



Child Adolesc Psychiatric Clin N Am
12 (2003) xiii–xv

CHILD AND
ADOLESCENT
PSYCHIATRIC
CLINICS

Preface

Psychiatric emergencies



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Guest Editor

This issue of the *Child and Adolescent Psychiatric Clinics of North America* is the first to be dedicated completely to psychiatric emergency. Each article presents—in overview and in specific—fundamental principals and complexities critical to caring for children and families in the midst of a psychiatric crisis.

In 1996, Michael H. Allen, MD, described a “tension” between the readiness and the actual productivity of psychiatric emergency services that lacked resolution. The first article in this issue, entitled “Trends and Shifting Ecologies—Part I”, presents an overview of current trends and unresolved tensions underlying the hospital-based child psychiatric emergency service system. It critically examines the structure, practice, and functioning of this model and suggests some practical shifts in its goals and assemblage of resources that might improve the efficiency and efficacy of emergency care and the postcrisis outcomes for patients and families.

In the next article, Dr. Guerrero gives a pragmatic, stepwise approach to assessing general medical conditions in patients presenting with various categories of psychiatric symptomatology. He uses vignettes to illustrate how emergency service providers might better use developmental psychopathology-informed evaluations to better provide these children and families with indicated medical care.

Child and adolescent clinical situations most often demand emergency attention because they are perceived as emergent by members of the caretaking system. Dr. Londino presents an overview of relevant aspects of effectively evaluating and formulating the family’s potential role in precipitating, maintaining, and resolving a child psychiatric emergency.

Several articles focus on the evaluation and management of three of the most common problems that present for hospital-based child and adolescent psychiatric emergency services. Drs. Spirito and Overholser review theories salient to understanding, identifying, and assessing suicide risk in adolescents. They aptly highlight the postattempt crisis period as a window of opportunity for both educating and engaging the attempter and the family in the problem solving and therapeutic processes. Dr. Heyneman's article reviews the assessment of the violent and aggressive patient. It also details indications and algorithms for the range of acute behavioral and pharmacological treatment interventions. Disentangling a true psychotic process from the litany of psychiatric syndromes, medical conditions, and developmental phenomena that may present with an apparent thought disorder or perceptual disturbance is a challenging task. Drs. Semper and McClellan review the complexities and considerations of comprehensively assessing juvenile psychotic phenomena.

The possible role of intoxicants should be considered in any acute child or adolescent psychiatric emergency. Dr. Solkhah presents the general phenomenology of American youth substance use disorders. He then details a substance-by-substance description of presenting signs and symptoms of acute intoxication as well as guidelines for their management.

Cultural competence has become one of the core principles of the children's behavioral health care movement. The article by Drs. Pumariega and Rothe details the presence of mind and qualities that culturally competent practitioners, agencies, and systems must embody, particularly with regard to the provision of mental health crisis services.

The evaluation and treatment of youth presenting with psychiatric emergencies requires that practitioners be abreast of the significance of children's unique legal status. Drs. Fortunati and Zonana give an overview of legal considerations that are commonly confronted in the child and adolescent psychiatric emergency setting.

The events of September 11, 2001, have brought national attention to the potential for emotional sequela after human exposure to traumatic events. National statistics reveal the extent to which violent exposure, victimization, and crime against children has become a leading public health concern. The article by Drs. Berkowitz and Marans reviews some of the essential concepts regarding psychological trauma suffered by children and their families, its recognition and evaluation, and the importance of immediate intervention as a prelude to longer-term psychological care.

Child and adolescent psychiatric emergency services have, by default, become a core component of the behavioral health care system. However, unless crisis-aimed treatment interventions are a part of a comprehensive system of services, hospital-based psychiatric emergency services alone can only provide a "Band-Aid" to the ever-increasing volumes of seriously emotionally disturbed youth. In the final article of this issue, entitled "Trends and Shifting Ecologies—Part II", Drs. Pumariega and Winter address the current mental health care system evolution. They focus on new paradigms that hope to alter the use of acute, high intensity, more restrictive behavioral health care services by diverting patients in

crisis from inpatient hospital settings to a collage of well-integrated, “wraparound” community-based services.

This issue of the *Child and Adolescent Psychiatric Clinics* reviews current literature and practical clinical concepts relevant to the practice of child and adolescent psychiatric emergency care. I would like to thank all of the contributors for their thoughtful and edifying efforts. We hope that this issue will pique further interest and deliberation in the area of child and adolescent psychiatric emergency services and research, as well as stimulate the reinvestment of the financial and intellectual resources required to improve, validate, and standardize service provision, training curricula, and consultation around this work.

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