Medication of High Risk Youth: Beyond Stimulants

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AD/HD

• Model for dialogue among validators (Phenomenology, clinical course, family patterns, biological markers, medication response)

• Model for a disorder that is present and childhood and one tends to grow out of (although not all do)

• Model for a disorder that medication helps (teachers can tell when a child misses a dose)
Aggression: Key to Classification

• Only AD/HD has a medication-syndrome link
• Oppositional Defiant Disorder and Conduct Disorder and Social Constructs
• Main pharmacological target in antisocial spectrum is **aggression**
• Aggression jibes with “harmful dysfunction” --a normal emotion subject to pathological derangement
• Need to improve classification of aggression
Normal Aggression

• **Goal Directed (Predatory)**-thrill of the hunt, low pulse, focused attention
• **Affective**--”defensive”--largely dysphoric, high sympathetic arousal, often unfocused
• Well corroborated in animals
Pathological Aggression

• Predatory: lack of attachment--little role for psychopharmacology

• Affective: Being defensive when no reason
  – large role for pharmacology
Classification of Affective Aggression

- **Impulsive**---Hit without thinking--”I ain’t playing with you” ---Stimulants
- **Paranoid**---Hit because thinking is distorted--Antipsychotics
- **Depressive** -- Hit as part of mixed internalizing/externalizing picture--SSRI (inner directed irritability)
- **Irritable**--Hit because of general state of intolerance and impatience--mood stabilizer (outer directed irritability)
Consequences of Aggression

- Coercive Reciprocal Interactions
- Special Education
- Deviant Socialization
- Problem behaviors
Views of Adolescent Substance Abuse

- **Direct Causation:** Adolescent Substance Abuse is just the early onset of the adult disorder; impairment caused by proclivity to get high

- **Backward Causation:** Impairment causes the substance abuse (“Problem Behavior Theory”)

- **Self-Medication:** (mediated causation): psychological state causes both drug use and impairment
Self Medication May be true of Some Adolescents

• Temper outbursts and externally directed irritability (the psychological state) LEAD TO
• Marijuana use AND
• Impairment in school, home, law, etc
• “Marijuana chills me out.”
# Marijuana Use

## Self-report, Pre & Post 5 Weeks

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Why would treating biology change psychology?

• Most problem behavior kids, even aggressive ones are not psychopaths
• Treat the psychopathology and normal attachment takes over
• School may always remain toxic to many of these kids (too much water under the bridge)
• But alternative schooling is possible for teens
Final Thoughts

• Ask what is the child’s core aggressive symptom: impulsivity, paranoia, depressive-irritable, externally directed irritability

• Check to see the child is on the right medication for what you see as the main type of aggression

• Don’t make final decision about school placement changes until adequate trial of correct medication

• First sign that a medication is working is a reduction of tension in home, so ask parents