Conduct disorder: innovative service developments - the Developmental Neuropsychiatry Program (DNP)

A model of evidenced based assessment and treatment for children and adolescents with conduct disorder

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Outline of presentation

1. Organisational context
2. Academic Child Psychiatry Unit
3. Design of the DNP

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Hospital-based Services

- Consultation & Liaison
- Academic Child Psychiatry
- Psychology
- IMH Program Management
- Adolescent Inpatient Unit (Banksia)

Community-based Services

- MHS Intake
- CD Early Intervention Program
- Koori MH & Wellbeing
- Consumer Consultant
- Community Group Program
- Community Development

Community Teams / Clinics

- Flemington
- Wyndham
- Sunshine
- Broadmeadows
- Intensive Mobile Youth Service

Clinical services provided to 0-18 yr olds with psychiatric disorder (s) that cause psychosocial impairment or risk of harm to self and/or others

Vulnerable populations:

- distressed infants – links with mother-baby units
- co-morbid physical illness – HCL team
- socially disadvantaged/at risk children/adolescents – links with Education/Protective Servic
- Suicidal and/or homicidal – links with Education/Emergency Departments
- psychological trauma victims – links with CASA
- children of parents with mental illness – links with Adult MHS & welfare services
- co-morbid learning disabilities – links with Education system
- special cultural groups – CALD & Indigenous Health Network

Consultation, Education and Support for Service Providers in health, education and welfare sectors

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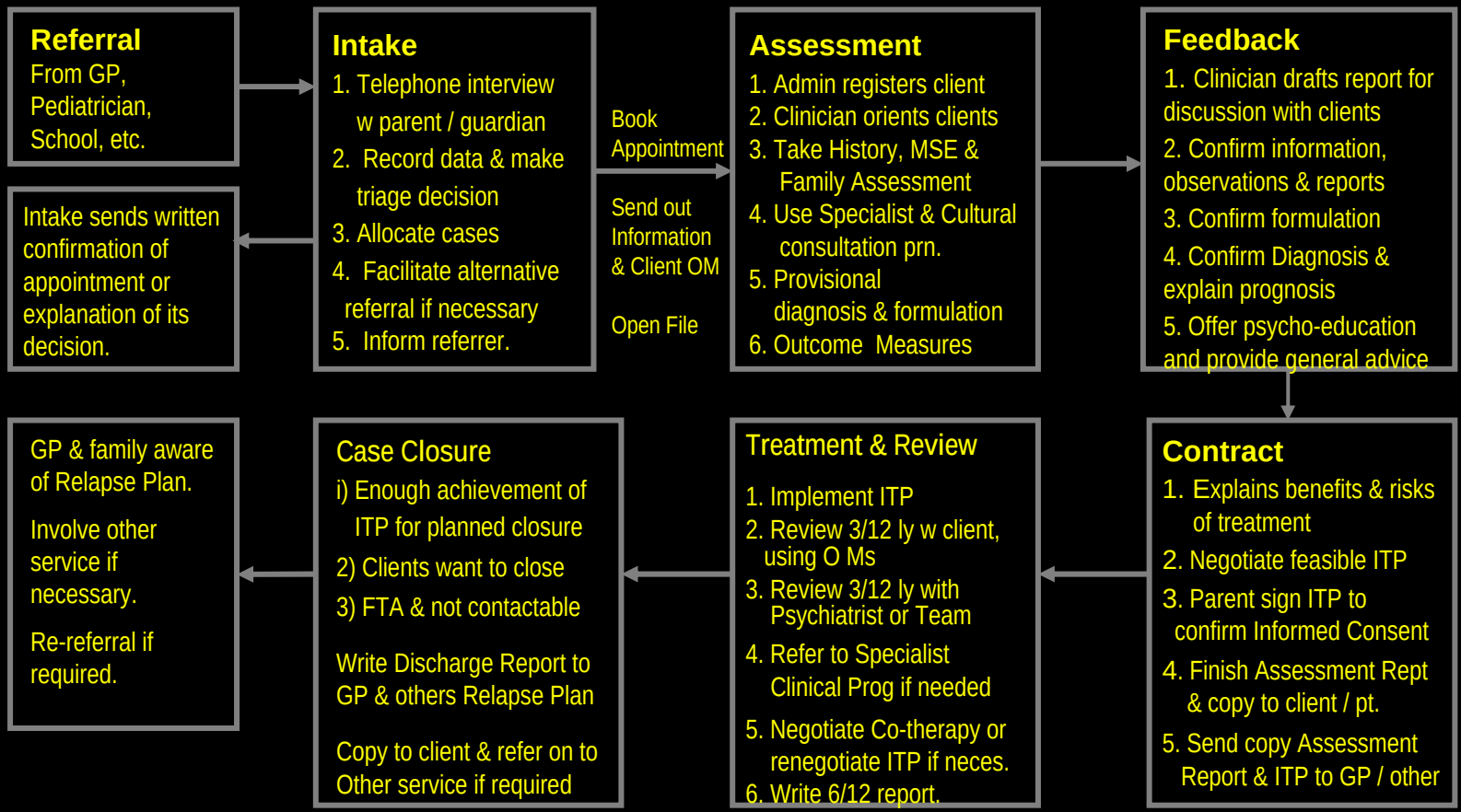
Community CAMHS Care Pathway



