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SES as a mediator for ethnicity and diagnosis

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The current research focuses on whether a consistent difference is present in the clinical diagnosis of children and adolescents in an outpatient mental health setting. Previous research suggests that different ethnicities are diagnosed with different types of disorders consistently. Further, past research offers that SES, age and gender may also impact the likelihood of getting a certain type of diagnosis. The current study presents a unique contribution to the literature by studying a more heterogeneous group of middle class outpatient clients receiving treatment in a largely diverse California city. Therefore, SES will be similar among all participants and essentially held constant. Additionally, the present research includes ethnicity of the clinician to assess for a potential mediating effect of this variable. It is hypothesized that ethnic minority clinicians will lessen the effect of consistent diagnoses for ethnic minority children and adolescents. Initially, an ANOVA will be run to assess for differences in ethnicity and FSIQ scores from the WISC-IV. It is believed that there will be no significant differences between FSIQ scores and ethnicity due to the similarity in SES of the sample. Next, logistic regression will be conducted with age, gender, ethnicity of client and ethnicity of the clinician as the predictor variables. The outcome variable will be diagnostic category. It is hypothesized (based on previous research suggestions) that there will be no differences in diagnosis when all variables are controlled for, since the sample comes from a relatively heterogeneous group with SES and ethnicity of the clinician will be accounted for. Results of this study will be a significant contribution to the field of assessment and treatment of ethnic minority children for many reasons, this, as well as implications, will be discussed in detail.

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Alcohol and youth: Spotlight on adolescent females

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Alcohol is the most commonly used and abused substance among youth in the United States. Youth aged 12 to 20 years drink 11% of all alcohol consumed in the United States. 24% of youth drink alcohol and 15% report binge drinking. Youth who start drinking before age fifteen are five times more likely to develop alcohol abuse or dependence later in life than those who begin drinking after age twenty-one. Adolescents who drink are more likely to initiate the use of illegal substances, thus, alcohol is often considered a gateway to the use of other addictive substances. Adolescent alcohol use disorder (AUD) is associated with development of other substance use disorders, depression and higher levels of antisocial and borderline personality disorder symptoms by age 24. MRI studies show bilateral decreased hippocampal volumes in adolescents with AUD compared to controls. Recent studies show the gender gap in underage drinking has been closed. Young females are now equally as likely to have ever drunk alcohol as males. Females are more likely to manifest medical consequences of alcohol use than males. Additionally, adolescent females who drink while pregnant expose the unborn fetus to alcohol which is associated with fetal alcohol spectrum disorder, a serious yet preventable cause of intellectual disability. Neuropsychological studies show that in girls; more drinking days in the past year predicted a greater reduction in performance on visuospatial memory including difficulty recalling previously encoded spatial information. Alcohol use in adolescent females has been linked to several mental health conditions. Some studies show a 3-fold increase in attempted suicide in eighth grade females who drink. Child sexual abuse predicted drinking and was related to adolescent sexual abuse which both predicted drinking to regulate emotional experiences in adolescence and later adult binge drinking. Adolescent alcohol use in females is associated with several environmental factors including the influence of parents and peers. An adolescent girl with an older or adult boyfriend is more likely to use alcohol and other drugs and to engage in delinquent behaviors. Adolescence is a period of rapid development where substantial changes are taking place in the brain which lays the foundation for biopsychosocial functioning in the rest of adulthood. Neurocognitive deficits linked to AUDs during this critical developmental period may result in changes in the neuromaturational course with effects extending into adulthood. Research on alcohol's effects on the developing adolescent female is currently very limited and much more research attention is needed in this field of study.

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