



## Antipsychotics & Behavior Control

Psychiatrists have frequently used medications such as Risperidone, Haloperidol and other antipsychotic medications to reduce aggressive and other problem behaviors in patients of all ages. However, some practitioners question whether evidence supports this use of these medications. Peter Tyrer and colleagues conducted a study comparing Risperidone and Haloperidol to placebos in a sample of adult inpatients with intellectual disability. They found that aggressive behaviors reduced significantly in all 3 groups. However, the placebo group showed the greatest improvement. Other variables, such as mood and quality of life, were equally improved in all 3 groups. Authors concluded that placebo effects and expectancy of change underlies most of the behavioral improvement seen with these medications, at least in this non-psychiatric population. While this result needs replication in other populations, particularly those with mental health disorders, it does shed some doubt on the usefulness of antipsychotic medications for the sole purpose of behavioral control.

Tyrer, P., Oliver-Africano, P.C., Ahmed, Z., Bouras, N., Cooray, S., Murphy, D., et al. (2008). Risperidone, haloperidol, and placebo in the treatment of aggressive challenging behaviour in patients with intellectual disability: A randomized controlled trial. *The Lancet*, 371, 57-63.

## Working Mothers and Children's Achievement

Since the 1980's, the vast majority of mothers have been employed outside the home. Many continue to be concerned that this will have a lasting impact on children's development. Decades of research has been conducted to explore this concern, with conflicting results. Goldberg, Prause, Lucas-Thompson and Himsel conducted a review of this literature, looking for situations in which maternal employment affects children's academic achievement. Overall, they found that maternal employment had no impact on children's academic outcomes. In families where the mother works part time, or families with lower incomes, Goldberg et al found that mother's employment increased academic achievement. They hypothesized that this is due to increased financial resources in these families. Goldberg et al also found that girls tended to achieve slightly better in school if their mothers worked. Contrary to commonly held beliefs about age and maternal employment, Goldberg et al found that maternal employment had no impact on younger children's academic functioning, but lowered academic functioning in adolescents. They hypothesized that this is due to decreased supervision in these academically intense years. Finally, the more recent a study was, the more likely it was to show a positive relationship between mother's work and children's achievement.

Goldberg, W.A., Prause, J., Lucas-Thompson, R. & Himsel, A. (2008). Maternal employment and children's achievement in context: a meta-analysis of four decades of research. *Psychological Bulletin*, 134, 77-108

## Antidepressants and Suicide Risk

In 2005, the FDA issued strong warnings that use of antidepressants poses an increased risk for suicide. This has led many, particularly parents, to question the use of these medications in treating childhood depression. Given these serious concerns, Bridge and colleagues set out to establish both effectiveness and risk factors involved in the use of antidepressants in child and adolescent treatment. They reviewed 27 studies of youths with depressive or anxious disorders, including 7 studies not used in the FDA analyses. Across all studies, with over five thousand participants, there was not a single completed suicide. Only 3% of depressed youth taking antidepressants and 2% of those taking placebos expressed suicidal ideation or engaged in an attempt. Rates were much lower for anxious youth. They did find slight evidence for increased risk of suicide ideation after taking antidepressants, but the additional risk was less than 1% in all groups. They found strong support for the efficacy of antidepressants for treating both anxiety and depression in teens. Effects were weaker for children 12 and under. Only one antidepressant (fluoxetine) performed significantly better than placebos in treating childhood depression. Although all medications tested outperformed placebos in treating childhood anxiety, the effects were weaker than those seen with teens. Bridge et al. conclude that the risk to benefit ratio is favorable for the use of these medications in both child and adolescent populations, although results they report seem to indicate this is more so for teens than children.

Bridge, J. A., Iyengar, S., Salary, C. B., Barbe, R. P., Birmaher, B., Pincus, H. A., et al. (2007). *Journal of the American Medical Association*, 297, 1683-1696.

## Autism and Language Learning

Delays in language and communication skills are one of the core and most challenging features of autism, and a frequent target for treatment. Kasari, Paparella, Freeman and Jahromi conducted a study of 2 recent treatments for autism, "joint focus of attention" and "symbolic play." In both treatments, the child spends 30 mins with a trained professional. In joint attention, this professional matches the child's focus, and rewards and directs the child to match theirs. This is seen as an underlying mechanism of communication. Symbolic play was not described in detail in the article. Authors found that both interventions significantly improved language skills in autistic children when compared to a control group. Both interventions were equal in facilitating language growth and social interaction overall. However, only Joint Attention interventions were associated with greater expressive language improvement among children who only spoke 5 or fewer words at the start of the study. Authors conclude that joint attention training is a treatment of choice, particularly for autistic children with very limited language.

Kasari, C., Paparella, T., Freeman, S. & Jahromi, L.B. (2008). Language outcome in autism: randomized comparison of joint attention and play interventions. *Journal of Consulting and Clinical Psychology*, 76, 125-137.