CAMHS Outcome Measures

Strengths & Difficulties Questionnaire
(patient rated measure of symptoms and burden)
Health of the Nation Outcome Scale for Children & Adolescents
HoNOSCA (clinician rated measure of functional impact)
Children's Global Assessment Scale
C-GAS (clinician-rated measure of severity & impairment)
Factors Influencing Health Status
(clinician-rated measure of contextual risk factors)

Outcome Measures collected at entry, at 3/12 intervals,
and on exit from services or on transition between levels of care

2. Academic Child Psychiatry Unit

- provides a comprehensive assessment of the following:

oppositional defiant problems
conduct problems
attentional difficulties
motor drivenness
impulsiveness
anxiety difficulties
depressive difficulties
autistic spectrum disorder problems
early-onset psychotic symptoms

2. Academic Child Psychiatry Unit

- patients referred for diagnostic clarification and/or

- patients who have been through one or more psychological and/or medical treatment regimens and who remain treatment non-responsive

All the information collected - fed back to young people and their families with a diagnostic formulation, biopsychosocial formulation and a treatment plan

2. Academic Child Psychiatry Unit

ACPU Structured Assessment components:

[1] Structured clinical interview with child and separately with the parent(s)/caregiver(s)
[2] Parent/Caregiver report: Child Behaviour Checklist, Children's Depression Scale, Connors Rating Scales
Hopkins Symptom Checklist, Spanier Dyadic Adjustment Scale, Family Assessment Device,
[3] Child-report: Youth Self Report, Childrens Depression Inventory, Revised Children's Manifest Anxiety Scale
[4] Teacher report: Child Behaviour Checklist, Connors Rating Scales, Clinician rated Rutter and Graham Interview Schedule
[5] Demographic screen and developmental history of child, including key biological and psychosocial milestones
[6] Neurological/Endocrine screen of child
[7] Cognitive assessment with child/adolescent

- Wechsler Intelligence Scale for Children Fourth Edition (WISC-IV)
- Wide Range Achievement Test Third Edition (WRAT-3)
- Cambridge Neuropsychological Test Automated Battery (CANTAB - Memory Component)

