November 2016

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**Articles**

**Reaching the hard to reach: quantitative and qualitative evaluation of school-based arts therapies with young people with social, emotional and behavioural difficulties**

*Source:* Emotional and Behavioural Difficulties; Oct 2016; vol. 21 (no. 4); p. 403-415  
*Publication Date:* Oct 2016  
*Author(s):* Cobbett S.

**Abstract:** The arts therapies are becoming more commonplace as psychotherapeutic interventions for young people with social, emotional and behavioural difficulties (SEBD) and associated mental health conditions in educational settings and are now used in many educational provisions. The justification for their use would seem to be largely based on the subjective experience of education managers and anecdotal evidence as empirical evidence for their effectiveness with this client group is scarce. This research article is an attempt to fill that gap. A sample of 52 young people receiving an arts therapy and a control sample of 29 young people on a waiting list for an arts therapy were assessed over a year-long period in two SEBD schools in London using staff-rated Goodman’s Strengths and Difficulties Questionnaires (SDQ) and a self-rated scoring system. SDQ results showed a significant difference in improvement of levels of SEBD compared to the control group across all measures with emotional and conduct difficulties showing a large effect. Three out of four self-rated score categories also showed significant difference in improvement compared to the control group. The quantitative data were supplemented with qualitative data obtained via interviews with six young people who had received an arts therapy. The data were analysed using Interpretative Phenomenological Analysis (IPA). Themes emerging from this data suggested that young people felt that the arts brought various benefits to their therapy that augmented the verbal side and helped them to engage in therapy.

**The Impact of Careless and Random Responding on Juvenile Forensic Assessment: Susceptibility of Commonly Used Measures and Implications for Research and Practice**

*Source:* Journal of Forensic Psychology Practice; Oct 2016; vol. 16 (no. 5); p. 425-447  
*Publication Date:* Oct 2016  
*Author(s):* Cook N.E.; Faust D.; Meyer J.F.; Faust K.A.

**Abstract:** Forensic assessment experts and practice guidelines strongly endorse appraisal of response styles that can distort psychological assessment results and lead to serious interpretive errors, including careless and random responding (C/RR). Little attention has been directed to the implications of C/RR for juvenile forensic mental health assessment. To address this gap in the literature, we reviewed frequently used measures in juvenile forensic assessment. We found that many such measures do not include built-in checks for detecting C/RR. We then conducted simulation studies examining two frequently used measures, one without a built-in check for C/RR and one with such a scale: the Youth Self-Report (YSR) and the Millon Adolescent Clinical Inventory (MACI), respectively. Results indicated that random responding substantially influenced scores on the YSR, raising most scales well above normative levels, yet often producing protocols that seemed genuine. On the MACI, random responding was undetected.
25% of the time and another 50% of the time appears to yield computer-based reports that do not explicitly reject the test results as invalid. Taken together, these simulations suggest that randomly generated assessment protocols may often be mistaken for genuine results. Implications for both practitioners and applied researchers involved in juvenile forensic assessment are discussed.

**An acute in-patient psychiatric service for 16- to 17-year-old adolescents in the UK: A descriptive evaluation**
**Source:** Psychiatrist; Oct 2016; vol. 40 (no. 5); p. 261-265
**Publisher:** Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom)
**Author(s):** Duddu V.; Rhouma A.; Qureshi M.; Chaudhry I.B.; Drake T.; Sumra A.; Husain N.
**Abstract:** Aims and method The need for an age-appropriate in-patient service for 16- to 17-year-olds led to the development of a 6-bed acute admissions unit in a nonmetropolitan county in the UK. We provide a descriptive evaluation of the first 2 years of its operation. All admissions from April 2010 to March 2012 were reviewed, clinical details systematically recorded and descriptively analysed. Results Ninety-seven young people were admitted during this period (a third were compulsorily detained under the Mental Health Act 1983). The average length of stay was 3-4 weeks. The most common presenting complaints were self-harm and low mood, usually in the context of life events and childhood adversity. Nearly half had substance misuse and other risk-taking behaviours. A third presented with psychotic symptoms. Adjustment and anxiety disorders were most common, followed by alcohol/substance use disorders, depressive illnesses and psychotic illnesses. Comorbidity was the rule rather than the exception. Most patients improved by the time of discharge. Clinical implications The unit provides an accessible and effective age-appropriate service and is likely to constitute an important component of the comprehensive child and adolescent mental health service strategy in the county.

**Interventions for Adolescent Mental Health: An Overview of Systematic Reviews.**
**Source:** Journal of Adolescent Health; Oct 2016; vol. 59
**Publication Date:** Oct 2016
**Author(s):** Das, Jai K.; Salam, Rehana A.; Lassi, Zohra S.; Khan, Mariam Naveed; Mahmood, Wajeeha; Patel, Vikram; Bhutta, Zulfiqar A.
Available in full text at International Journal of Child and Adolescent Health - from ProQuest

**Extra mental health funding is not enough.**
**Source:** British Journal of School Nursing; Oct 2016; vol. 11 (no. 8); p. 372-372
**Publication Date:** Oct 2016
**Publication Type(s):** Academic Journal
High-Intensity Interval Training for Cognitive and Mental Health in Adolescents.
Source: Medicine & Science in Sports & Exercise; Oct 2016; vol. 48 (no. 10); p. 1985-1993
Publication Date: Oct 2016
Author(s): COSTIGAN, SARAH A.; EATHER, NARELLE; PLOTNIKOFF, RONALD C.; HILLMAN, CHARLES H.; LUBANS, DAVID R.

What’s bugging your teen?—The microbiota and adolescent mental health.
Source: Neuroscience and Biobehavioral Reviews; Nov 2016; vol. 70; p. 300-312
Publication Date: Nov 2016
Author(s): Neufeld, Karen-Anne McVey; Luczynski, Pauline; Oriach, Clara Seira; Dinan, Timothy G.; Cryan, John F.
Abstract: Human adolescence is a time of enormous developmental change, second only to infancy and early childhood in terms of brain shaping and growth. It is also a period in life when the young adult is faced with distinct environmental challenges and stressors. Interestingly, we now know that these external sources of stress all have an impact on the intestinal microbiota. Given that there is now a significant body of knowledge indicating a role for the microbiota-gut-brain axis in development and function of the brain, and potentially the emergence of psychiatric illnesses, we need to draw our attention to the intestinal microbiota in the adolescent. As psychiatric illnesses frequently first manifest during the teenage years it may be that the intestinal bacteria are playing an as yet unidentified role in disease pathogenesis. Identifying a role for the microbiota in psychiatric illnesses opens up an exciting opportunity for therapeutic advances via bacterial manipulation. This could prove to be a beneficial and novel avenue for treatment of mental illnesses in the developing teen.

