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儿童少年精神医学

Child and Adolescent Psychiatry

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致 读 者

社会主义的根本任务是发展生产力，而社会生产力的发展必须依靠科学技术。当今世界已进入新科技革命的时代，科学技术的进步不仅是世界经济发展、社会进步和国家富强的决定因素，也是实现我国社会主义现代化的关键。

科技出版工作肩负着促进科技进步，推动科学技术转化为生产力的历史使命。为了更好地贯彻党中央提出的“把经济建设转到依靠科技进步和提高劳动者素质的轨道上来”的战略决策，进一步落实中共江苏省委、江苏省人民政府作出的“科教兴省”的决定，江苏科学技术出版社于1988年倡议筹建江苏省科技著作出版基金。在江苏省人民政府、省委宣传部、省科委、省新闻出版局负责同志和有关单位的大力支持下，经省政府批准，由省科学技术委员会、省出版总社和江苏科学技术出版社共同筹集，于1990年正式建立了“江苏省金陵科技著作出版基金”，用作支持自然科学范围内的符合条件的优秀科技著作的出版补助。

我们希望江苏省金陵科技著作出版基金的建立，能为优秀科技著作在江苏省及时出版创造条件，以通过出版工作这一“中介”，充分发挥科学技术作为第一生产力的作用，更好地为我国社会主义现代化建设和“科教兴省”服务；并能带动我省科技图书提高质量，促进科技出版事业的发展和繁荣。

建立出版基金是社会主义出版工作在改革中出现的新生事物，期待得到各方面给予热情扶持，在实践中不断总结经验，使它逐步壮大和完善。更希望通过多种途径扩大这一基金，以支持更多的优秀科技著作的出版。

这次获得江苏省金陵科技著作出版基金补助出版的科技著作的顺利问世，还得到江苏联合信托投资公司的赞助和参加评审工作的教授、专家的大力支持，特此表示衷心感谢！

江苏省金陵科技著作出版基金管理委员会

序　言

唐纳德·科恩博士(Donald J. Cohen, M. D.)

儿童少年精神医学是一门研究儿童少年精神疾病和心理卫生的临床科学,现在还相当年轻。美国的第一本教材在20世纪30年代面世,有关的正规培训计划到50年代才被推广。现在全世界仍十分缺乏能将正常儿童发育理论用于儿童少年精神疾病的诊断与治疗的经过全面培训的专业人员。国际上,儿童少年精神医学也仅在发展有效的预防和治疗上迈出了第一步。

中国这一本临床参考书的出版是精神医学史上的一件大事。中国在传统上就非常重视儿童养育,现代中国在重视健康妊娠以及儿童早期社会化与智能激励方面更是处于世界领先地位。中国也已认识到儿童正当教育的益处以及儿童与家庭对健康与营养的迫切需要。儿童精神医学能对儿童的成长及家庭的健康与幸福作出重要贡献。本书的出版将能促进中国儿童少年精神医学专业人员的高级培训计划的产生,也有利于儿童精神科医师、心理学家、有关社会工作者、教育工作者和儿科医师等人员进行知识交流与合作。

儿童少年精神医学的知识范围很广,涉及到许多基础学科,包括与脑发育有关的生物科学,与社会及社区共有因素、家庭功能、亲子关系和正常儿童少年发育有关的社会科学。

现代儿童少年精神医学有其特有的一些基本理论与原则。

第一,社会因素。儿童少年的成长与发展免不了受社会、文化以及历史等因素的影响,而且这些因素在他们出生前就已存在,并影响其终身。社会的价值观与习俗以影响家庭与儿童少年生活的广阔环境(如邻居与学校)的方式来影响儿童少年的发展。儿童少年成长能达到的程度取决于社会对他们的影响与他们是否获得所需要的成长条件。同样,儿童少年接受社会的价值观以后,又将这种价值观传给他们的后代。

