Notes from the President

by Jennifer Hagman, M.D.
1998-1999 CCAPS President
and Liaison to CPS

I'd like to thank everyone who attended the Annual Meeting "Psychotic Symptoms in Youth." The presentations were outstanding, and it was wonderful to see colleagues from around the state. Doctors Simpson and Lubin did an excellent job of coordinating the meeting, and you will find a summary of the presentations in this newsletter. We are already in the process of selecting the topic for next year's meeting. If you have suggestions, please call the CCAPS Office (303-692-8783) or Harlan Lubin, M.D. (303-320-4980). Dr. Lubin will be the Chairperson for the Spring 2000 meeting.

Several bills of special interest to child psychiatrists are still active in the Colorado Legislature. The Female Genital Mutilation Bill (Senate Bill 96) that CCAPS member Irvin Ebaugh, Jr., M.D. has been directly involved in supporting has cleared the Senate and is moving towards passage. There are two bills concerning payment for out-of-home placements for children. CCAPS and CPS are actively supporting House Bill 1116, the "Child mental health treatment act" which we believe is the better bill and specifies that mental health agencies should evaluate the needs of children whose mental illness places them at risk of out-of-home placement and when necessary be responsible for providing treatment services, including RTC, without a dependency and neglect hearing when such parenting issues are not present. Senate Bill 023 (opposed by CCAPS and CPS) directs the state mental health system to provide RTC and family services to children at risk of out-of-home placement, but who have not been identified as having a mental illness. Both bills are still alive and on the floor. If you are interested in other bills that CCAPS and CPS are following, please call the CCAPS office and request that a legislative report be sent to you, or check the Legislature's website at www.co.state.com.

I recently saw the Italian film "Life is Beautiful" and found it quite moving and disturbing at the same time. It is the poignantly told tale of an Italian family during WWII, and the father's attempt to protect his young son from the physical and emotional horrors of their life in a concentration camp. He does this by creating an explanation designed to capture the imagination of the child, which is targeted to his age (about 7 years old), including rules, points and a prize. He leads the child to believe that they are all part of a game which they are winning. As a parent and child psychiatrist, I spent much time reflecting on how the son was aware of the overwhelming, frightening situation they were in, but desperately needed the fantasy that his father provided to cope, and on the strength of the father in mastering his own anxiety to protect his son and at the same time give him the skills he needed to survive. I then thought of our patients and how difficult it must be for them to make sense of their world at times, and on how we can best help them and their families. I hope you will have the
opportunity to see this controversial, award
winning film.

Finally, the CCAPS Office has some
copies of the two new Academy books *Your
Child* and *Your Adolescent* available for
purchase. List prices are $27.50; however, we
have ordered in bulk and can offer a 40%
discount to members. Each book is $16.00, plus
shipping costs of $5.00 per book (unless you
stop by the office to pick them up). These books
are excellent to have in your waiting areas, to
give to pediatricians who are referral sources,
and to use in your practice.

**CCAPS 1999 Annual
Meeting**

**Psychotic Symptoms in
Youth: A Diagnostic and
Treatment Challenge**

*by Janice Simpson, MD
Program Chairperson and Senior Councilor*

The Annual CCAPS educational
conference on February 27th covered a topic not
addressed in recent years, psychotic symptoms
in youth. We were fortunate to have Robert
Nicolson, M.D., from the Child Psychiatry Branch
of the National Institute of Mental Health, as well
as two local speakers, Randy Ross, M.D., and
William Sobesky, Ph.D. Dr. Ross is Director of
the Pediatric Psychopharmacology Service and
Assistant Professor in Child Psychiatry at the
University of Colorado Health Sciences Center,
and Dr. Sobesky is the current President of the
Colorado Psychological Association and a
Clinical Associate Professor of Psychiatry and
Pediatrics at the University of Colorado Health
Sciences Center.

In his presentation, “Childhood Onset
Schizophrenia: What Can It Teach Us?” Dr.
Nicolson covered important diagnostic distinctions
between schizophrenic and multi-
dimensionally impaired children (those diag-
nosed with intermittent explosive disorder,
psychotic disorder NOS and ADHD are often
found in the same cluster), as well as other
diagnoses associated with psychotic or
psychotic-like symptoms. The presentation was
enhanced by several videotapes of his young
patients poignantly illustrating his observations.

Dr. Nicolson noted that the prevalence
of psychotic symptoms in the general population
can be anywhere from 70 – 80%.

While there is nothing totally patho-
neumonic to schizophrenia, he explained that
hallucinations tend to occur more frequently in
individuals with PTSD and dissociative
experiences, whereas schizophrenics are more
likely to report delusions which can be quite ego
dystonic and disturbing to them. This results in a
general willingness to talk about them.

In the MDI population, there tends to be
more of a transient stress-related psychosis.
Their main problems are more related to
affective lability, impaired interpersonal
relationships, and deficits in executive and cognitive
functioning (typically in the areas of reading
comprehension, the planning and sequencing of
events, and impulsivity) resulting in significantly
greater pre-morbid dysfunction. The MDI chil-
dren desperately want friends, but don’t have
them, in contrast to the schizophrenic children
who have never had friends, but aren’t
particularly concerned about it.

Obsessive compulsive symptoms in
schizophrenia generally derive from the patients’
delusional beliefs and may not be viewed as
unreasonable. Children with obsessive compul-
sive disorder generally have more insight and
can see that their behavior is excessive and
inappropriate. They are more in tune socially
and usually don’t exhibit disorganized speech.

In Conduct Disorder where hallu-
cinations are present, the hallucinations tend to
be transient, stress-related, and associated with
temper outbursts. The presence of hallucina-
tions does not change, however the general
prognosis for this disorder. “Blaming” voices for
bad behavior is pathological even if it is not true.

The abnormal neurological findings such
as those found in eye tracking and brain
morphology in adult schizophrenics are also
present in childhood schizophrenia, whereas
these measures in MDI children are similar to
normals.

Dr. Nicolson recommended doing
chromosomal karyotyping in any child exhibiting
an early psychotic disorder and reminded the
audience that obtaining a diagnosis can be