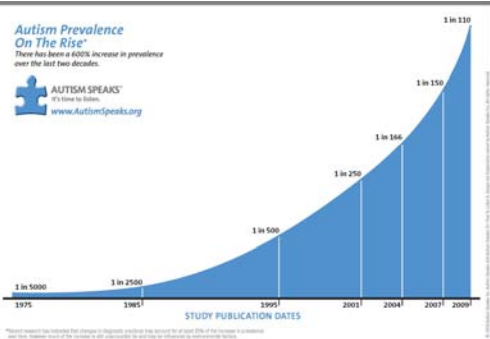


TRENDS IN MENTAL DISORDERS




Autism Spectrum Disorders

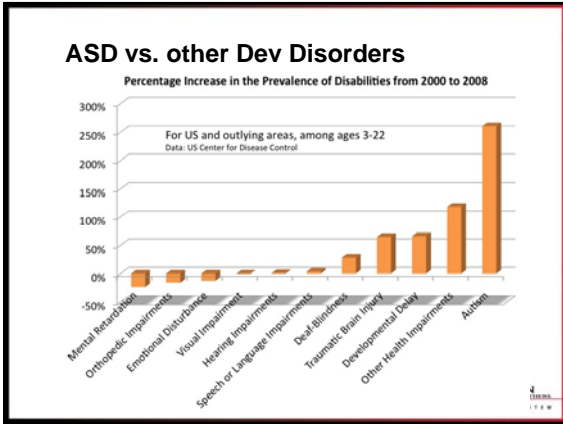
Autism Prevalence On The Rise
There has been a 100% increase in prevalence over the last two decades.

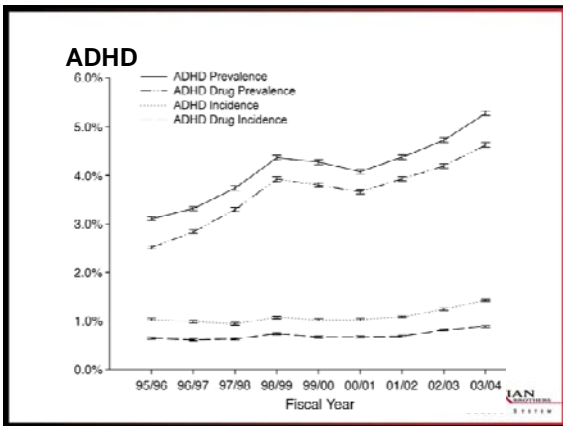


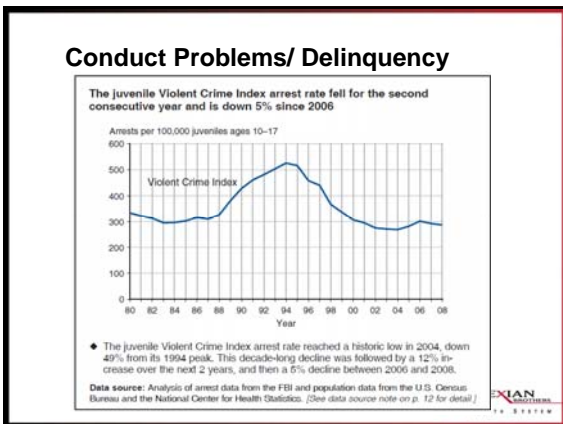
Year	Prevalence
1975	1 in 5000
1981	1 in 2500
1995	1 in 500
2001	1 in 250
2004	1 in 166
2007	1 in 110
2009	1 in 110