影响儿童少年情绪发展的很多方面在小儿出生前就已经存在了。比如父母决定要生一个小儿时，就已在想象自己将要扮演什么样的新角色，并开始思考他们喜欢养育什么样的小儿。同样，祖父母及其他亲属在小儿出生前也在考虑他们的新职责，想象并计划着出生的小儿将如何适合他们的生活。可见小儿虽未出生就已被赋予了一个社会角色。父母和亲属的希望对小儿的影响很大，可能会改变小儿的发育过程，但是小儿也可能使父母和祖父母失望。有时这种失望是轻微的。例如父母可能希望有一个恬静的小儿，但实际上他们小儿的气质却是活泼型的；父亲想要一个结实外向的男孩，而他的妻子却生了个弱小内向的女孩。一般的父母都能调整这种失望，但有的父母则需要护士、家庭医师或心理学家的指导。当小儿生来就有发育上的障碍或躯体疾患时，父母及其他亲属则会产生严重的失望、极度的焦虑甚至愤怒，他们疑惑责任应归咎于谁，可能会感到羞愧，责怪甚至惩罚自己。这时，专业人员的帮助可能会改变病儿的发展以及家庭的生活。父母在专业人员的帮助下可以妥善处理好病儿的需要，并克服自己心中的悲伤与忧虑。来自朋友、亲属、邻居以及专业人员等的支持将会有利于病儿与家庭间的相互适应。

第二，环境与生物(个体)的相互作用。儿童生来就具有复杂的生物天资。这种天资既来自父母遗传，也是胚胎期各种影响脑发育因素作用的结果。胚胎期影响胎儿脑发育的因素很多，包括营养、感染、毒物等。婴儿一出生就接触到一系列复杂的环境因素，包括父母照顾的方式、社会激励以及营养。小儿的个体发育取决于其自身的生物天资与环境因素的影响。从胚胎期开始到生后数年内，小儿的发育是其素质与遗传因素以及千变万化的社会与环境因素共同作用的表现。大多数疾患也反映出既有生物素质上的因素又或多或少有环境的影响。因此，儿童少年精神医学的基础研究不但包括神经生物学，而且还包括环境问题，以及其间的相互作用。

第三，发展与成熟。儿童少年处于生物机能的成熟和精神心理的发展阶段，这一发展有其天资遗传的模式，从而影响着发展的速度，比如什么时候开始会站立、独走、说话及学习语言等。但儿童少年大多能力的发展与成熟，还需要社会的支持和激励。有关正常发育的理论也指导我们精神医学工作者去了解儿童少年的各种行为、情绪、发育和精神障碍的发病机制，这就是发育精神病理学这个新领域的基本概念。若以正常发育理论的观点来研究儿童少年精神障碍，我们可以看到在发育正常和功能失调之间并无明显界限，倒是通常的发育概念能够帮助我们去了解为什么有些儿童少年在他们生活的特定领域中会受到损害。研究儿童少年正常发育和情绪需要可帮助我们理解何以有些儿童少年在掌握社会技能方面会发生问题，何以有些儿童少年会发生过度焦虑和抑郁。

第四，精神障碍。儿童少年的情绪与认知功能障碍的原因是多种多样的，受虐待、被忽视或照顾不好的儿童少年容易产生情绪障碍，而照顾合适的儿童少年也会出现精神障碍。临床精神医学家可从不同的角度来分析这些问题：可以从儿童少年的成熟速度或功能的均衡性来叙述，例如在学习能力上与其他同龄儿相比较，精神迟滞儿童可被认为是成熟较慢的；可以从某种家庭与专业人员关心的特殊症状或表现来描述，例如描述某个病儿过分焦虑、顽固或难管教；也可以将病儿表现出的一组症状综合起来称为某种特定障碍或疾患来描述。与其他医学学科一样，儿童少年精神医学也利用特定障碍进行疾病分类。例如将儿童在社会关系、言语交往、情绪表达方面有严重障碍者归类为孤独症；注意缺陷多动障碍以及 Tourette 综合征等都是国际疾病分类(ICD)与美国精神学会的《精神障碍诊断和统计手册》(《DSM》)所列出的障碍类别的例子。在世界各地都可见到这类疾患，并已有较好的诊断标准可资参