Sleep in adolescence: Physiology, cognition and mental health.
Source: Neuroscience and Biobehavioral Reviews; Nov 2016; vol. 70; p. 182-188
Publication Date: Nov 2016
Author(s): Tarokh, Leila; Saletin, Jared M.; Carskadon, Mary A.
Abstract: This review changes to sleep behaviors and sleep physiology during adolescence with a particular focus on the sleeping brain. We posit that brain activity during sleep may provide a unique window onto adolescent cortical maturation and complement waking measures. In addition, we review how sleep actively supports waking cognitive functioning in adolescence. Though this review is focused on sleep in healthy adolescents, the striking comorbidity of sleep disruption with nearly all psychiatric and developmental disorders further highlights the importance of understanding the determinants and consequences of adolescent sleep for the developing brain. In addition to the developmental shifts that occur in circadian rhythms and sleep homeostasis during development, clear maturational changes are observed in the oscillatory physiology outlined above. These trajectories are likely driven by maturational modifications to brain anatomy during this time.
Cyberchondria and adolescents.

Source: International Journal of Social Psychiatry; Nov 2016; vol. 62 (no. 7); p. 679-680

Publication Date: Nov 2016

Author(s): Alpaslan, Ahmet Hamdi

Abstract: This article explores that children, adolescents have to overcome more biopsychosocial changes, and more adolescents currently suffer from mental health problems than in the past. When accessing health websites, adolescents most commonly look for information about a specific disease or medical problem, about a certain medical treatment or procedure and about diet, nutrition, vitamins or nutritional supplements. While the Internet provides access to a large body of information, it is a crude means of self-diagnosis or self-medication as it fails to take age, gender, lifestyle and other subtleties into account. Although research in this area is still in its infancy, Child and Adolescents Psychiatrists have several tasks here.

Social functioning and mental health among children who have been living in kinship and non-kinship foster care: Results from an 8-year follow-up with a Norwegian sample.

Source: Child & Family Social Work; Nov 2016; vol. 21 (no. 4); p. 557-567

Publication Date: Nov 2016

Author(s): Vis, Svein Arild; Handegård, Bjørn Helge; Holtan, Amy; Fossum, Sturla; Thørnblad, Renee

Abstract: Studies have shown relatively high rates of emotional and behavioural problems among children living in out-of-home care. This study reports the prevalence of social problems at an 8-year follow-up for a group of children/young adults. Predictors for prevalence and change in emotional and behavioural problems at the follow-up are examined. A prospective cohort design with 233 children who had been living in foster care was used. Forty-eight percent (n = 111) of those interviewed at baseline were located and interviewed at follow-up. Mean age was 17.4 (standard deviation = 2.9) years. Mental health symptomatology was measured with Child Behaviour Checklist and Adult Self-Report. Linear and generalized mixed model analyses were used. Changes in internalizing and externalizing problems from baseline to follow-up was associated with gender. Boys showed more problems at a young age, whereas girls developed more problems later. Predictors for social problems at follow-up were mental health at baseline, kinship care and care placement away from the local community.

Competing factor models of child and adolescent psychopathology.

Source: Journal of Abnormal Child Psychology; Nov 2016; vol. 44 (no. 8); p. 1559-1571

Publication Date: Nov 2016

Author(s): Doyle, Mark M.; Murphy, Jamie; Shevlin, Mark

Abstract: Co-occurring psychological disorders are highly prevalent among children and adolescents. To date, the most widely utilised factor model used to explain this co-occurrence is the two factor model of internalising and externalising (Achenbach 1966). Several competing models of general psychopathology have since been reported as alternatives, including a recent
three factor model of Distress, Fear and Externalising Dimensions (Krueger 1999). Evidence for
the three factor model suggests there are advantages to utilising a more complex model. Using
the British Child and Adolescent Mental Health Survey 2004 data (B-CAMHS; N = 7997),
confirmatory factor analysis was used to test competing factor structure models of child and
adolescent psychopathology. The B-CAMHS was an epidemiological survey of children between
the ages of 5 and 16 in Great Britain. Child psychological disorders were assessed using the
Strength and Difficulties Questionnaire (Goodman 1997), and the Development and Wellbeing
Assessment (Goodman et al. 2000). A range of covariates and risk variables including trauma,
parent mental health and family functioning where subsequently utilised within a MIMIC model
framework to predict each dimension of the 2 and three factor structure models. Two models
demonstrated acceptable fit. The first complimented Achenbach’s Internalising and
Externalising structure. The three factor model was found to have highly comparable fit indices
to the two factor model. The second order models did not accurately represent the data nor did
an alternative three factor model of Internalising, Externalising and ADHD. The two factor and
three factor MIMIC models observed unique profiles of risk for each dimension. The findings
suggest that child and adolescent psychopathology may also be accurately conceptualised in
terms of distress, fear and externalising dimensions. The MIMIC models demonstrated that the
Distress and Fear dimensions have their own unique etiological profile of risk. This study directly
informs future measurement models of child and adolescent psychopathology and
demonstrates the effectiveness of a three factor model.

The student resilience survey: Psychometric validation and associations with mental
health

Source: Child and Adolescent Psychiatry and Mental Health; Nov 2016; vol. 10 (no. 1)

Publication Date: Nov 2016

Author(s): Lereya S.T.; Wolpert M.; Deighton J.; Humphrey N.; Patalay P.; Bohnke J.R.;
Macdougall A.

Available in full text at Child and Adolescent Psychiatry and Mental Health - from ProQuest

Abstract: Background: Policies, designed to promote resilience, and research, to understand the
determinants and correlates of resilience, require reliable and valid measures to ensure data
quality. The student resilience survey (SRS) covers a range of external supports and internal
characteristics which can potentially be viewed as protective factors and can be crucial in
exploring the mechanisms between protective factors and risk factors, and to design
intervention and prevention strategies. This study examines the validity of the SRS. Methods:
7663 children (aged 11-15 years) from 12 local areas across England completed the SRS, and
questionnaires regarding mental and physical health. Psychometric properties of 10 subscales of
the SRS (family connection, school connection, community connection, participation in home
and school life, participation in community life, peer support, self-esteem, empathy, problem
solving, and goals and aspirations) were investigated by confirmatory factor analysis (CFA),
differential item functioning (DIF), differential test functioning (DTF), Cronbach’s alpha and
McDonald’s omega. The associations between the SRS scales, mental and physical health
outcomes were examined. Results: The results supported the construct validity of the 10 factors
of the scale and provided evidence for acceptable reliability of all the subscales. Our DIF analysis
indicated differences between boys and girls, between primary and secondary school children,
between children with or without special educational needs (SEN) and between children with or
without English as an additional language (EAL) in terms of how they answered the peer support subscale of the SRS. Analyses did not indicate any DIF based on free school meals (FSM) eligibility. All subscales, except the peer support subscale, showed small DTF whereas the peer support subscale showed moderate DTF. Correlations showed that all the student resilience subscales were negatively associated with mental health difficulties, global subjective distress and impact on health. Random effects linear regression models showed that family connection, self-esteem, problem solving and peer support were negatively associated with all the mental health outcomes. Conclusions: The findings suggest that the SRS is a valid measure assessing these relevant protective factors, thereby serving as a valuable tool in resilience and mental health research.