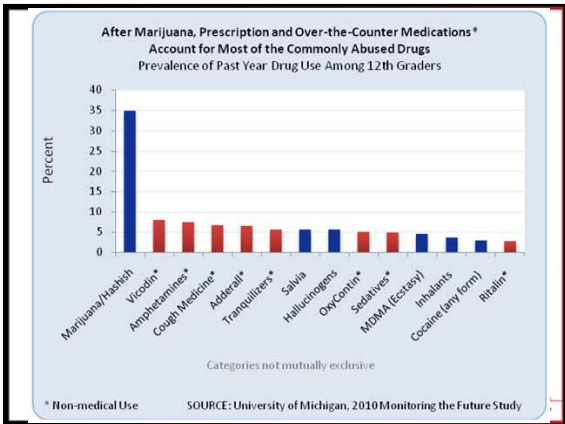
STUDY PUBLICATION DATES

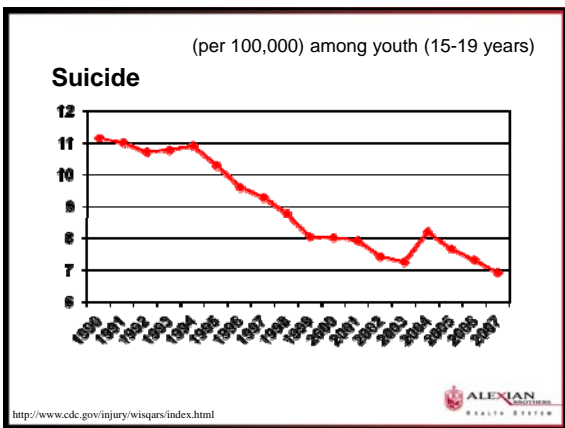


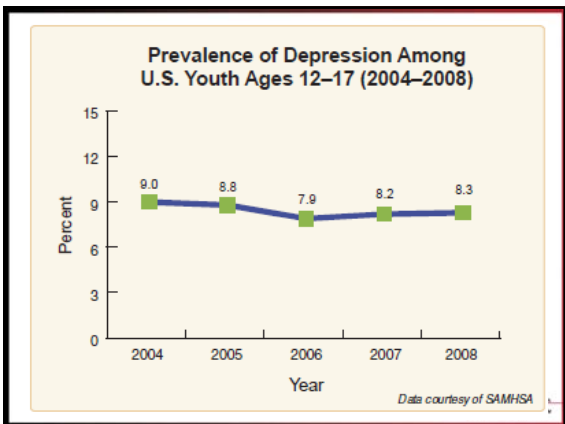














Childhood to Adolescence

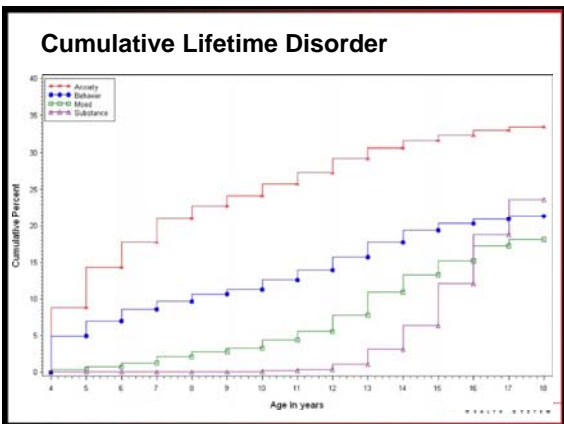
Diagnosis	Direction of Change
Anxiety Disorder	Increase
Depression	Increase (double)
Conduct Disorder	Increase
Substance Use Disorder	Increase (double)
ADHD	Decrease (Halve)
Oppositional Defiant Disorder	Decrease