考。但如何从生物因素与环境因素相互作用方面去理解这些问题，如何去理解这些问题与包括正常发育差异在内的许多情况的关系我们还有很多方面需要研究。类别诊断似乎已将各类疾病独立分开，但实际上所谓不同类的疾病通常是一种系列（谱）的表现，如儿童孤独症和注意缺陷多动障碍，从发育精神病理学角度看，是遗传与环境相互作用的一类疾病。

在儿童少年精神医学中有很多疾患可能有导致一个终末病变的共同途径，也有许多不同的原因可导致同一临床表现。反之，某种单一的潜在原因也可导致一系列的临床后果。在遗传学上，一个遗传型（潜在机制）可引起不同的表现型（临床表现），而一种表现型又可能是多种遗传型导致的结果。在临床上，一种疾患（如注意缺陷多动障碍）可能是多种不同原因的结果，有些是素质性的，有些是经验性的，也可能是这两种因素共同所致。例如儿童孤独症可有许多不同病因，包括遗传、中毒、成熟等多个方面。

儿童少年精神医学不是一门孤立的学科，而与其他多个学科有着紧密的联系。该学科的医师必须具备运用多个领域理论来指导临床工作的能力，这些理论包括儿科学、心理学、社会学、药理学、遗传学、教育学等。儿童少年精神医学医师还必须熟悉儿童少年所在的社区、家庭的有关情况，了解当地那些可能影响儿童少年及其家庭的风土人情、生活习惯及历史文化等。临床医师必须能敏锐地觉察出家庭间与社区间的差异，这些差异可能影响儿童少年表达问题的方式以及如何去利用所给予的帮助。

儿童少年精神医学的专科理论是有关儿童少年一生的情绪、行为与发育障碍的知识。儿童少年精神科医师既必须有识别精神病性问题，把症状与正常行为相区别的能力，还必须能把这些症状组成有意义的症候群（综合征及病），并将儿童少年的整个生活与其环境联系起来。一名儿童少年精神科医师只仅能“标明”病儿的问题并给予一个科学名称是远远不够的。临床医师必须理解这些问题是怎样反映病儿的发展以及病儿在家庭、学校和社区中的作用。

现代儿童少年精神科医师必须是能够提供临床服务与治疗的专家。今天，儿童少年精神科医师的服务范围还包括了一系列的临床干预工作，如指导父母、个别治疗、集体治疗、特殊教育、行为治疗以及不同类别的药物治疗。在中国和一些其他国家，这些正规治疗有时需与传统的儿童少年与家庭照管方法相结合。

作出诊断后并不意味着病儿就应该接受某种特殊治疗。例如，诊断为注意缺陷多动障碍的病儿有效治疗的方法多种多样，因人而异，有些需对病儿父母进行指导作家庭治疗，有些需进行行为治疗，也有一些需用兴奋剂或其他药物治疗，更多的则需利用综合治疗（心理治疗与药物治疗联合应用）。

儿童少年精神科医师必须在给每个特定病儿及其家庭制订治疗方案的同时，组织好在社区中的服务工作。有些治疗需要儿童少年精神科医师自己去执行，但更多时候需要其他专业人员的参与，有一些复杂的情况需要一组专家共同协作，包括教育家、社会工作者、神经科医师、护士以及由医院派出的家庭访视者。大多数治疗可以在家进行，但有时病儿的问题很复杂而必须作出特殊安排，需进入精神病医院进行住院治疗。

儿童少年精神科医师作为制订执行治疗方案的专家，应掌握丰富的治疗与教育的知识，明确哪些治疗有效，如何进行综合应用。优秀的儿童少年精神科医师应懂得尊重其他学科人员，充分利用这些人员在治疗组中的重要作用，同时也要作为儿童少年的支持者，唤起各方力量以保证儿童少年及其家庭在可能的范围内能得到最好的照顾。

