The Treatment of Child and Adolescent Mental Illness
Course Syllabus, Spring 2014

Course Number: CAMS-UA 102

Instructors:

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Course Description:
This course is offered every spring semester and carries 4 points.
Prerequisites include CAMS-UA 101 (Child and Adolescent Psychopathology) and/or consent of instructor. CAMS-UA 120 (Skepticism and Proof: Research Methods in Child Mental Health) is also recommended but not required.

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:
  Behavioral and pharmacological therapies; and
  1. 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 & societal resistance toward the identification & treatment of mental illness in children & adolescents

Course Syllabus:
This course picks-up where Child and Adolescent Psychopathology (CAMS-UA 101) 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.

Readings:
Required articles are posted on the Classes site for the course. In addition, students are assigned readings from Treating Child and Adolescent Mental Illness (2009) by Jess P. Shatkin, MD, MPH; and are referred to the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-5).

Time/Location:
Lecture: Tuesday & Thursday, 12:30 – 1:45pm, Silver Center 411
Office Hours by request
## Course Topic

### Introduction:
The first two meetings will focus on the history of child and adolescent mental illness treatment with particular emphasis upon the last 100 years. We will study the historical events that led to the establishment and then dismantling of asylums for the mentally ill and identify key tensions in the treatment of mental illness (including tensions between confinement and community care, and mind and brain). To aid in this process, students will watch one segment of the PBS documentary, “Madness,” which will provide the backdrop for our exploration of psychiatric treatments. *(Henderson)*

### STUDEMTS SIGN-UP FOR CASE CONFERENCE ATTENDANCE AT THE NYU CHILD STUDY CENTER

### Introduction Continued (Evidence Based Treatments):
Following the review of historical treatments, students will be instructed in the modern approach to medical and psychiatric treatment by exploring the evidence-based movement. The genesis of this approach will be reviewed, and parallels will be drawn to the more codified approach to diagnosis, which students learned in V05.010.1. 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. Finally, the last class in this introductory series of talks will focus on how to read a scientific article. *(Henderson)*

### Behavioral Theory:
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 theory will also be reviewed. Finally, these sessions will introduce community models of psychosocial treatment, including the use of inpatient hospitalization, residential treatment, foster care, and multi-systemic therapies. *(Evans)*

### Pharmacological Theory:
These sessions will focus on the research and development of the brain, neuro-receptor theory, as well as pharmacokinetics and pharmacodynamics. 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. Finally, we will review the current classes of psychiatric medications employed and the Food and Drug Administration approval process for new medications. (Henderson)

9 – 10

**Pharmacological Treatment (Attention Deficit-Hyperactivity Disorder):**
These sessions will provide a review of standard pharmacological treatments for ADHD, including stimulants, norepinephrine reuptake inhibitors, alpha-2 agonists, and antidepressants. (Henderson)

11 - 12

**Behavioral Treatment of Externalizing Disorders:**
During these sessions, we will discuss the utility of behavioral methods (such as Parent Management Training and Parent Child Interaction Therapy) for treating externalizing disorders, such as Oppositional Defiant and Conduct Disorder. The seminal MTA (Multi-systemic Treatment for ADHD) Study will be discussed, and the variable utility of behavioral approaches for the treatment of ADHD will be reviewed. (Evans)

13

**Behavioral Treatment (Cognitive Behavior Treatment for Mood Disorders):**
These sessions will focus on the pragmatic application of cognitive and behavioral therapies for the treatment of mood disorders. Particular emphasis will be placed upon the cognitive therapy for depression. (Evans)

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**MIDTERM EXAMINATION**

15 – 16

**Behavioral Treatment (Cognitive Behavior Treatment for Anxiety Disorders):**
These sessions will focus on the pragmatic application of cognitive and behavioral therapies for the treatment of anxiety disorders. Particular emphasis will be placed upon the use of behavioral therapy for anxiety disorders (e.g., simple phobias, separation anxiety, and Obsessive Compulsive Disorder). (Evans)

17 – 18

**Pharmacological Treatment (Mood and Anxiety Disorders):**
These sessions will focus on the various medications utilized to treat anxiety disorders and uncomplicated depression. We will review the Texas Medication Algorithms to illustrate the
The challenge of determining a logical and data-driven approach to guide medication decision-making and interventions. Finally, we will discuss the utility of hospitalization and residential treatment.  