**Why Are Children in Urban Neighborhoods at Increased Risk for Psychotic Symptoms? Findings from a UK Longitudinal Cohort Study**

**Source:** Schizophrenia Bulletin; Nov 2016; vol. 42 (no. 6); p. 1372-1383

**Publication Date:** Nov 2016

**Author(s):** Newbury J.; Arseneault L.; Caspi A.; Moffitt T.E.; Fisher H.L.; Odgers C.L.

**Abstract:** Background: Urban upbringing is associated with a 2-fold adulthood psychosis risk, and this association replicates for childhood psychotic symptoms. No study has investigated whether specific features of urban neighborhoods increase children's risk for psychotic symptoms, despite these early psychotic phenomena elevating risk for schizophrenia and other psychiatric disorders in adulthood. Methods: Analyses were conducted on over 2000 children from the Environmental Risk (E-Risk) Longitudinal Twin Study, a nationally-representative cohort of UK-born twins. Neighborhood-level characteristics were assessed for each family via: a geodemographic discriminator indexing neighborhood-level deprivation, postal surveys of over 5000 residents living alongside the children, and in-home interviews with the children's mothers. Children were interviewed about psychotic symptoms at age 12. Analyses were adjusted for important family-level founders including socioeconomic status (SES), psychiatric history, and maternal psychosis. Results: Urban residency at age-5 (OR = 1.80, 95% CI = 1.16-2.77) and age-12 (OR = 1.76, 95% CI = 1.15-2.69) were both significantly associated with childhood psychotic symptoms, but not with age-12 anxiety, depression, or antisocial behavior. The association was not attributable to family SES, family psychiatric history, or maternal psychosis, each implicated in childhood mental health. Low social cohesion, together with crime victimization in the neighborhood explained nearly a quarter of the association between urbanicity and childhood psychotic symptoms after considering family-level confounders. Conclusions: Low social cohesion and crime victimization in the neighborhood partly explain why children in cities have an elevated risk of developing psychotic symptoms. Greater understanding of the mechanisms leading from neighborhood-level exposures to psychotic symptoms could help target interventions for emerging childhood psychotic symptoms.

**Predicting time to emergency department re-visits and inpatient hospitalization among adolescents who visited an emergency department for psychotic symptoms: A retrospective cohort study**

**Source:** BMC Psychiatry; Nov 2016; vol. 16 (no. 1)

**Publication Date:** Nov 2016
Author(s): Soleimani A.; Rosychuk R.J.; Newton A.S.
Available in full text at BMC Psychiatry - from ProQuest

Abstract: Background: Adolescents experiencing psychosis may enter the mental health system by a pathway to care that includes or is initiated at the emergency department (ED). However, a better understanding of the pathway to care involving EDs is required to ensure these patients receive the care they require. This study explores physician-based care factors associated with adolescent ED re-visits and inpatient hospitalization following an index ED visit for psychotic symptoms.

Methods: Using administrative data from Alberta, Canada, we identified a cohort of adolescents aged 13-17 years who were discharged after an ED visit for psychotic symptoms between April 1, 2002 and September 29, 2010. Multivariable models estimated times to ED re-visit and inpatient hospitalization for mental health care in a 90-day period after ED discharge.

Results: The cohort was comprised of 208 adolescents. Reduced times to ED re-visit and inpatient hospitalization were associated with: 1) multiple physician visits after discharge (ED re-visit: hazard ratio [HR] 5.93, 95 % confidence interval [CI] 2.09-16.82; inpatient hospitalization: HR 9.43, 95 % CI 1.24-72.00), and 2) post-ED physician care provided in a hospital-based outpatient clinic (ED re-visit: HR 3.07, 95 % CI 1.77-5.29; inpatient hospitalization: HR 3.48, 95 % CI 1.54-7.88). A follow-up visit to a pediatrician, compared to other physician specialties, was associated with earlier inpatient hospitalization (HR 4.45, 95 % CI 1.43-13.87). There was a significant interaction between sex and First Nations status in both models. Females with First Nations status re-visited the ED sooner (HR 3.19; 95 % CI 1.41-7.22) and were hospitalized sooner (HR 4.18; 95 % CI 1.24-14.06). Conclusions: This study identifies predictors of time to care for adolescents with psychotic symptoms that are worthy of additional investigation. To ensure the pathway to care for these adolescents reduces the duration of untreated problems, health care aspects that require urgent investigation include the type assessments and clinical decisions made during post-ED physician visits.

Music listening for children and adolescents in health care contexts: A systematic review

Source: Arts in Psychotherapy; Nov 2016; vol. 51; p. 72-85

Publication Date: Nov 2016

Author(s): Kim J.; Stegemann T.

Abstract: This systematic review investigated the use and efficacy of music listening as an intervention for children and adolescents in clinical and non-clinical settings. Database search was carried out via EMBASE, MEDLINE, PsycARTICLES Full Text, PsycINFO, PubMed together with hand-search in related journals using an age restriction of 0-18 years and the following keywords: music (therapy) AND receptive OR passive. Only original studies that were peer-reviewed were included. The searched publication period was between 1980 and up until March, 2015. In summary, 36 studies were identified as satisfying inclusion criteria, 28 being randomized controlled trials. One half of included studies (n = 18) focused on music listening in pediatrics, indicating a significant reduction of pain, anxiety, and distress. One quarter of studies were set in mental health contexts (n = 9), and the remaining nine studies were varied in focus and contents, also supporting the beneficial effects of music listening for specific symptom reduction and enhancement of specific skills. Included studies varied with respect to diagnosis, sample size, design, choice and delivery of music and duration of interventions. Results show that music listening in health care contexts is a feasible, easily applicable, and cost effective
intervention for children and adolescents. As expected with such diversity, there was a marked variability in results. Careful consideration in interpreting the results and also in designing future studies is needed. Clinical and research implications are discussed further.

'It's a bit taboo': a qualitative study of Norwegian adolescents' perceptions of mental healthcare services

Source: Emotional and Behavioural Difficulties; Nov 2016 ; p. 1-16
Publisher: Routledge (E-mail: info@tandf.co.uk)
Author(s): Tharaldsen K.B.; Stallard P.; Cuijpers P.; Bru E.; Bjaastad J.F.
Abstract: The aim of this study is to investigate adolescents' perspectives on mental healthcare services. Based on theoretical perspectives concerning barriers for help-seeking, individual interviews were carried out in order to obtain the adolescents' perspectives on knowledge of services for mental health problems, potential barriers for help-seeking, and services to which they have access. The sample consisted of vocational students from an upper secondary school in the southwest of Norway (n = 8). None of the informants was currently in treatment for mental health problems. Interview data were transcribed and analysed with the assistance of NVivo Software. Qualitative content analysis indicated that the adolescents have limited knowledge of available resources, and, that stigma-related factors may prevent the adolescents from seeking help for mental health problems. Future directions for delivering mental health services for adolescents are given.