儿童少年精神科医师也是从事地区与国家儿童服务工作的规划者，通过对儿童少年精神疾患的研究，应当对许多能影响儿童少年及其家庭的因素比较了解并能深刻地理解这些

因素是如何导致病儿情绪障碍的。他们受到过心理学、发育学与教育学等基础科学的训练，对正常和失调的儿童少年及其家庭发生的问题都能理解。由于有许多儿童期的障碍具有一定的遗传性，儿童少年精神科医师不仅是儿童少年的专家，也要是家庭的专家，因而他们应对有关儿童少年及其家庭方面地区性规划的制订和实施作出应有的贡献。作为临床医师，儿童少年精神科医师在有关儿童少年需要的公共卫生和技术传播方面都负有责任。

随着生物学、心理学、教育学和其他社会科学知识的更新，我们可以预测，今后儿童少年精神医学将有更大发展。目前，儿童少年精神医学将进一步研究一些主要障碍的遗传学与生物学基础，例如研究抽动症、强迫障碍以及早期的家庭教育对儿童行为的影响。儿童少年精神科医师对儿童及其家庭情况了解得越多就越能更好地将知识运用于诊治病儿的临床工作。

儿童少年精神科医师是高级医学专家，他们必须在生物学与医学方面以及社会科学与心理学方面打好全面的基础。此外，还需要进行儿童少年精神医学理论与实践的高级训练，同时也需掌握成人与家庭精神病问题方面的知识。要达到这些要求，通常需要多年的时间，一般需要先做4年全科医师，然后再经专科培训4年。儿童少年精神科医师必须能对个别儿童及其家庭作出评价并进行治疗。只是他们大部分时间可能要用于其他工作，包括筹划儿童与家庭的国家规划，组织地区与社区级的服务，主持门诊与病区的治疗，与家庭医师、护士、心理学家、教师、社会工作者以及其他儿童工作专业人员共同会诊，并指导心理卫生机构、医院与特殊学校的有关工作。儿童少年精神科医师还需进行基础疾病的治疗和精神病理预防方面的研究工作。

有精神病问题的儿童少年大多可以直接从其他专家处获得帮助，包括心理学家、社会工作者以及从事特殊教育的教师，但这些工作的进行少不了儿童少年精神科医师的监督和总体指导。

很难估计一个国家或社区需要多少儿童少年精神科医师。在斯堪的纳维亚及许多欧洲国家中，大致每5万人口有1名儿童少年精神科医师，一个大约500万人口的小国则需要100名左右的儿童少年精神科医师，这与美国比例相似。许多国家中存在医师的分布问题，大多数儿童少年精神科医师聚集在大城市，要求他们到农村去服务常有很大困难。

中国虽是一个大国，但儿童少年精神科医师却很少，很难达到欧美国家那样的比例，所以中国的儿童少年精神科医师应起到特殊的作用，要努力发展公共卫生干预的新方法，发展以家庭、社区为基础的儿童治疗新措施。此外，儿童少年精神科医师在制订有关国家计划和科研工作方面也要担负起特殊职责。

陶国泰教授是一位国际公认的儿童少年精神医学的领导者。通过参与国际会议和研究组，他向全世界的儿童少年精神科医师介绍了中国的儿童少年发展与儿童少年精神医学的现状，同时也将其他国家中最先进的思想带回了中国。多年来，国外的专家多次询问他在南京的培训规划，也了解了他与同道们一同更新的治疗方案。因此，陶教授是在中国有独特资格担任出版这本内容丰富的临床参考书的专家。本书将为中国的儿童少年精神医学的发展作出重要贡献，并将增进中国临床医师和科研人员与世界各地同道之间的交流。

柯晓燕 译 汪梅先 校

FOREWORD

Child and adolescent psychiatry is the academic and clinical discipline entrusted with studying normal children and caring for children and adolescents with emotional, behavioral and developmental disorders. The field of child and adolescent psychiatry is quite young. The first American textbook appeared in the 1930's. Formal training programs in child psychiatry became popular only during the 1950's. Throughout the world, there remains a major shortage of individuals who are thoroughly trained in the principles of normal development and the application of scientific knowledge to the diagnosis and treatment of children with psychiatric disorders. Internationally, the field of child and adolescent psychiatry is only at the first steps in developing useful preventive methods and effective treatments.