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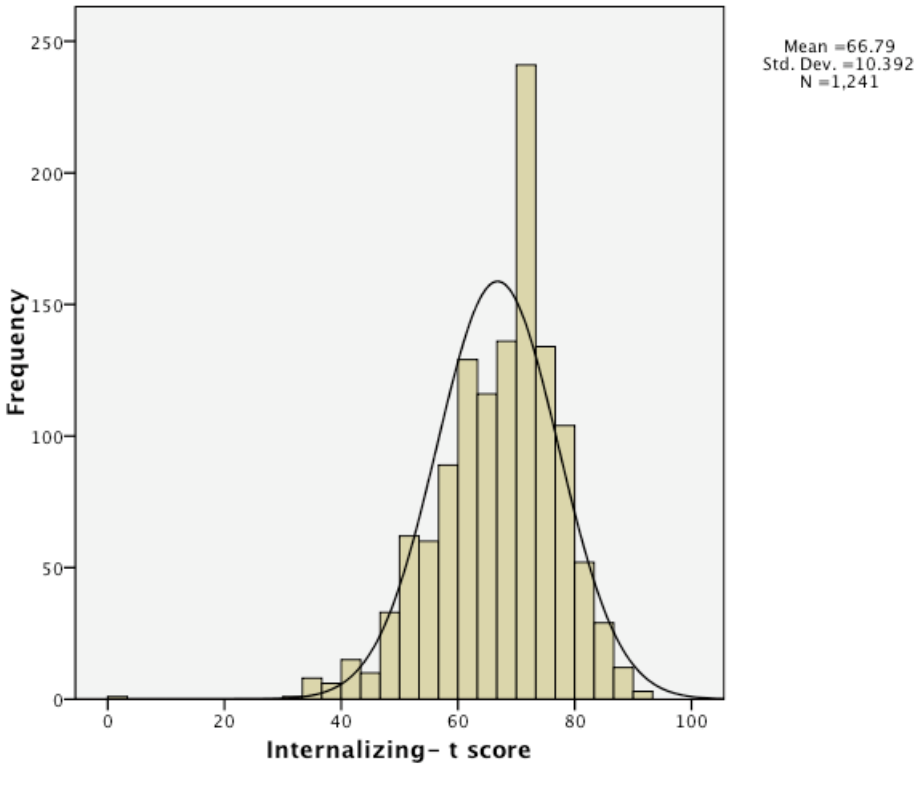
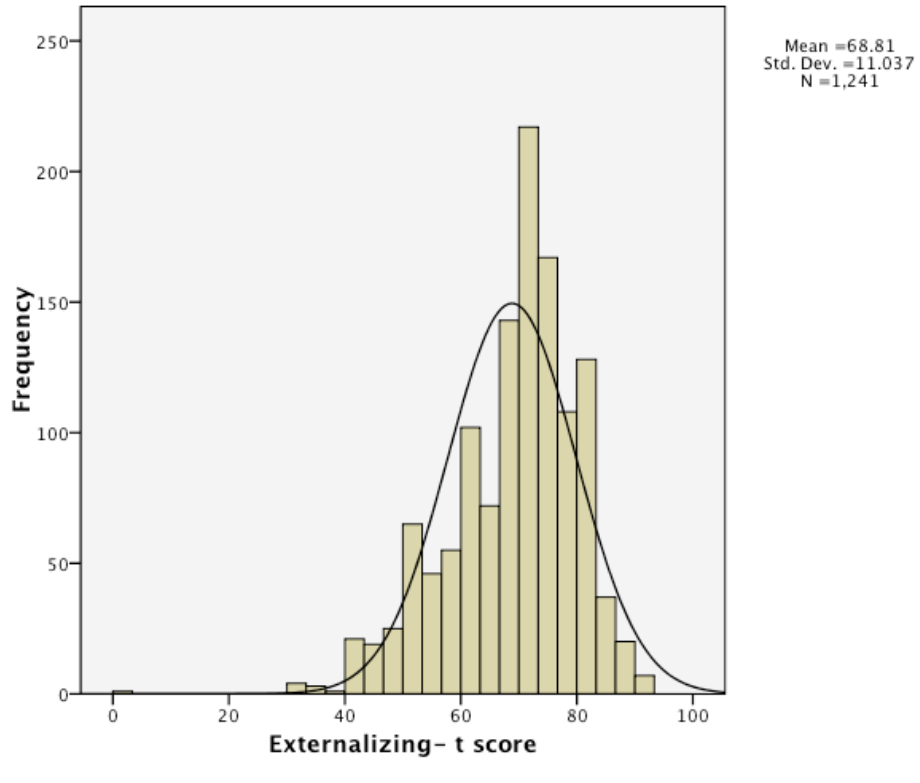
Patient profile – initial assessment





