

Preface



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Guest Editors

Because of a shortage and maldistribution of child and adolescent psychiatrists, general psychiatrists increasingly are being asked to evaluate and treat children and adolescents who are suspected of having or who have mental disorders. Improved recognition of the onset of many mental disorders early in their trajectory, increasing initiation of pharmacologic treatment at younger ages, interest from parents and teachers in getting the “best performance” from children who have behavioral, emotional, and cognitive difficulties, and the availability of newer pharmacologic agents with potentially fewer or less severe side effects are some of the reasons commonly given for this increased demand.

In spite of excellent efforts to increase the number of child and adolescent psychiatrists and to find better ways to share expertise with underserved areas, the supply has not kept pace with demand. This issue of the *Psychiatric Clinics of North America* is intended to deliver the latest information about some of the most common child and adolescent mental health issues that might involve a general psychiatrist. We hope this compilation of articles will be a useful reference in the offices of practitioners who have a background knowledge in general psychiatry but would like a quick review of the latest thinking and practice of child and adolescent psychiatry that is relevant to the general psychiatrist working in underserved areas.

The first section of this issue addresses topics organized as disorders. The articles are sequenced in the approximate developmental order in which these disorders might present in children. Autism spectrum disorders have increased dramatically in prevalence in recent years. “New Developments in Autism”

discusses some of the controversial issues pertaining to the pathophysiology of autism and provides a balanced discussion of interventions, including alternative treatments. “Psychiatric Issues in Genetic Syndromes” describes the current state of knowledge pertaining to genetically based disorders with distinctive behavioral phenotypes. “Review of Pediatric Attention Deficit/Hyperactivity Disorder for the General Psychiatrist” is an especially readable review of the most clinically relevant information pertaining to pediatric attention-deficit hyperactivity disorder. “Anxiety Disorders and Posttraumatic Stress Disorder Update,” written by psychiatrists from a subspecialty child anxiety disorders clinic, provides an up-to-date review of the topic, highlighting differences across the lifespan. Because anxiety disorders often persist into adulthood, this article provides a useful perspective even for psychiatrists who do not treat children. Finally, perhaps one of the questions most frequently asked by general psychiatrists is “What is childhood bipolar disorder?” “Diagnostic Issues in Childhood Bipolar Disorder” addresses this controversial topic, while “Very Early Interventions in Psychotic Disorders” describes the emerging data regarding prodromal psychotic patients and associated interventions. Clearly, the implications for understanding these early processes are immense.

The next section, titled “Treatment,” involved difficult decisions on our part, because the range of psychiatric interventions for children and adolescents is vast, and our page allotment is limited. Ultimately, we decided to focus on the interventions that we believe general psychiatrists in clinical practice treating children are most likely to use. “Cognitive-Behavior Therapy and Dialectical Behavior Therapy: Adaptations Required to Treat Adolescents” addresses exactly what its title describes. “Child and Adolescent Psychopharmacology Update” is as comprehensive and current a review as one is likely to find on this topic.

Section three, “Service Delivery,” provides a context for the provision of child psychiatric care and emphasizes some of the unique aspects of treating children and adolescents. “The Wraparound Approach in Systems of Care” describes this widely used and potentially highly effective approach to treating children who have psychiatric disorders in community settings. “Disparities in Treating Culturally Diverse Children and Adolescents” addresses the underutilization and undertreatment of children from non-majority cultures. “The Psychiatrist as Consultant: Working within Schools, the Courts, and Primary Care to Promote Children’s Mental Health” illustrates this increasingly relevant role for child psychiatrists.

The final section, “Conceptual Issues,” begins with “Towards a Neurodevelopmental Model of Clinical Case Formulation.” Case formulation is central to child psychiatric treatment, and many approaches are described in the literature. This article proposes another approach that we may find ourselves using increasingly in the future as our knowledge of the roles of and interactions between genes, environment, brain development, pathophysiology, neuropsychology, and behavior, as they pertain to child psychiatric disorders, grows. “Clinical Implications of Current Findings in Neurodevelopment” describes some of the latest such findings. Finally, “Child and Adolescent Psychiatry for the Future: Challenges and Opportunities” addresses current challenges to providing psychiatric treatment to children and adolescents, especially as related to workforce issues, public perception, and professional identity, and proposes future directions, with an emphasis on the role of the general psychiatrist.

We hope that this issue proves useful to you. We would like to thank Sarah Barth at Elsevier Publishing for her excellent guidance and support throughout this project.

We direct an ongoing workshop based on this issue at the annual meeting of the American Psychiatric Association and will appreciate knowing what is helpful to you and what is missing.

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