The publication of the first Chinese textbook is a historical occasion. China has traditionally placed a great value on the care of children. Modern China has been a world leader in emphasizing the importance of healthy pregnancy and the value of social and intellectual stimulation from the first years of life. China has also recognized the benefits of proper education for children and the critical need for good health and nutrition for all children and families. The field of child psychiatry can make important contributions to the health and welfare of children and families. This first textbook of child psychiatry will facilitate the creation of advanced training programs in China and the sharing of knowledge among child psychiatrists, psychologists, social workers, educators, pediatricians and others who work with children and their families.

The Basic Paradigms of Child Psychiatry

The intellectual boundaries of child and adolescent psychiatry are very broad. There are many basic sciences which contribute to knowledge relevant to the clinical discipline. These basic sciences include the biological sciences involved with brain development as well as the social sciences which concern social and communal factors, family functioning, parent-child relations, and normal child development.

There are several basic paradigms or principles of modern child psychiatry.

1. Social Factors Children are influenced by social, cultural and historical factors which precede their birth and which influence their development throughout the life span. The values and institutions of a society affect a child's development through the ways they influence the family and the child's broader social world, as in his or her neighborhood and school. Children thrive to the degree to which they are cherished by the society and their needs are met. They also take in the values of their society, and later they transmit these values to their children.

In many ways, a child's emotional development starts even before he is born. As parents decide to have a child they are already envisioning themselves in their new roles and beginning to think about the type of child they would like to raise. Similarly, grandparents and other relatives will envision their new roles and the still unborn child; they will fantasize and plan how the child will fit into their own lives. The newborn baby is thus already endowed with a social role in his or her family, and the parents and other relatives may "see" different things in the child. They may hope for the child to develop in a certain way; their expectations may, in fact, alter the child's course of development. Children may, however, disappoint their parents and grandparents. Sometimes these disappointments are relatively minor. Parents may hope for a quiet child and their child's constitution may make him ebullient; a father may want a vigorous, active son and his wife may give birth a quiet and placid daughter. Normal, caring parents can adjust to these disappointments; they sometimes may need guidance from a nurse, family doctor or psychologist. There are, occasionally, serious disappointments to parental expectations, as when children are born with developmental difficulties, retardation, physical or sensory disorders. Here parents and grandparents may experience great anxiety, upset and anger; they may wonder if someone is to blame; they may blame and punish themselves; and they may feel shame. The assistance of professionals may make an enormous difference in the life of the child and family, as the parents are helped to cope with the child's needs and their own personal sadness and worries. The support the child and family receives form the culture—— from friends, relatives, neighbors, employers, professionals—— will deeply influence the child and family's adaptation.

2. Interaction between environment and biology Children are born with complex, biological endowments. Their inborn endowment is the result of their genetic inheritance from their parents as well as the factors which influence brain development during gestation. There are also physical factors which influence a child's brain development

during gestation, including nutrition, infection, and exposure to drugs. As soon as a child is born, he or she is exposed to a complex set of environmental factors. These include the style and adequacy of parenting, social and intellectual stimulation, and nutrition. Children's individual development is the result of the interaction between their biological endowment, on one hand, and their environmental influences. From the start of pregnancy throughout the first years of life, children's development is an expression of the interaction between constitutional and genetic factors and the myriad of social and environmental factors. Most disorders also reflect both biological, maturational and constitutional factors as well as environmental influences, to a greater or lesser degree. Thus, the basic sciences of child psychiatry must include both the study of neurobiology and of environment, as well as their interaction.