(Henderson)

19 – 20

**Behavioral Treatment of Autism:**
This session will focus on the use of Applied Behavioral Analysis and other behavioral methods, such as social skills training and picture exchange communication, for the treatment of autism spectrum disorders.  

(Evans)

21 – 22

**Pharmacological Treatment (Antipsychotics & Mood Stabilizers):**
These sessions will emphasize the use mood stabilizers and antipsychotics in the treatment of a vast array of child and adolescent psychiatric disorders, including depression, bipolar disorder, schizophrenia, anxiety, autism, and disruptive behavior. The neurobiological mechanisms of these medications, their risks and benefits, and the concerns with treating symptoms such as “irritability” with such potent medications will be discussed. We will also consider our psychiatric nosology and why it is that these medications are considered efficacious for a broad range of psychiatric disorders.  

(Henderson)

23 – 24

**Behavioral Treatment (Dialectical Behavior Treatment for Personality):**
These sessions will provide students with an overview of a more recently applied derivative of CBT entitled, Dialectical Behavior Treatment, which while cognitive/behavioral in orientation also incorporates eastern concepts of mindfulness. Although initially designed for use with borderline personality disorder patients, DBT has more recently been successfully applied to the treatment of depressed patients, particularly those with a history of suicidal ideation and self-injurious behavior. The four primary concepts of DBT (core mindfulness skills, emotion regulation skills, interpersonal effectiveness skills, and distress tolerance skills) and their utility will be reviewed.  

(Evans)

25 – 26

**Other Disorders and Treatments:**
These sessions will cover a variety of treatments, both medical and behavioral, which are not discussed elsewhere in the course. Particular attention will be paid to treatments indicated for sleep, enuresis, selective mutism, and eating disorders. In addition, we will address the use of controversial and newer treatments, such as hallucinogens, Electroconvulsive Therapy and Transcranial Magnetic Stimulation. Finally, we will note the increasing use of herbal medications and dietary supplements, highlighting a few and discussing their rational use.  

(Evans & Henderson)
FINAL PAPER DUE

27

Barriers to Treatment & Class Summary:
The final session will be devoted to an open discussion of the barriers to treatment, including (but not limited to) parental resistance, societal bias and stigma, government, insurance limitations and Health Maintenance Organizations, and the psychological impact of receiving treatment. We will also revisit our psychiatric nosology, which is now brought into question particularly in light of the fact that many of our treatments (including psychotherapeutic, pharmacological, and multi-systemic) are effective for more than one disorder. (Evans & Henderson)

FINAL EXAMINATION (As soon as we know, we will communicate this to class.)

Examinations & Grades:
Grades will be based upon class participation (10%), case conference write-up (10%), media (10%), a written midterm examination (20%), a final paper (30%), and a written final examination (20%). The scoring will be based upon a:

• **Midterm Examination:** Students will complete a 75 minute multiple choice, matching, and short answer examination based upon material from the first half of the course.

• **Assignments:**
  o **Case Conference Write-Up:** Each student will make one visit to the NYU Child Study Center Case Conference on a Friday morning (9-11 AM) and produce a three-page double-spaced paper describing the treatment plan of one of the cases presented at the conference.
  o **Media Paper:** Each student will find an article from mainstream, newspaper/magazine and write a critical review of the facts presented (3 pages double spaced)
  o **Final Paper:** Students will complete a final paper (not to exceed 5 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, pharmacological, family, and social treatments that can be utilized.

• **Final Examination:** Students will complete a 90 minute multiple choice, matching, and short answer examination based upon material from the second half of the course. The final examination will not be cumulative.