## ADHD and Tobacco Use

Poor attention and impulse control, hallmark symptoms of ADHD, are often associated with increased health and safety risks. Fuemmeler, Kollins and McClernon conducted a study looking for links between these symptoms and teens' progression through experimentation to regular tobacco smoking. They found that ADHD symptoms did not predict which teens would experiment with smoking. However, teens who reported hyperactive symptoms were more likely to become regular smokers if they began to experiment. They also found that inattentive symptoms were linked to more difficulty quitting and more symptoms of nicotine dependence. It is important to note that this study did not look at the effects of ADHD treatment on these patterns, but only at symptoms of ADHD. It is reasonable to hypothesize that if hyperactive symptoms are treated, teens might be less likely to become regular smokers.

Fuemmeler, B. F., Kollins, S. H. & McClernon, F. J. (2007). Attention Deficit Hyperactivity Disorder symptoms predict nicotine dependence and progression to regular smoking from adolescence to young adulthood. *Journal of Pediatric Psychology*, 32, 1203-1213.

## Can Conflict Be Beneficial?

Most previous research on conflict has focused on its negative effects on mood and relationships. Adams and Laursen conducted a study examining whether there are relationship contexts in which conflict might improve rather than diminish wellbeing. They found that the quality of relationships (parent-teen, and peer friendships) determined when conflict would be detrimental. For teens who were in relationships with low levels of negative emotions, increases in conflict were never associated with more difficulties. In some cases, increases in conflict were associated with positive outcomes, such as higher school grades and less withdrawal. For teens in relationships marked by high levels of negative emotion, conflict was frequently associated with more negative outcomes. Interestingly, the level of positive emotions in a relationship (e.g. admiration, affection, nurturance, reliability) did not impact the relationship between conflict and negative outcomes, only negative aspects of relationships (e.g. feeling upset, angry, punished) increased the likelihood that conflict would lead to negative outcomes.

Adams, R. E. & Laursen, B. (2007). The correlates of conflict: Disagreement is not necessarily detrimental. *Journal of Family Psychology*, 21, 445-458.



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## Non-suicidal self-injury in teens

January's edition of the *Journal of Consulting and Clinical Psychology* included a special section on non-suicidal self injury. NSSI is a rapidly growing concern in adolescent mental health, as prior research shows that between 13-46% of adolescents self-injure<sup>1</sup>. Two articles in the special section focused on prevalence in subgroups of adolescents. Hilt, Cha and Nole-Hoeksema<sup>2</sup> found that NSSI is also common in younger adolescent girls (ages 10-14), with 56.4% of their community sample engaging in some form of self-harm (including mild forms such as picking scabs) at least once in their lifetime, and 22.3% engaging in the more severe forms of NSSI (e.g. cutting or burning the skin). Girls in this study used NSSI for 1 of 2 goals: to relieve painful feelings, or to seek social attention. Yates, Tracy and Luthar<sup>2</sup> examined 2 groups of upper-middle-class youths, and found prevalence rates of 37.2% (9<sup>th</sup> -12<sup>th</sup> grades) and 26.1% (6<sup>th</sup> - 12<sup>th</sup> grades) for NSSI. Nock and Mendes<sup>3</sup> found that adolescents who self injure differ in several ways from those who do not. Adolescents reporting engaging in NSSI were more physiologically reactive to stress, had fewer skills to manage their distress, and had more difficulties with social problem solving. All authors recommend that, given the widespread prevalence of these actions, professionals who work with teens should routinely assess for these behaviors, and refer for mental health treatment when they are present and used on more than rare occasion. Treatment should focus on improving the specific adaptive skills needed for these teens to meet the needs they use NSSI for, such as social skills training or emotion management and distress tolerance.

<sup>1</sup>Hilt, L. M., Cha, C. B. & Nole-Hoeksema, S. (2008). Nonsuicidal self-injury in young adolescent girls: Moderators of the distress-function relationship. *Journal of Consulting and Clinical Psychology*, 76, 63-71.

<sup>2</sup>Yates, T. M., Tracy, A. J. & Luthar, S. S. (2008). Nonsuicidal self-injury among "privileged" youths: Longitudinal and cross-sectional approaches to developmental process. *Journal of Consulting and Clinical Psychology*, 76, 52-62.

<sup>3</sup>Nock, M. K. & Mendes, W. B. (2008). Physiological arousal, distress tolerance, and social problem-solving deficits among adolescent self-injurers. *Journal of Consulting and Clinical Psychology*, 76, 28-38.

## Cognitive Behavioral Therapy for Adolescent Depression

Research shows that roughly 60% of adolescents will improve after their first treatment for depression, typically an SSRI medication. Brent and colleagues conducted a study to explore the best steps to take to help teens who do not benefit from SSRI treatment for depression. They collected a sample of 334 teens aged 12-18 who had not improved after taking SSRI's for at least 8 weeks. All teens were prescribed a new medication (half a different SSRI, half Venlafaxine), and half of the teens were also enrolled in individual cognitive behavioral therapy (CBT). The researchers found no differences between the two different medications. However, teens who engaged in therapy were 50% more likely to improve than those who were only switched to a new medication. Therapy appears to be a vital component of treatment for teen depression, particularly for teens who do not initially respond to medication alone.

Brent, D., Emslie, G., Clarke, G., Wagner, K. D., Asanow, J. R., Keller, M. et al. (2008). Switching to another SSRI or to Venlafaxine with or without cognitive behavioral therapy for adolescents with SSRI-resistant depression. *Journal of the American Medical Association*, 299, 901-913.