3. Development and maturation Throughout the course of life, children's biological capacities mature and their psychological processes develop. There are inborn, genetic blueprints for the rate of maturation; these influence the timing of basic milestones, such as standing, walking, saying the first words, and learning language. For most abilities to emerge, the child also requires social supports and stimulation. The principles of normal development also guide our understanding of the basis for behavioral, emotional, developmental and psychiatric disorders. This is the underlying concept of the new field of developmental psychopathology. When we study child psychiatric disorders from the perspective of normal developmental principles, we can see that often there is not a sharp line between normal development and dysfunction. Instead, the usual concepts of development can help guide our understanding of why certain children become impaired in particular domains of their lives. The study of normal development and the emotional needs of children may help explain why one child develops problems in relation to mastering social skills while another child becomes overanxious and depressed.

4. Psychiatric Disorders Children who are abused, neglected or badly cared for are likely to develop emotional difficulties. But also children who receive adequate care may develop psychiatric disorders. There are many different types of reasons for troubles in children's emotional and intellectual functioning. Clinicians may describe a child's difficulties from many perspectives.

They may describe a child in relation to the rate of maturation or the evenness of functioning, for example, how he compares to other children his age in learning skills. For example, children with mental retardation may be described as being slower in the rate of maturation.

Clinicians may also describe particular symptoms or signs that are of concern to the family and to the professionals. For example, they can describe a child as being overanxious, stubborn, or hard to manage.

Clinicians may also bring together clusters of symptoms which children may develop and label these as constituting a specific disorder or disease. Child psychiatry is similar to other branches of medicine in making use of a taxonomy of diseases in which there are

specific disorders. For example, children with severe disorders in social relations, communication and expression of emotions are categorized as autistic. Attention-deficit hyperactivity disorder and Tourette's syndrome are other examples of categorical disorders listed in the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM). These disorders have been seen throughout the world, and there are now good diagnostic criteria to guide clinicians. Yet, we need to learn far more about how these conditions can be understood in relation to the mutual contributions of biological and environmental factors and how they relate to a range of other conditions, including normal variations. While the categorical diagnosis makes it seem as if each category of disease is discrete, we are learning that there usually is a spectrum of expression. In the practice of clinical work with children, categorical diagnoses, such as autism and attention deficit hyperactivity disorder, are complementary with the perspectives of gene-environment interaction and developmental psychopathology.

A complicating factor in child psychiatry is that many, if not all, childhood disorders probably reflect a final common pathway. There may be many different causes that lead to the same clinical condition. In turn, a single, underlying cause may lead to a range of clinical outcomes. In the field of genetics, this situation is described in the following way: one genotype (one underlying mechanism) may lead to a range of phenotypes (clinical manifestations); one phenotype may be the result of multiple different genotypes. Clinically, a disorder such as attention deficit hyperactivity disorder (ADHD) may be the result of many different etiologies; some of these are constitutional, others are experiential, and many are perhaps the result of both types of difficulties. Similarly, there are many different etiologies for autism, including genetic, toxic, and maturational factors.

The Intellectual Background of Child Psychiatry

The child psychiatrist must be able to use concepts from many different fields to guide his clinical thinking. These concepts come from pediatrics, psychology, sociology, pharmacology, genetics, education, and other fields. The child psychiatrist must also be familiar with a child's community and family, and special historical facts which may influence the child and family's community, including their values and orientation. The clinician must be sensitive to differences among families and communities, and how these differences might affect the way they express their problems and how they can use help.

The special expertise of child psychiatry is the nature of emotional, behavioral and developmental disorders throughout the life span. The child psychiatrist must have the ability to recognize psychiatric problems and distinguish symptoms from normal behavior. He or she must then be able to see how symptoms can be organized into meaningful clusters (syndromes and diseases) and then be placed into the context of a child's full life. It is not enough for a child psychiatrist to simply label a child's problems and to give his problems a scientific name. The clinician must be able to understand how these problems

reflect the child's development, his family and life situation, and his functioning at home, in school and in the community.