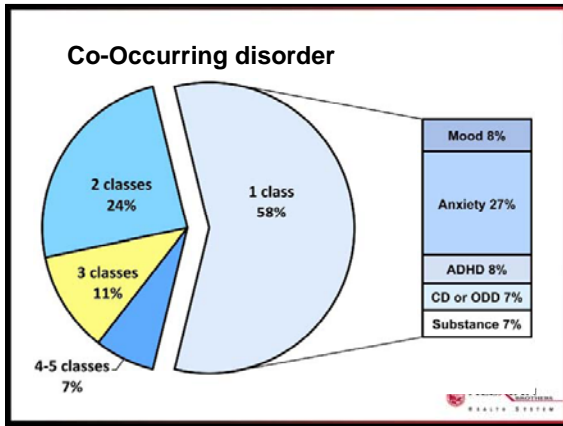


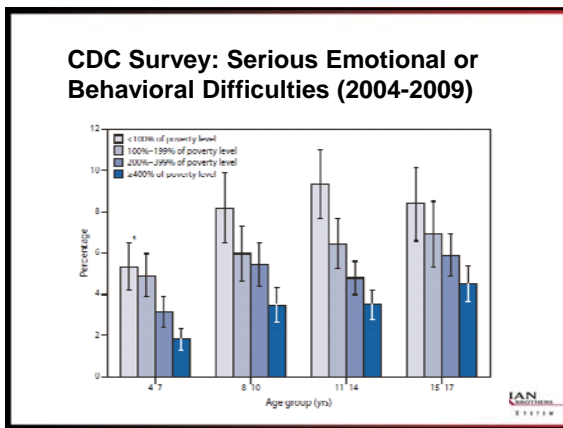
Adolescence to Adulthood

Diagnosis	Direction of Change
Anxiety Disorder	Increase
Depression	Increase
Substance Use Disorder	Increase (double)
ADHD	Decrease (Halve)
Conduct Disorder	Decrease (double)









DSM-V: WHAT TO EXPECT

ALEXIAN HEALTH SYSTEM

PTSD in Preschool Children

1. Traumatic experience/witness/*learned*
2. Intrusion symptoms
3. Avoidance OR Altered cognition/mood
4. Altered arousal and reactivity



Disruptive Mood Dysregulation Disorder

1. Severe recurrent *temper outbursts*
2. Three + times per week
3. Mood between outbursts is persistently negative
4. Present for at least 12 months
5. Present in at least 2 settings
6. At least 6, but younger than 10
7. Not bipolar
8. Nor psychotic, PDD, SUD, etc...



Learning Disorder

1. Difficulties in learning basic academic skills
 - Fluent reading
 - Writing
 - Arithmetic
2. Not consistent with age, educational opportunities, or intellectual abilities
3. Must use multiple sources of information
 - One must be an individual administered measure of academic achievement
4. Interferes with achievement or activities of daily living



Non-Suicidal Self-Injury

1. Self-injured on 5 or more days in last year
2. Associated with at least two:
 - Negative thoughts/feelings before NSSI
 - Preoccupation with NSSI
 - Frequent urge to engage in NSSI
 - NSSI is functional (e.g., relieve negative affect)



Autism Spectrum Disorder

1. Persistent deficits in social communication/ interaction
2. Restricted, repetitive patterns of behavior, interests, or activities
3. Symptoms must be present in early childhood

