

***Child Development & Mental Health:
Linking the Two Sides of the Same Coin***
23rd April 2012 (Monday)

08.30 am	REGISTRATION		
09.10 am	Welcome and Housekeeping		
09.15 am	Tourette Syndrome: Tracing the developmental trajectory from genes to behaviour Professor Valsa Eapen, Chair, Infant, Child and Adolescent Psychiatry, UNSW & Head Academic Unit of Child psychiatry (AUCS), SWSLHD		
10.05 am	Risk factors for the development of anxiety disorders Professor Ron Rapee, Distinguished Professor, Centre for Emotional Health, Macquarie University		
10.55 am	MORNING TEA		
11.15 am	CONCURRENT SESSIONS		
	Workshop 1 Blind men and the elephant How can you tell if your child has bipolar disorder? Dr. Rajeev Jairam Child & Adolescent Psychiatrist Director of Psychiatry, Gna Ka Lun, ICAMHS, SWSLHD Senior Lecturer (conjoint) UNSW and UWS	Workshop 2 “If Only it is ADHD” – Enlarging the therapeutic circle. An integrative and systemic approach when working with adolescents afflicted by the “problem” called ADHD. David Hong Clinical Nurse Consultant & Family Therapist, ICAMHS.	Workshop 3 The Early Start Denver Model of Intervention for Young Children with Autism (ESDM) Elizabeth Fulton Education Support Manager & Early Start Denver Model Trainer KU Children's Services
12.30 am	LUNCH		
01.15pm	Love, eye contact and the developmental origins of psychopathy versus empathy Professor Mark Dadds, Professor in Psychology, University of New South Wales		
02.05 pm	CONCURRENT SESSIONS		
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03.20 pm	QUICK BREAK		
03.30 pm	Mental Health for children and adolescents with intellectual and developmental disability: Facing the challenge David Dossetor, Child Psychiatrist, Area Director of Mental Health at Children's Hospital at Westmead and Clinical Associate Professor Sydney Medical School		
04.20 pm	Wrapping Up and Lucky Door Prizes		

CONCURRENT SESSIONS

Workshop 1 – Rajeev Jairam

Blind men and the elephant - How can you tell if your child has bipolar disorder?

The multiple descriptions of paediatric bipolar disorder are akin to the story of blind men describing an elephant. Some swear that it is a rope, others a tree trunk and then some others a thick hair brush. This is not to belittle any piece of research but to clarify that there is not a lot of clarity! For the busy clinician there are no quick answers and only more questions and if that is the state of experienced clinicians then one can only imagine the plight of these children and their families and schools.

The workshop will begin with a short introduction into the controversy of the diagnosis of paediatric bipolar disorder in children. This will be followed by discussion around several case vignettes. The boundaries of diagnosis of bipolar disorder will be explored via discussion around the vignettes. The aim is to gain some understanding of the spectrum beginning with normal childhood and ending with paediatric bipolar disorder while on the way trying to figure out where disruptive behaviour disorders and severe mood dysregulation would lie!

The workshop will conclude with a short presentation of the current diagnostic understandings around paediatric bipolar disorder and future directions.

Workshop 2 – David Hong

“If Only it is ADHD” – Enlarging the therapeutic circle. An integrative and systemic approach when working with adolescents afflicted by the “problem” called ADHD.

ADHD is not without its controversy, the media continues to portray a negative picture of this debilitating condition. According to Peters & Johnson [2008], in their research on mothers' experiences of parenting states, "It's been 10 years of being on the edge. The caring, responsibility is overwhelming. If I had my time all over again, I wouldn't tell the truth: stigmatized, scrutinized and criticized." Despite significant progress and research on ADHD little is said about the systemic school intervention. Summary of school research indicates a school can create a “coherent” climate, more potent than any single influence – teachers, class, family, neighbourhood – so potent that for at least six hours a day it can override almost everything else in the lives of children. If that is the case what makes school intervention effective? Further, the idea “What is right with you is more powerful than anything that is wrong with you” [Henderson, 2007] provides a positive starting point when working with ADHD adolescent. In this interactive workshop, the author will provide a timely overview of ADHD: the challenges, obstacles and special considerations in family and school system when working with the ADHD child. Through the use of case studies participants will be able to grasp and appreciate what make intervention effective.

Workshop 3 – Elizabeth Fulton

The Early Start Denver Model of Intervention for Young Children with Autism (ESDM)

The Early Start Denver Model is an intensive and comprehensive early intervention model for young children with autism. It aims to reduce the severity of autism symptoms and accelerate children's developmental rates in all areas, but with particular emphasis in the areas of cognitive, social-emotional and language. It has a growing evidence base including several papers published in peer-reviewed journals describing the effectiveness of the ESDM and the January 2010 edition Paediatrics.

The ESDM is based on principles from Pivotal Response training which suggest that two behaviours: motivation and response to multiple cues, appear pivotal in improving a range of behaviours in the child. It also draws from teaching practices developed in the original Denver Model such as relationship-based aspects of the therapist's work with the child, using play as a foundation for learning, and using communication intervention principles from the field of communication science. Positive behaviour approaches focus on replacement of unwanted behaviours with more conventional behaviours and Functional Behaviour Assessments are used when behaviours are more challenging.

All staff delivering ESDM therapy must reach fidelity in this intervention approach. This process usually takes 3 – 6 months and involves learning and practising the thirteen ESDM Teaching Principles and demonstrating a high degree of mastery (over 80%) when working with three or more children across three consecutive sessions.

Parent and family involvement is an essential component of the ESDM intervention. Parents join in developing priorities for intervention, inform and co-develop a plan for teaching and can be involved in supporting the intervention at home.