Child Psychiatrist as Caregiver and Team Leader

The modern child psychiatrist must be an expert in providing clinical services and treatments. Today, the field of child psychiatry has a range of clinical interventions. These include parental guidance, individual therapy for children, group therapy, work with families, special education, behavioral treatments, and medications of different types. In China and other nations, these standard treatment approaches are sometimes integrated with traditional methods of caring for children and families.

A child's diagnosis does not automatically indicate that he should receive a specific treatment. For example, children with the diagnosis of ADHD may need and benefit from various treatments. Some will benefit from parental guidance; others from behavioral approaches; still others may benefit from stimulant or other medications; others will make good use of multi-modal therapy (a combination of psychological and pharmacological treatments).

The child psychiatrist must know how to design a treatment plan for a particular child and family. The child psychiatrist must also understand how to organize the delivery of these services at the community and regional level. Some of the treatments will be delivered by the child psychiatrist. But more often, clinical services will be provided by other professionals. For the most complicated situations, children may require the collaboration of a team of specialists, including educators, social workers, neurologists, nurses, and family outreach workers. Most treatments can be delivered to children who live at home with their families. At times, a child's problems are so difficult that it will be necessary for the child to enter a special program, such as a psychiatric hospital or residential treatment center.

Child psychiatrists are the experts in heading the treatment planning and delivery teams. Because of their broad education and knowledge of many different types of treatments, the child psychiatrist knows which treatments are useful and how they can be integrated. A good child psychiatrist respects the contributions of other disciplines and makes them feel like valued members of a therapeutic team. He also serves as an advocate for a child to assure that the child and family will receive the best possible care.

One important task of the child and adolescent psychiatrist is to serve as a regional and national planner for children's services. By studying children with psychiatric disorders, child psychiatrists grow aware of the many factors that influence children and their families. They are sensitive to the many different problems that can lead to emotional disorders. Also, because of their training in basic sciences of psychology, development and education, child psychiatrists understand both normal and disturbed children and families. Finally, since many childhood disorders are multigenerational and reflect problems transmitted over generations, child psychiatrists are experts not only about children, but about families. They thus have a great deal to contribute to regional

planning for children and families. As clinicians, they also must play a role in public health and in popular and technical communication about children's needs.

During the next years, we can anticipate many advances in child and adolescent psychiatry. These advances will be based on new knowledge about the biology of children's development as well as new knowledge about psychology, education and other social sciences. We are learning more about the genetic and biological basis of major disorders, such as tic syndromes and obsessive compulsive disorder, and about the ways that early influences from a family can shape a young child's behavior. As we learn more about children and their families, child psychiatrists will be better able to bring their knowledge to clinical care of children with disorders.

The Education and Activities of Child Psychiatrists

Child and adolescent psychiatrists are advanced medical specialists. They require a thorough grounding in biology and medicine, as well as in the social sciences and psychology. In addition, they need advanced training in the theory and practice of child and adolescent psychiatry as well as experience in relation to the psychiatric problems of adults and families.

This lengthy education requires many years. Usually, child and adolescent psychiatrists spend four years in general medical studies followed by four more years in specialized training. Child and adolescent psychiatrists must be able to evaluate and treat individual children and families. However, most of their time may be spent in other types of work, including planning national programs for children and families; organizing services at the regional and community level; heading treatment programs in outpatient clinics and hospitals; consulting with family physicians, nurses, psychologists, teachers, social workers and other professionals working with children; and directing institutions, hospitals and special schools. Also, child and adolescent psychiatrists are engaged in research on the basis and treatment of disorders and the prevention of psychopathology.

The majority of children and adolescents with psychiatric problems will receive their direct care from other experts, including psychologists, social workers and special teachers. Child and adolescent psychiatrists, however, will often provide the leadership, supervision and general direction for programs.

It is difficult to estimate how many child psychiatrists a nation or community requires. Most Scandinavian countries, and many European countries, have about one child psychiatrist for every 50,000 people in the population. Thus, a small nation with a population of about 5,000,000 generally has about 100 child and adolescent psychiatrists. This is about the same ratio for the United States. A major problem in many nations is one of distribution. Most child and adolescent psychiatrists are found in larger cities; there are often great difficulties in delivering their services to rural areas.