Internet use among young people with and without mental health difficulties

Source: Irish Journal of Psychological Medicine; Nov 2016 ; p. 1-11
Publication Date: Nov 2016
Author(s): Mullen G.; O'Reilly G.; Dowling C.
Abstract: Objectives: Research regarding adolescent internet use and mental health is sparse. However, awareness of a young person's internet use is becoming increasingly recognised as an important element of clinical assessment and intervention, and requires the development of an evidence base. The aim of the present study was to better understand the internet use of young people experiencing mental health difficulties and to contrast it with those who currently report no concerns. Method: In total, 299 young people aged 12-19 years, across a continuum of mental health difficulties, completed an online survey measuring internet use and related experiences. Young people were assigned to four groups: (a) attending inpatient services; (b) attending outpatient services; (c) a community group with mental health concerns and no clinical support; and (d) a regular community group. Results: Those in the inpatient and outpatient groups visited more potentially harmful websites. Young people attending inpatient and outpatient services showed aspects of both more risky and less risky use. The community group reporting no mental health difficulties showed least risky use. The group experiencing difficulties but not receiving support showed consistently high risky use, suggesting this is a particularly vulnerable group. Conclusions: Despite methodological limitations, findings suggest that those with mental health difficulties may experience more of the risks and fewer of the benefits offered by the internet. Though further research is needed to clarify these findings, clinicians should consider routine assessment of Internet use when planning interventions for young people experiencing mental health difficulties.
The impact of caregiver treatment satisfaction upon child and parent outcomes

Source: Child and Adolescent Mental Health; Nov 2016; vol. 21 (no. 4); p. 201-208

Publication Date: Nov 2016

Author(s): Acri M.; Bornheimer L.A.; Jessell L.; Flaherty H.B.; McKay M.M.

Available in full text at Child and Adolescent Mental Health - from John Wiley and Sons; Notes: Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail

Abstract: Background: Parental perceptions about treatment influence their child's engagement in and ongoing utilization of mental health services, but less is known about the association between caregiver expectancies and family outcomes. The literature is particularly lacking with families of color, who are at high risk for the onset and perpetuation of disruptive behaviors.

Methods: The purpose of this study was to examine caregiver treatment satisfaction among 320 youth of color aged 7-11 and their families who were assigned to either a Multiple Family Group intervention or services-as-usual condition. Caregiver stress was measured by the Parenting Stress Index-Short Form full scale and child oppositional defiant behaviors were measured using the Iowa Connors Rating Scale-Oppositional/Defiant subscale both at baseline and post-test. Satisfaction with treatment was measured using the Metropolitan Area Child Study process measures program satisfaction subscale at post-test. Results: The two main effects models that focused on satisfaction with treatment were predictive of parental stress and child oppositional defiant behaviors independently. Satisfaction with treatment accounted for 31% of the variance in child oppositional behavior and 24% of parental stress improvements across time, holding all covariates constant. Conclusions: Our findings support previous research that shows parental expectancies, including treatment satisfaction, are powerful mechanisms of treatment outcomes for children with disruptive behavior disorders as well as parental emotional health. Furthermore, parental expectancies may be enhanced by the involvement of families in the development of treatment approaches for children and a greater focus on caregiver emotional health for the benefit of the family as a whole.

A school consultation intervention for adolescents with ADHD: barriers and implementation strategies

Source: Child and Adolescent Mental Health; Nov 2016; vol. 21 (no. 4); p. 183-191

Publication Date: Nov 2016

Author(s): Sibley M.H.; Olson S.; Morley C.; Pelham W.E.; Campez M.

Available in full text at Child and Adolescent Mental Health - from John Wiley and Sons; Notes: Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail

Abstract: Background: Academic impairment is among the most troubling domains of impairment for adolescents with Attention Deficit/Hyperactivity Disorder (ADHD). Method: This investigation presents results of a yearlong academic intervention delivered to adolescents with ADHD (N = 218) by engaging school staff as interventionists through behavioral consultation with an outside mental health professional. Results: The intervention was coordinated successfully in some cases, but not in others. The principal challenge to intervention coordination was sustaining monthly contact between consultants and interventionists (38.5% success rate) and scheduling in-person consultation meetings with interventionists (40.0%)
success rate). Implementation of the intervention was enhanced when the student (a) attended a public (vs. private) school, (b) had an IEP or Section 504 plan in place, (c) was in middle school (vs. high school), (d) had a parent who communicated regularly with the school, and (e) had a special education support staff member or counselor (vs. teacher or administrator) as a school interventionist. Conclusions: Considering these data, recommendations are provided for effective coordination of academic interventions for adolescents with ADHD.

Parent-reported symptoms, impairment, helpfulness of treatment, and unmet service needs in a follow-up of outpatient children with attention-deficit/hyperactivity disorder

Source: Nordic Journal of Psychiatry; Nov 2016; vol. 70 (no. 8); p. 582-590
Publication Date: Nov 2016
Author(s): Sollie H.; Larsson B.

Abstract: Background: Limited information exists regarding the associations between impairment, symptoms, helpfulness of treatments, and service needs after initial treatment of children with attention-deficit/hyperactivity disorder (ADHD). Aims: The aims of this study were to examine persistence rates and associations between parent-reported symptoms, impairment, helpfulness of treatments, and service needs in a retrospective follow-up study of children with ADHD. Methods: Parents of 214 children with a mean age of 12.6 years (SD = 2.1) who were diagnosed with ADHD at five child and adolescent mental health clinics (CAMHS) completed questionnaires 1-10 years (mean = 3.7 years, SD = 2.2) after baseline assessment. The response rate was 43.4%. A community comparison group (n = 110) was recruited from the same area. Results: Approximately two-thirds (60.3%) of the sample fulfilled the DSM-IV symptom criteria of ADHD at follow-up, 84.3% were functionally impaired, and most children (84.7%) were on medication. Inattentive and emotional symptoms were the strongest predictors of impairment across impairment areas. Perceived helpfulness of different treatments varied from 71.8-88.7%, and no significant difference was found between the ADHD sub-groups regarding reported helpfulness. 'Adjustment of the school situation' was the most frequent service need, and approximately half of the parents reported needs for care co-ordination. Children fulfilling the symptom criteria of the ADHD Combined sub-group were most impaired and had most service needs. Conclusions: At follow-up, children were highly symptomatic and impaired, despite a high rate of persistent medication treatment. The findings underline the need for more tailored treatment and co-ordinated care over time.

The Strengths and Difficulties Questionnaire (SDQ) for preschool children-a Swedish validation

Source: Nordic Journal of Psychiatry; Nov 2016; vol. 70 (no. 8); p. 567-574
Publication Date: Nov 2016
Publication Type(s): Journal: Article
Publisher: Taylor and Francis Ltd (E-mail: healthcare.enquiries@informa.com)
Author(s): Gustafsson B.M.; Gustafsson P.A.; Proczkowska-Bjorklund M.
Abstract: Background: In Sweden, 80-90% of children aged 1-5 years attend preschool, and that environment is well suited to identify behaviours that may be signs of mental health problems.
The Strengths and Difficulties Questionnaire (SDQ) is a well-known short and structured instrument measuring child behaviours that indicate mental health problems well suited for preschool use. Aim: To investigate whether SDQ is a reliable and valid instrument for identifying behavioural problems in children aged 1-3 years and 4-5 years in a Swedish population, as rated by preschool teachers. Methods: Preschools situated in different sized municipalities in Sweden participated. The preschool teacher rated each individual child. Concurrent validity was tested using the Child-Teacher Report Form (C-TRF) and Child Engagement Questionnaire (CEQ). Exploratory factor analysis was conducted for age groups, 1-3 years and 4-5 years. Results: The preschool teachers considered most of the SDQ items relevant and possible to rate. For the children aged 1-3 years, the subscales 'Hyperactivity' (Cronbach alpha = 0.84, split half = 0.73) and 'Conduct' (Cronbach alpha = 0.76, split half = 0.80) were considered to be valid. For the age group 4-5 years, the whole original SDQ scale, 4-factor solution was used and showed reasonable validity (Cronbach alpha = 0.83, split half = 0.87). Conclusion: SDQ can be used in a preschool setting by preschool teachers as a valid instrument for identifying externalizing behavioural problems (hyperactivity and conduct problems) in young children. Clinical implications: SDQ could be used to identify preschool children at high-risk for mental health problems later in life.