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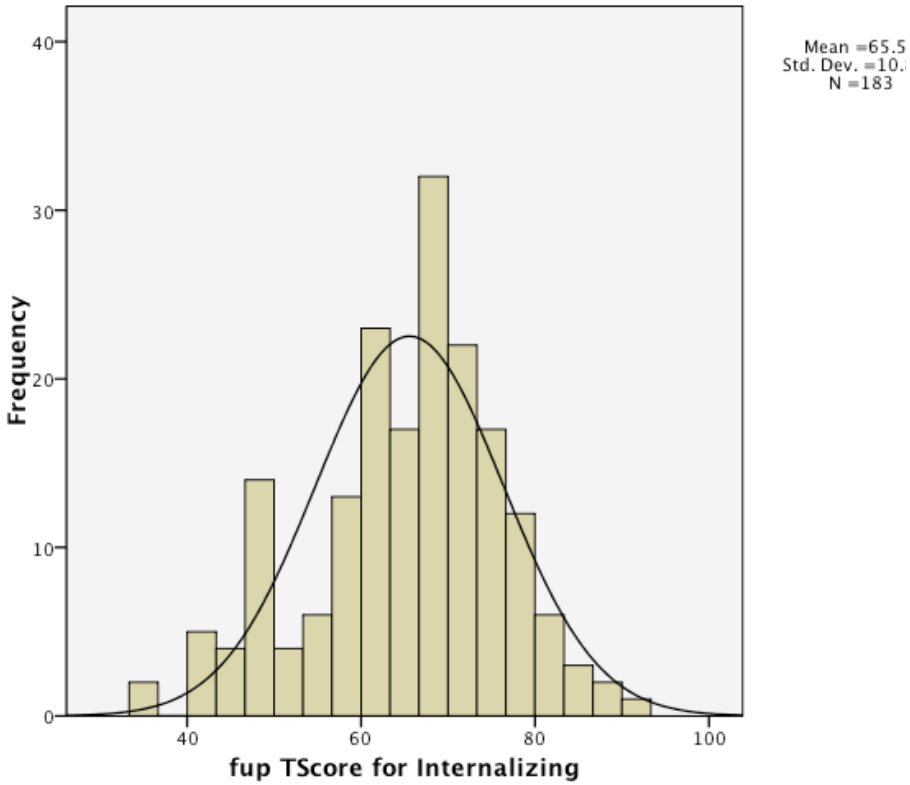
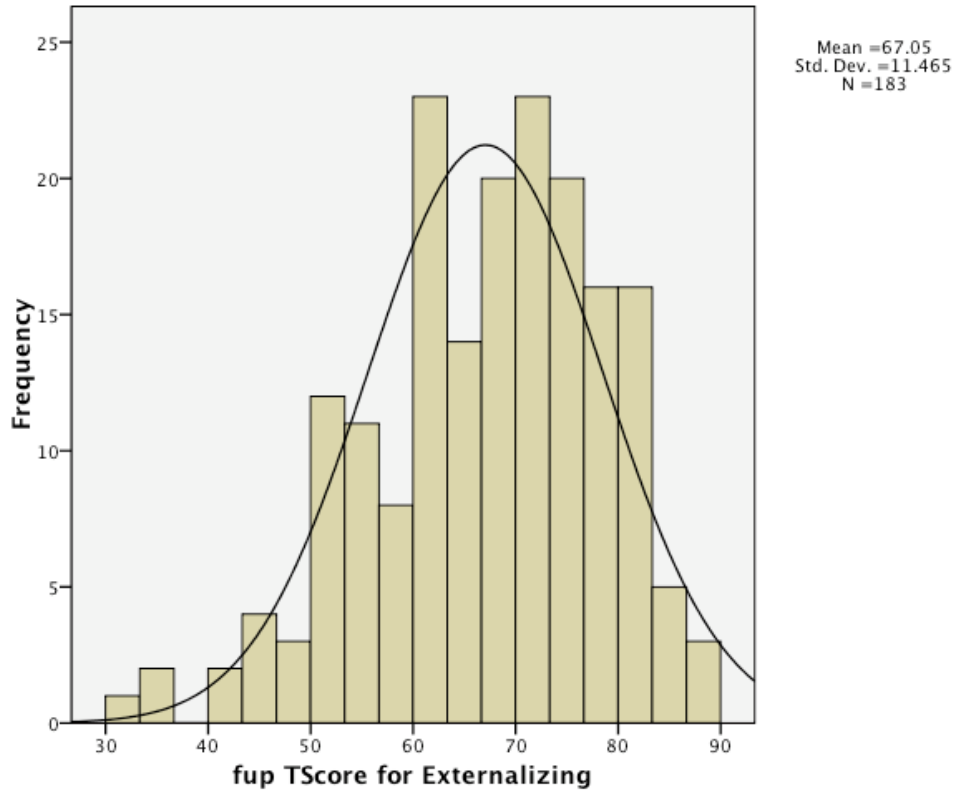
Patient profile – 12 month follow up





Significant reduction - primarily externalising domain:

Internalising symptoms

Wilks's Lamba = .97 (F1, 179) = 5.78, p<.02,
multivariate partial eta squared= .03

Externalising symptoms

Wilks's Lamba = .90 (F1, 179) = 1.97, p<.0005,
multivariate partial eta squared= .10

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3. DNP: THE CHALLENGE

- multi-disciplinary clinical service delivery and research program
- focused on understanding the aetiological risk factors
- applying best practice assessment and treatment methodologies
- enhances the integration of psychological strategies with targeted psychopharmacology across key developmental phases
- evaluates treatment effects pre- and post-treatment
- informs randomised controlled trials of synergistic treatments
- informs new medication algorithms and psychological treatment manuals being developed