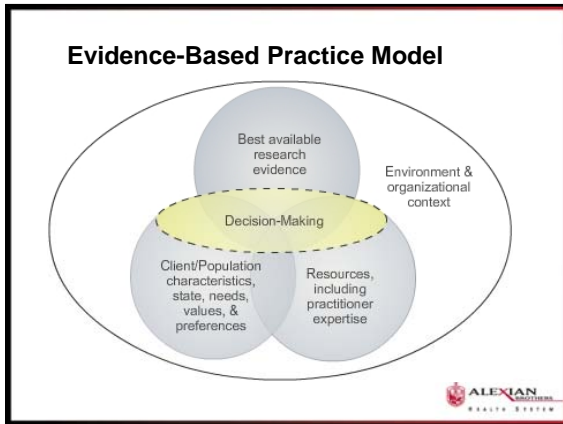
Asperger's and PDD-NOS will be removed

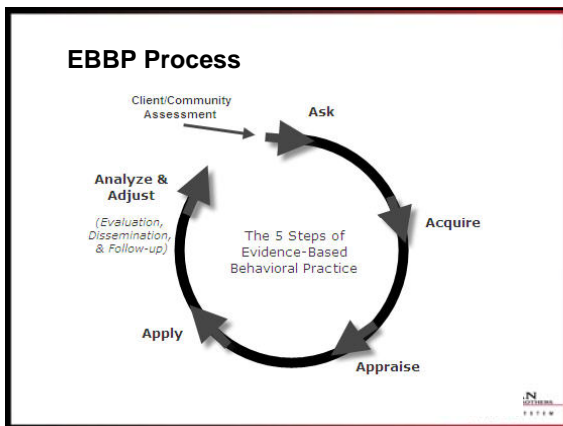


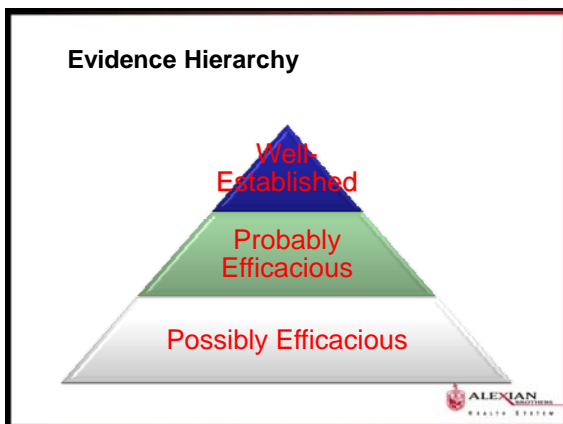


SO WHAT DO WE DO ABOUT THESE DISORDERS?









Empirically-Supported Treatment: Anxiety

Disorder	Established	Probably	Possibly
Anxiety	•None	•CBT Individual •CBT group •Coping Cat	•CBT w/ parents •CBT w/ family
School Refusal	•None	•None	•CBT
OCD	•None	•CBT Individual •CBT + Sertraline	•Family-CBT
PTSD	•Trauma-Focused CBT	•School-based Group CBT	•CBT •Cognitive Processing •Child-Centered •EMDR •Family Therapy •Child-Parent



Empirically-Supported Treatment: Anxiety

Disorder	Established	Probably	Possibly
Social Phobia	•None	•Family-Focused CBT •Social Effectiveness Training •Coping Cat	•N/A
Specific Phobia	•None	•None	•Emotive Imagery •Exposure





Empirically-Supported Treatment: Depression

Disorder	Established	Probably	Possibly
Depression CHILD	•CBT group •CBT group + parents	•School-based group CBT •Penn Prevention program •Self-Control Therapy	•N/A
Depression ADOL	•CBT group •Interpersonal Therapy	•Adolescent CBT •Individual CBT •Adolescents Coping w/ Depression •Interpersonal Therapy	•N/A




Empirically-Supported Treatment: ADHD

Disorder	Established	Probably	Possibly
Child & Adolescent	<ul style="list-style-type: none"> •Behavioral Parent Training •Behavioral Classroom Management •Behavioral Peer Interventions 	•N/A	•N/A


Empirically-Supported Treatment: ODD and CD

Disorder	Established	Probably	Possibly
ODD & CD	<ul style="list-style-type: none"> •Parent Management Training 	<ul style="list-style-type: none"> •Anger Control Training •Rational-Emotive Therapy •Behavior Management •Parent-Child Interaction Therapy •Problem-Solving Skills Training •Group Assertiveness Training •Multisystemic Therapy 	<ul style="list-style-type: none"> •Group Anger Control Training •Reaching Educators, Children, and Parents



Empirically-Supported Treatment: Substance Abuse

Disorder	Established	Probably	Possibly
SUD	<ul style="list-style-type: none"> •Group CBT •Multidimensional Family Therapy •Functional Family Therapy 	<ul style="list-style-type: none"> •Brief Strategic Family Therapy •Behavioral Family Therapy •Multisystemic Therapy 	<ul style="list-style-type: none"> •Individual CBT •Transitional Family Therapy •Strength Oriented Family Therapy •Minnesota Model 12 Step





Future of Psychopathology

1. Mental Illness = Neurodevelopmental Disorders
2. Focus on dysfunction in brain circuits
3. Move from categorical to dimensional

ALEXIAN HEALTH SYSTEM





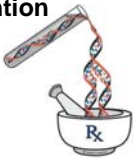
Future of Psychosocial Intervention

1. Focus on brief, solution-focused treatments
 - But not exclusively...
2. Unified protocols across disorders
3. Modularized treatment
 - Target specific brain circuits
4. Technology for support, prevention
5. Neuroscience to personalize treatments
6. Focus on brain training vs. talk therapy

ALEXIAN HEALTH SYSTEM

Future of Biological Intervention

1. Slowing in discovery of new drugs
2. Pharmacogenetics
3. Neuromodulation
4. Gene therapy



Thank you!

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