Mental health education in N.Y. schools required as of 2018.
Source: Brown University Child & Adolescent Psychopharmacology Update; Nov 2016; vol. 18 (no. 11); p. 1-3
Publication Date: Nov 2016

Editorial: CAMH - meeting the changing mental health needs of children in the 21st century.
Source: Child & Adolescent Mental Health; Nov 2016; vol. 21 (no. 4); p. 181-182
Publication Date: Nov 2016
Author(s): Barlow, Jane
Available in full text at Child and Adolescent Mental Health - from John Wiley and Sons ; Notes: Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail

‘Keeping my mind strong’: enabling children to discuss and explore issues relating to their perceptions of positive mental health through the arts.
Source: Journal of Research in Nursing; Nov 2016; vol. 21 (no. 7); p. 544-567
Publication Date: Nov 2016
Author(s): O’Neill, Marie Therese; Moore, Kevin David
Available in full text at Journal of Research in Nursing - from Highwire Press

Child protection: A universal concern and a permanent challenge in the field of child and adolescent mental health.
Source: Child and Adolescent Psychiatry and Mental Health; Dec 2016; vol. 10
Abstract: This editorial highlights on universal concern and a permanent challenge in the field of child and adolescent mental health. For much of history, cruelty to children was viewed as a private rather than a societal concern. It would take many more years before child protection would come to be seen as the responsibility of society overall. While individual tragedies have served to attract attention to child maltreatment, focusing on single cases can be a hindrance with respect to acknowledging the magnitude and ubiquity of the problem. The World Health Organization (WHO) has also taken steps to address violence against children, issuing regional reports on the prevention of child maltreatment. While there is increased knowledge today about the prevalence of abuse, sexual abuse, and neglect of children in different settings, more research is needed on prevention and intervention. Professionals in the fields of child and adolescent psychiatry as well as in other mental health areas can play an important role in establishing a continuous monitoring system within the healthcare system, in cooperation with other professions. In recognition of the significance of child abuse, both standard sets of diagnostic criteria have added information specific to the problem.

Prospective associations between adolescent mental health problems and positive mental wellbeing in early old age.

Source: Child and Adolescent Psychiatry and Mental Health; Dec 2016; vol. 10

Abstract: Background: Mental health problems in adolescence are predictive of future mental distress and psychopathology; however, few studies investigated adolescent mental health problems in relation to future mental wellbeing and none with follow-up to older age. Aims: To test prospective associations between adolescent mental health problems and mental wellbeing and life satisfaction in early old age. Methods: A total of 1561 men and women were drawn from the Medical Research Council National Survey of Health and Development (the British 1946 birth cohort). Teachers had previously completed rating scales to assess emotional adjustment and behaviours, which allowed us to extract factors of mental health problems measuring self-organisation, behavioural problems, and emotional problems during adolescence. Between the ages of 60–64 years, mental wellbeing was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and life satisfaction was self-reported using the Satisfaction with Life Scale (SWLS). Results: After controlling for gender, social class of origin, childhood cognitive ability, and educational attainment, adolescent emotional problems were independently inversely associated with mental wellbeing and with life satisfaction. Symptoms of anxiety/depression at 60–64 years explained the association with life satisfaction but not with mental wellbeing. Associations between adolescent self-organisation and conduct problems and mental wellbeing and life satisfaction were of negligible magnitude, but higher childhood cognitive ability significantly predicted poor life satisfaction in early old age. Conclusions: Adolescent self-organisation and conduct problems may not be predictive of future mental wellbeing and life satisfaction. Adolescent emotional problems may be inversely associated with future wellbeing, and may be associated with lower levels of future life satisfaction through
symptoms of anxiety/depression in early old age. Initiatives to prevent and treat emotional problems in adolescence may have long-term benefits which extend into older age.

**Academic and mental health outcomes of youth placed in out-of-home care: The role of school stability and engagement.**

**Source:** Child & Youth Care Forum; Dec 2016; vol. 45 (no. 6); p. 807-827  
**Publication Date:** Dec 2016  
**Author(s):** Leonard, Skyler S.; Gudiño, Omar G.

**Abstract:** Background: Youth placed in out-of-home care are at significant risk of low academic achievement and poor mental health. Few studies have considered the potential effects of school-related factors, such as school placement stability and school engagement, on youth outcomes. Objective: The current study examined the potential main effects of school placement stability and engagement on academic achievement and mental health. Furthermore, we examined whether school-related factors moderated the association between home placement stability and youth outcomes. Methods: Participants included 420 youth (age 6–14 at baseline) placed in out-of-home care participating in a national longitudinal study of youth in contact with the child welfare system. Youth, caregivers, and caseworkers provided relevant information at baseline, 18, and 36 months. Hierarchical regression models were constructed to test potential main and moderating effects of school engagement and school placement stability on youth mental health and academic achievement prospectively, while accounting for relevant covariates. Results: School placement stability was an independent predictor of youth internalizing and externalizing symptoms, but was not significantly associated with academic outcomes. Furthermore, there were no main effects of school engagement or home placement stability on youth outcomes and school-related factors did not moderate the relationship between home placement stability and youth outcomes. Conclusion: For children and adolescents who do not have the benefit of a stable, safe, or caring home environment, school stability may be contribute to an environment that can foster healthy development.

**Implementation of a text-messaging intervention for adolescents who self-harm (TeenTEXT): A feasibility study using normalisation process theory.**

**Source:** Child and Adolescent Psychiatry and Mental Health; Dec 2016; vol. 10  
**Publication Date:** Dec 2016  
**Author(s):** Owens, Christabel; Charles, Nigel

Available in full text at [Child and Adolescent Psychiatry and Mental Health - from ProQuest](#)  

**Abstract:** Background: There are few interventions that directly address self-harming behaviour among adolescents. At the request of clinicians in Child and Adolescent Mental Health Services (CAMHS) in England and working with them, we redeveloped an adult SMS text-messaging intervention to meet the needs of adolescents under the care of CAMHS who self-harm. Methods: We used normalisation process theory (NPT) to assess the feasibility of delivering it through CAMHS. We planned to recruit 27 young people who self-harm and their clinicians, working as dyads and using the intervention (TeenTEXT) for 6 months. Results: Despite strong engagement in principle from CAMHS teams, in practice we were able to recruit only three clinician/client dyads. Of these, two dropped out because the clients were too unwell. We identified a number of barriers to implementation. These included: a context of CAMHS in crisis,
with heavy workloads and high stress levels; organisational gatekeeping practices, which limited the extent to which clinicians could engage with the intervention; perceived burdensomeness and technophobia on the part of clinicians, and a belief by many clinicians that CAMHS may be the wrong delivery setting and that the intervention may have better fit with schools and universal youth services. Conclusions: User-centred design principles and the use of participatory methods in intervention development are no guarantee of implementability. Barriers to implementation cannot always be foreseen, and early clinical champions may overestimate the readiness of colleagues to embrace new ideas and technologies. NPT studies have an important role to play in identifying whether or not interventions are likely to receive widespread clinical support. This study of a text-messaging intervention to support adolescents who self-harm (TeenTEXT) showed that further work is needed to identify the right delivery setting, before testing the efficacy of the intervention.