3. DNP Patient characteristics:

IMHP cases will have been assessed and had a trial of two or more defined medication and/or psychological treatments through a specialist multidisciplinary team (Tier 3) that have not adequately alleviated impairing symptoms and signs

Non-IMHP cases will have been assessed, diagnosed and treated by a paediatrician and have failed an appropriate trial of medication and/or psychological treatment

3. DNP – management process

- each case will receive a developmental biological, psychological and social assessment using state-of-the-art standardized instruments.
- further, each case will receive a comprehensive developmental neuropsychiatry history, examination and investigations, as required, to determine a diagnosis and formulation
- a DNP staff member will meet with the referring case manager to systematically feed back this information. Together, the DNP staff member and referrer will synthesize an updated bio-psycho-social-developmental formulation and diagnosis. This will specifically focus on how any co-morbid conditions and their treatment may affect the management of disruptive behavioural problems

3. DNP-management process

- a DNP staff member and the referring case manager will target specific bio-psycho-social-developmental factors for specific/targeted interventions
- the case manager team provides the required resources to deliver specific treatments or, if unable, the DNP provides manualised parent and child group interventions +/- medication algorithms
- the case will be reviewed from a clinician, child and parent perspectiv at 1 week, 4 weeks and 12 weeks by phone/in person. A complete annual re-assessment will be offered.

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3. DNP-Summary

The DNP will apply modern neuroscience, neuropsychiatry, psychopharmacology and psychotherapy knowledge to help comorbid developmental and/or organic difficulties that impair emotional, behavioural, psychological and social functioning.

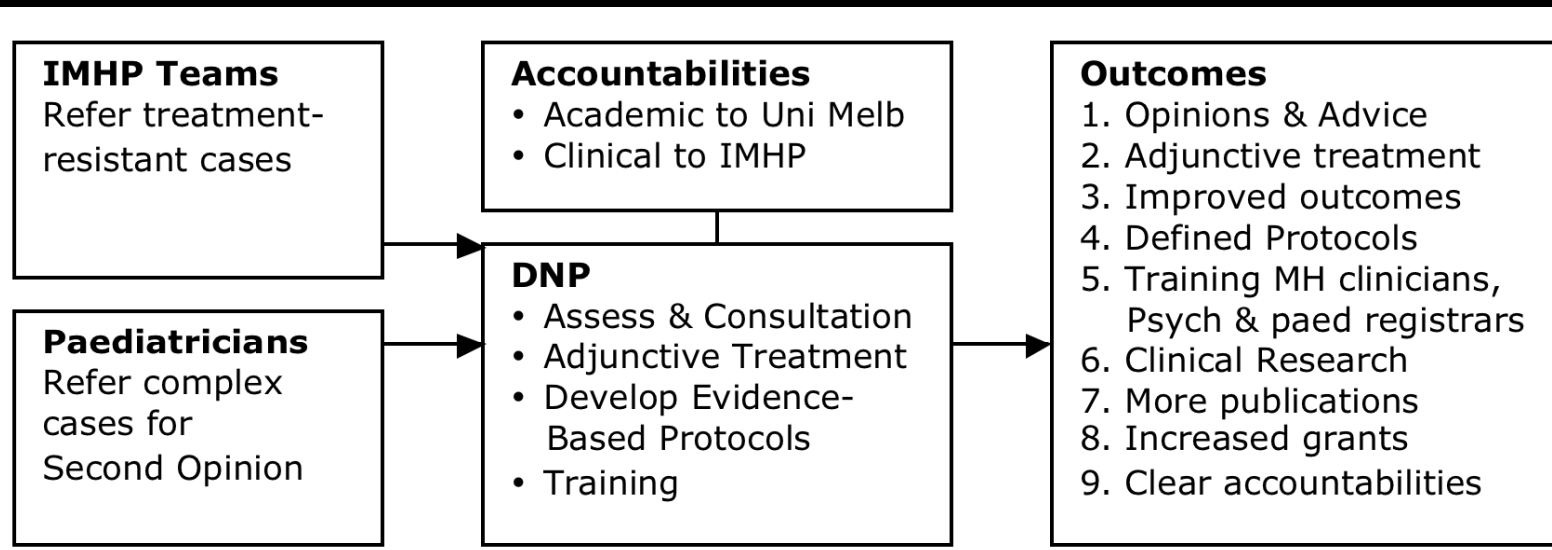

Figure 1. DNP Roles & Functions.