

## **CHILD & ADOLESCENT BEHAVIORAL HEALTH**

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Hello. My name is Carol MacKinnon-Lewis. I'm a professor in the department of Child and Family Studies. I want to take just a few minutes to introduce you to this class entitled Child and Adolescent Behavioral Health. This is one of four core courses that all students enrolled in our master's program in child and adolescent behavioral health will take.

This semester, we'll be talking about the historical underpinnings of behavioral health for children and adolescents. What we mean by behavioral health is this is an area of study that addresses substance use issues, mental health disorders, and developmental disabilities. We will think about the ways in which these disorders come into being. In other words, antecedents and consequences of these disorders. We know there's a high comorbidity rate, that kids who have mental health disorders are at high risk for substance use disorders and school problems.

We certainly will want to understand the context for the development of these disorders, and then we'll spend some time looking at access to services and utilization of services. We'll identify some ethical issues associated with the delivery of services for children and adolescents. We'll spend some time talking about the translation of research into practice. There is a large body of research on interventions that are found to be effective in a clinical setting, but we know much less about how effective they are in a real world setting. So we'll talk about that issue.

And then finally, we'll talk about evidence-based practices that have been identified and under what conditions those were found to be effective for which kids under what conditions. What attracted me to the field of child and family studies is I've always had an interest in children. I think it's interesting to see very young kids before they enter school and before they get accustomed to these very structured environments, where they're expected to behave in certain ways to see how they think, to see what makes them tick.

And I think that's why I chose to become a developmental psychologist. I didn't see myself as a clinician, someone who would come in and necessarily treat disorders. But I wanted to understand what made children think, what made them behave in certain ways, and also under what context contributed to their behaving in certain ways.

So that's always been intriguing to me to be able to answer those questions so that people that are in a position to provide clinical services and to intervene directly with kids who have disorders would have the knowledge base that I, in some way, had contributed to creating.

I look forward to a very engaging semester, where we learn from one another and take away much more than what we came in with.