**Influencing factors on choosing psychiatry as a career: An exploration in Chinese university students.**

**Source:** Psychiatric Quarterly; Dec 2016; vol. 87 (no. 4); p. 739-748

**Publication Date:** Dec 2016

**Author(s):** Zhong, Jiawei; Zheng, Luna; Chen, Xiaoling; Gao, Qianqian; Zhang, Bingren; Wang, Wei

**Abstract:** There is a consistent need of psychiatric professionals in the world including China, and a consistent challenge to recruit more medical students into the psychiatric careers. We aimed to look for factors which have an impact on career-choosing of psychiatry in Chinese university students. We invited 508 non-medical students (NM), 304 medical students without (MO) and 123 medical students with clinical internship experience (MW), to answer a matrix of 43 questions regarding factors influencing career-choosing of psychiatry. Answers to these questions were analyzed through exploratory and confirmatory factor analyses, once the latent factors were identified and structurally-validated, their mean scores in three groups of students were calculated. Five factors with five items each were identified, namely social status inferiority, career importance, practice reward, career preference, and practice stress. NM scored lower than MO and MW did on Social Status Inferiority; NM group scored higher than MO and MW groups did on Career Importance; MW scored lower than NM and MO did on Practice Reward and on Career Preference; Regarding Practice Stress, NM scored higher than MO did, who then in turn, scored higher than MW did. In addition, Practice Stress was positively correlated with advice of the medical educators; and Social Status Inferiority and Career Preference were positively correlated with the psychiatry teaching of the medical educators. Raising career rewards, improving social status, and reinforcing psychiatric education might help to recruit more medical students to specialize in psychiatry practicing.

**Longitudinal results of strengthening the parent-team alliance in child semi-residential psychiatry: Does team investment make a difference?**

**Source:** Child and Adolescent Psychiatry and Mental Health; Dec 2016; vol. 10

**Publication Date:** Dec 2016

**Author(s):** Lamers, Audri; Nieuwenhuizen, Chijs; Twisk, Jos; Koning, Erica; Vermeiren, Robert

Available in full text at [Child and Adolescent Psychiatry and Mental Health](http://example.com) - from ProQuest
Abstract: Background: In a semi-residential setting where children switch daily between treatment and home, establishment of a strong parent-team alliance can be a challenge. The development of alliance with parents and the symptoms of the child might be strengthened by a structured investment of treatment team members. Methods: Participants were caregivers and treatment team members of 46 children (6–12 years) who received semi-residential psychiatric treatment. An A–B design was applied, in which the first 22 children were assigned to the comparison group receiving treatment as usual and the next 24 to the experimental group, where treatment team members used additional alliance-building strategies. Alliance and symptom questionnaires were filled out at three-month intervals during both treatment conditions. Parent-treatment team interactions, assessed on DVD, were coded according to members’ adherence to these strategies. Results: Multilevel analyses (using MLwiN) showed that based on reports of primary caregivers and a case manager, the alliance-building strategies had a statistically significant effect on the strength of the therapeutic alliance between treatment team members and parents. In addition, primary caregivers in the experimental group reported significant less hyperactivity symptoms of their children. Conclusions: Despite the methodological challenge of examining therapeutic processes in this complex treatment setting, this study supports the benefits of structured investment in the parent-team alliance.

MEDIACONNEX: A multicenter randomised trial based on short message service to reduce suicide attempt recurrence in adolescents.

Source: BMC Psychiatry; Dec 2016; vol. 16
Publication Date: Dec 2016
Author(s): Ligier, Fabienne; Kabuth, Bernard; Guillemin, Francis
Available in full text at BMC Psychiatry - from ProQuest

Abstract: Background: Suicide attempt among adolescents is a public health problem around the world. The risk of recurrence is high: about 30 % of adolescents. New ways to prevent suicide attempt recurrence being developed for adult suicide attempters include maintaining contact with them, and results are encouraging. Methods/Design: The MEDIACONNEX study will be a simple blinded, parallel-group, multicenter randomised controlled trial. It will compare usual care alone to a program based on usual care plus short message service (SMS) provided to adolescents who attempt suicide and who receive treatment in pediatric and adolescent psychiatry units at hospitals in eastern France. Adolescents will be recruited over an 18-month period. The intervention will be based on the SMS, involving personalized and evolving text messages, sent on days 7 to 14 and months 1, 2, 4 and 6 after the SA. The primary endpoint will be the recurrence of an SA, with an assessment during 12 months. Secondary endpoints will be the evolution of 1) social networks, 2) depression and 3) health-related quality of life, with an assessment at inclusion and at 6 months. Discussion: This paper describes the design of MEDIACONNEX, which will assess the effectiveness of an SMS program for adolescent suicide attempters on SA recurrence. This program will be easy to reproduce and inexpensive.

Adolescent self-harm and risk factors

Source: Asia-Pacific Psychiatry; Dec 2016; vol. 8 (no. 4); p. 287-295
Publication Date: Dec 2016
Author(s): Zhang J.; Song J.; Wang J.
Abstract: Objective: This study aims to define the characteristics of adolescents who have engaged in self-harm behavior and ascertain the risk factors. Methods: From January 2013 to January 2014, 4,176 adolescents from senior middle schools in Linyi, China, were administered four questionnaire surveys to ascertain the following: incidence of self-harm behavior regarding the frequency of different self-harm behaviors by group (never/one to five times/greater than five times in the last 6 months) and then comparing the self-harm behavior of the different subgroups; symptom self-check, comparing the differences between the adolescents with self-harm behavior and without in nine subscales (somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, fear, paranoid, and psychosis); Adolescent Self-Rating Life Events Check List scores; and Egna Minnenav Barndoms Uppfostran (EMBU) scores. Multivariate logistic regression analysis was used to determine the risk factors of self-harm in adolescents. Results: The incidence of adolescent self-harm was 27.60%; the occurrence of adolescent self-harm was closely related to their mental health status, stressful life events, and EMBU. Being female, an urban student, or an only child; having poor school performance or experiences of stressful life events, harsh parenting styles, or excessive interference; and poor mental health were the risk factors for adolescent self-harm. Conclusions: The incidence of adolescent self-harm was high, and their mental health status, stressful life events, and EMBU affected the occurrence of adolescent self-harm, which is an issue that needs greater attention.

The relationship between sensory processing patterns, alexithymia, traumatic childhood experiences, and quality of life among patients with unipolar and bipolar disorders

Source: Child Abuse and Neglect; Dec 2016; vol. 62 ; p. 39-50

Publication Date: Dec 2016

Author(s): Serafini G.; Amore M.; Gonda X.; Rihmer Z.; Pompili M.; Engel-Yeger B.

