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EDITORIAL

Mechanisms of Change

Khrista Boylan

The Spring edition of JCACAP contains a diverse group of articles encompassing different modalities of intervention (psychotherapy, technology, medication, ECT), clinical syndromes, and research methodologies (experimental designs, qualitative studies, chart reviews and case rounds). It was necessarily difficult to merge these frontiers in an editorial, so I didn't try too hard.

I was particularly drawn to the paper about use of ECT in Quebec, as I have been conducting a review of approaches to care for youth who do not respond to antidepressant medications. The authors describe the treatment history of several severely impaired youth, some of whom experienced benefit of ECT. This is not an intervention that child and adolescent psychiatrists typically use, as attested to by their data. Yet, there are several ongoing controlled studies about ECT and other somatic therapies for treatment refractory youth including rTMS that will be coming to the world literature in the next few years. I am appreciative of the authors' work in documenting the complexity of youth they provided ECT to, and was not surprised at the comorbidity with personality disturbance described by the authors. I hope that the new studies will consider treatments for comorbid personality disorders in these adolescents prior to declaring youth as treatment refractory.

The CASA Trauma Attachment Group study provides insight into mechanisms of therapeutic change in working with parent child dyads that have experienced trauma. The study emphasizes something that psychotherapists know intuitively – that trusting and validating relationships matter significantly and likely serve as a common mechanism of symptom improvement in many clinical situations. These relationships are particularly difficult in children with histories of trauma and groups such as TAG are critical components of mental health services. Another qualitative study by Edwards and colleagues suggests that youth with Tourette Syndrome are notably adept at coping with their tics, but also lack knowledge about their condition. It never ceases to surprise me how little my patients know about their mental health disorders, despite my efforts. Another likely important mechanism of symptom improvement: extent of psychoeducation uptake by the youth and family.

We have two papers focussing on clinical presentations in small samples – one about impact of cannabis use on Clozapine treatment in adolescents with psychosis, and disentangling eating disorder phenomena in youth with vomiting phobias. These papers provide some valuable insights based on clinician expert management of challenging clinical presentations. We also have two excellent papers parsing apart the relationship between ADHD symptoms, comorbid disorders and associated executive dysfunctions. These relationships underlie the most common problems confronted by child psychiatrists (these behaviours can't be due to ADHD....can they?) and increasingly we can have confidence in the yes answer for most patients.

As Editor, I have the great opportunity and responsibility to continue to improve the content and the function of our Journal. I have several aims: to continue to attract high quality research of relevance to our field that is novel and interesting; to support publication of high quality treatment approaches and guidelines which are being applied in Canada in particular; that our journal be a medium for communication of opportunities of relevance to Canadian youth mental health practitioners; to respond to your comments and feedback. I hope that many of you will consider submitting letters (or emails) to the Editor which I can respond to. I would like to know more about what our readership would like to see happening with the Journal.

Khrista Boylan
Editor