Abstract: Several studies documented the involvement of sensory perception in emotional processes. The long-term consequences of traumatic experiences and alexithymia have been demonstrated as well. However, the role of extreme sensory processing patterns, traumatic childhood experiences, and alexithymia has not been thoroughly examined in major affective disorders. The present study aimed to: (1) compare unipolar/bipolar patients with regard to their sensory processing patterns, alexithymia, childhood traumatic experiences and quality of life; (2) examine the correlations between sensory processing patterns and childhood traumatic experiences; (3) investigate the relative contribution of diagnostic groups (unipolar/bipolar), sensory processing patterns, alexithymia, and childhood traumatic experiences in predicting quality of life. The sample included 336 participants, 197 with unipolar and 139 with bipolar disorder. All participants completed the Adolescent/Adult Sensory Profile (AASP), Toronto Alexithymia Scale, Childhood Trauma Questionnaire (CTQ), Beck Depression Inventory (BDI)-II, and Short Form 12 Health Survey version 2 (SF-12). Bipolar patients showed significantly higher physical neglect, emotional abuse, and emotional neglect compared with unipolar patients. Both in unipolar and bipolar groups, lower registration of sensory input as well as hypersensitivity correlated with enhanced childhood trauma events. Reduced sensory sensitivity accounted for 11% of the variance in physical health composite score (PCS) of SF-12 whereas reduced depression accounted for 8% of the variance in mental health composite score (MCS). Furthermore, elevated MCS was predicted by depression, physical and emotional neglect.
Sensory processing patterns and childhood traumatic experiences may specifically characterize individuals with major affective disorders and play a role in the prediction of their quality of life.

The Common Elements of treatment engagement for clinically high-risk youth and youth with first-episode psychosis

Source: Early Intervention in Psychiatry; Dec 2016; vol. 10 (no. 6); p. 455-467
Publication Date: Dec 2016
Author(s): Becker K.D.; Buckingham S.L.; Rith-Najarian L.; Kline E.R.

Abstract:Aim: Without treatment, clinically high-risk (CHR) youth or youth with first-episode psychosis (FEP) have increased risk for significant complications from their illness; yet, treatment engagement among these youth is critically low. The purpose of this study was to examine engagement efforts with CHR/FEP youth to stimulate new ideas that might facilitate participation in services for this population. Methods: A literature review using distillation methods identified engagement practices reported in two bodies of literature. The first body of literature (i.e. 'CHR/FEP engagement') included 13 studies employing qualitative designs to explore consumer perspectives about treatment engagement practices in samples of CHR/FEP youth and their families. The second body of research (i.e. 'CHR/FEP RCTs') included 18 randomized controlled trials (RCTs) testing treatments for CHR/FEP youth and their families. Engagement practice frequencies were compared with the frequency of these practices within effective engagement interventions, as tested in 40 RCTs within the broader child and adolescent mental health literature (i.e. 'CAMH engagement'). Results: Treatment attrition and attendance were the most frequent engagement outcomes measured in the CHR/FEP RCTs. There were notable efforts described in the CHR/FEP RCTs towards engaging youth and families, yet CHR/FEP RCTs reportedly included only a small proportion of engagement practices described in either the CHR/FEP or CAMH engagement literatures. Conclusion: Results suggest there might be practices available to complement current efforts at engaging CHR/FEP youth in treatment, and that increased attention to the measurement of engagement outcomes could provide important information regarding engagement in a population with low treatment engagement rates.

Unstable child welfare permanent placements and early adolescent physical and mental health: The roles of adverse childhood experiences and post-traumatic stress

Source: Child Abuse and Neglect; Dec 2016; vol. 62 ; p. 76-88
Publication Date: Dec 2016
Author(s): Villodas M.T.; Cromer K.D.; Moses J.O.; Litrownik A.J.; Newton R.R.; Davis I.P.

Abstract:Although researchers have found that child welfare placement disruptions are associated with elevated youth physical and mental health problems, the mechanisms that explain this association have not been previously studied. The present study built on a previous investigation of the physical and behavioral consequences of long-term permanent placement patterns among youth who participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). The current investigation (n = 251) aimed to (a) report the early adolescent living situations of youth with different long-term placement patterns, and (b) to delineate the roles of adverse childhood experiences (ACES) and post-traumatic stress (PTS) reactions in the association between unstable long-term placement patterns and physical and mental health
problems during the transition to adolescence. Information about youth's living situations, ACEs, and physical and mental health was gathered prospectively from child protective services records and biannual caregiver and youth interviews when youth were 4-14 years old. The majority of youth remained with the same caregiver during early adolescence, but youth with chronically unstable permanent placement patterns continued to experience instability. Path analyses revealed that ACEs mediated the association between unstable placement patterns and elevated mental, but not physical, health problems during late childhood. Additionally, late childhood PTS mediated the association between unstable placement patterns and subsequent escalations in physical and mental health problems during the transition to adolescence. Findings highlight the importance of long-term permanency planning for youth who enter the child welfare system and emphasize the importance of trauma-focused assessment and intervention for these youth.

Parents' childhood experiences of bonding and parental psychopathology predict borderline personality disorder during adolescence in offspring

Source: Psychiatry Research; Dec 2016; vol. 246 ; p. 373-378
Publication Date: Dec 2016
Author(s): Infurna M.R.; Fuchs A.; Fischer-Waldschmidt G.; Reichl C.; Kaess M.; Holz B.; Resch F.; Brunner R.

Abstract: Previous studies on borderline personality disorder (BPD) development suggest a transgenerational transmission of parent-child relationship quality, which may also be influenced by parents' mental health status. The aim of this study was twofold. First, we aimed to investigate the transgenerational effect of parental bonding experiences on the development of BPD in their offspring. Second, we examined the association between parents' mental health status and BPD in offspring. Ninety-one female adolescent psychiatric inpatients along with 87 mothers and 59 fathers were enrolled in the study. Adolescent BPD was assessed with the Structured Clinical Interview for DSM-IV-II, parental bonding with the Parental Bonding Instrument, and parents' psychiatric symptoms with the Patient Health Questionnaire. We found that low parental care produced a transgenerational effect from mother to BPD in offspring. Further, significant associations were found between paternal psychiatric symptoms and adolescent BPD. High paternal stress levels mediated the association between maternal affect reported by fathers and BPD in daughters. There is evidence of a transgenerational effect of parental bonding specifically for female adolescents with BPD, compared with other clinical control subjects. Our findings highlight the importance of including both parents in future research and in early clinical treatment in adolescents with BPD.

Attention-deficit/hyperactivity disorder and eating disorders across the lifespan: A systematic review of the literature

Source: Clinical Psychology Review; Dec 2016; vol. 50 ; p. 22-36
Publication Date: Dec 2016
Author(s): Levin R.L.; Rawana J.S.

Abstract: Attention-deficit/hyperactivity disorder (ADHD) and eating disorders are common and concerning mental health disorders. There is both empirical and theoretical support for an association between ADHD and eating disorders or disordered eating. This systematic review
aims to summarize the extant literature on the comorbidity of ADHD and eating disorders across the lifespan, including the influences of sex, age, eating disorder diagnosis, and potential mediators. A total of 37 peer-reviewed studies on diagnosed ADHD and eating disturbances were identified through key research databases. Twenty-six studies supported a strong empirical association between ADHD and eating disorders or disordered eating. The systematic review findings suggest that children with ADHD are at risk for disordered eating, while adolescents, emerging adults, and adults are at risk for both eating disorders and disordered eating. Methodological considerations, future research, and clinical implications are discussed.

Reducing risk for anxiety and depression in adolescents: Effects of a single-session intervention teaching that personality can change
Source: Behaviour Research and Therapy; Dec 2016; vol. 87 ; p. 170-181
Publication Date: Dec 2016
Author(s): Schleider J.L.; Weisz J.R.
Abstract: Efforts to reduce youth mental health problems have advanced greatly but have not lowered overall rates of youth mental illness. Thus, a need exists for disseminable, mechanism-targeted approaches to reducing risk of youth psychopathology. Accordingly, we conducted a randomized-controlled trial testing whether a single-session intervention teaching growth personality mindsets (the belief that personality is malleable) reduced known risk factors for anxiety and depression in adolescents experiencing or at risk for internalizing problems (N = 96, ages 12-15). Compared to a supportive-therapy control, a 30-min computer-guided mindset intervention strengthened adolescents’ perceived control; this improvement was associated with increases in growth mindsets. Further, electrodermal activity recovery slopes showed that youths receiving the mindset intervention recovered from a lab-based social stressor over three times as fast as control group youths. Improvements in growth mindsets and perceived control were linked with faster stress recovery. Results suggest a disseminable strategy for reducing internalizing problem risk among adolescents.

Children's Eating Attitudes Test: Reliability and validation in Japanese adolescents
Source: Eating Behaviors; Dec 2016; vol. 23 ; p. 120-125
Publication Date: Dec 2016
Author(s): Chiba H.; Nagamitsu S.; Yamashita Y.; Matsuishi T.; Uchimura N.; Sakurai R.; Kakuma T.; Mukai T.; Shintou H.; Koyanagi K.
Abstract: Eating disorders (ED) are serious psychosomatic disorders that commonly occur in girls during adolescence. An increase in earlier onset ED has recently been suggested. Therefore, accurate assessment of eating attitudes in children is a necessary part of school mental health. The 26-item Children's Eating Attitudes Test (ChEAT-26) is widely used internationally to assess abnormal eating attitudes. The present study aimed to validate the Japanese version of the ChEAT-26. Participants were 7076 school children (aged 10-15 years) from large, medium-sized, and small cities, and 44 children with anorexia nervosa. We examined the average ChEAT-26 score by participant attributes, including sex, age, geographical region, and school style. Factor analysis of the ChEAT-26 content was performed with varimax rotation. The optimal cut-off point was evaluated using receiver operating characteristic (ROC) analysis. The mean ChEAT-26 score was 7.94 for girls and 5.86 for boys. The mean score was significantly higher in children
from larger cities than small cities, and was higher with increasing age, and private schools. Five factors explained 31.4% of the variance. The Cronbach's alpha was 0.81 for the scale. The area under the ROC curve was 0.83; sensitivity was 0.69 and specificity was 0.93 for a cut-off score of 18. The Japanese version of the ChEAT-26 is a reliable and valid psychometric tool that may be useful in the triage and assessment of children with anorexia nervosa.

**Behavioural, emotional and social development of children who stutter**

*Source*: Journal of Fluency Disorders; Dec 2016; vol. 50; p. 23-32

*Publication Date*: Dec 2016

*Author(s)*: McAllister J.

**Abstract**: Purpose Developmental stuttering may be associated with diminished psychological well-being which has been documented from late childhood onwards. It is important to establish the point at which behavioural, emotional and social problems emerge in children who stutter. Methods The study used data from the Millennium Cohort Study, whose initial cohort comprised 18,818 children. Analysis involved data collected when the cohort members were 3, 5 and 11 years old. The association between parent-reported stuttering and performance on the Strengths and Difficulties Questionnaire was determined in regression analyses which controlled for cohort members' sex, verbal and non-verbal abilities, maternal education, and family economic status. Results Compared with typically-developing children, those who stuttered had significantly higher Total Difficulties scores at all three ages; in addition, scores on all of the sub-scales for 5-year-olds who stuttered indicated poorer development than their peers, and 11-year-olds who stuttered had poorer development than peers in all areas except prosocial skills. At ages 5 and 11, those who stuttered were more likely than peers to have scores indicating cause for clinical concern in almost all areas. Conclusion Children who stutter may begin to show impaired behavioural, emotional and social development as early as age 3, and these difficulties are well established in older children who stutter. Parents and practitioners need to be aware of the possibility of these difficulties and intervention needs to be provided in a timely fashion to address such difficulties in childhood and to prevent the potential development of serious mental health difficulties later in life.

**Families Matter: Social Support and Mental Health Trajectories Among Lesbian, Gay, Bisexual, and Transgender Youth**.

*Source*: Journal of Adolescent Health; Dec 2016; vol. 59 (no. 6); p. 674-680

*Publication Date*: Dec 2016

*Author(s)*: McConnell, Elizabeth A.; Birkett, Michelle; Mustanski, Brian

Available in full text at International Journal of Child and Adolescent Health - from ProQuest

**Conclusions and future directions.**

*Source*: Supervision essentials for integrative psychotherapy.; 2017; p. 133-300

*Publication Date*: 2017

*Author(s)*: Norcross, John C.; Popple, Leah M.
Abstract: Mental health professionals have been traditionally taught in either the isolated single-theory approach or the multiple competing-theory approach. The single-theory concentration suggests that "this" is the one and only truth, whereas the multitheory comparison suggests that no truth exists. The result is frequently the production of either narrow adherents to orthodoxy or broadly based practitioners who possess a confused hodgepodge of partial competencies. We immodestly insist that there is a better way—systematic, research-informed integration—and it is available now for training and supervision. In just the past 2 decades, integrative supervision has morphed in clinical sophistication and research support. In the past, too, integrative supervision was largely concerned with the selection of a clinical technique for a particular problem—what we characterize as method X for disorder Z. In the present and future, integrative supervision assists trainees in selecting not only the "treatments of choice" but also the "therapeutic relationships of choice" for diagnostic and especially transdiagnostic features of the client. This adaptation or responsiveness in psychotherapy and in supervision closely resembles precision or personalized medicine: determining how each individual can heal and grow best. Research demonstrates that the vast majority of psychology, psychiatry, counseling, and social work training programs profess a pro-integration position (e.g., D. M. Allen, Kennedy, Veeser, & Grosso, 2000; Goldner-deBeer, 1999; Lampropoulos & Dixon, 2007). Training directors report that they are committed to providing their students with significant exposure to the major psychotherapy models and to encouraging their students to seek out practica that expose them to different treatment approaches. And, in most training programs, the attitudes of students are positive toward integration as well. What might the future of integrative supervision portend? We confidently predict four directions: competency benchmarks, technological advances, individual and cultural differences, and outcome research.

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