China is a vast nation, and there are very few child and adolescent psychiatrists indeed. It would not be sensible to plan for the same ratio of child psychiatrists as in Europe or the United States. Instead, there are special opportunities for using child and

adolescent psychiatrists in new ways, such as in developing new approaches to public health interventions and special new approaches to the home-based and community-based treatment of children. Also, child and adolescent psychiatrists have a special role to play in national planning and research.

The First Chinese Textbook

Dr. Tao Kuo-Tai has been an internationally recognized leader of child and adolescent psychiatry for many decades. Through his participation in international meetings and study groups, he has taught child psychiatrists from throughout the world about child development and child psychiatry in China. He has also been able to bring to China the most advanced thinking from other nations. For many years, professionals from other countries have visited his training program in Nanjing and have learned, first hand, about the treatment programs he and his colleagues have developed. Dr. Tao is thus uniquely qualified to publish the first comprehensive textbook of child and adolescent psychiatry in Chinese. This textbook will increase knowledge and interest about child and adolescent psychiatry in China. This important book also will increase communication between clinicians and researchers in China and their colleagues throughout the world.

The children and adolescents of China, and those who care for them, are thus grateful to Dr. Tao for his scholarship, vision and concern, and for his leadership in creating this first textbook of child and adolescent psychiatry for the modern China.

Donald J. Cohen, M. D.

前　言

儿童少年精神医学包括精神病学和心理卫生学两个方面。精神病学着重研究精神疾病的病因、发病机制、临床表现和治疗，其目的是使所患的疾病得以治愈；心理卫生学的任务在于研究社会文化、生活环境、生活事件、亲子关系以及病儿的自身行为等对健康的影响，目的在于减少群体中精神疾患的发生，从而促进广大儿童少年的精神健康发展。以往健康的概念偏重于躯体，近年来世界卫生组织提出健康不仅要求躯体的健康，还必须具备精神的健康和社会功能的健全。随着医学模式由单纯生物医学向“生物—心理—社会医学”的转变，精神医学越来越得到重视，并涉及到诸多学科。本书即由多学科专家参与编写，较以往同类书增加了有关基础知识，几种普遍重视的儿童心理发展学说，儿童心理发展特点及其影响因素，各年龄阶段发育评定，以及发生于儿童少年的综合征和常见的心理卫生问题及对策等，以期做到内容翔实、观点全面、时代感强。

我国是社会主义国家，儿童少年受到更多的保护和教育。但随着现代工业化、城市化的发展，城市人口更加密集，住房、交通和入学等的困难接踵而至，各种环境污染也进一步加重，再加上市场经济的发展、新旧体制的交替、新旧观念的冲突、生活方式的改变等，诸多紧张因素均给儿童少年的健康成长带来了不利的影响。另一方面，社会和家庭结构发生了急剧变化，独生子女所占的比例越来越大，从而改变了人们对儿童少年的养育观念和方法，使得部分父母对子女过分保护和骄纵。此外，家庭和学校对儿童少年的期望值常超过实际，致使儿童少年的学习负担过重，加之社会不良风气的影响，这些都使得儿童少年的心理卫生问题明显增加，发育偏离、情绪和行为障碍以及重性精神障碍的发病率呈上升趋势。为此，本书从我国的实际出发，针对影响发育的生物、心理和社会因素进行了详细的讨论，并一一剖析，给出了切实可行的防治方法。为强调心理卫生和精神疾病的防治应从婴儿抓起，本书特增加了

婴儿情绪和行为障碍及心身疾病的内容，介绍了发达国家中已兴起的“婴儿精神医学”；为体现预防为主的原则，本书特设专篇讨论预防问题；鉴于我国儿童少年精神医学起步较迟，本书引进了不少发达国家的先进理论和技术，并附有较多的数据，以供我国专业人员借鉴，使尽早与国际接轨；为切实做到理论联系实际，本书介绍了大量的诊疗程序、评定量表、心理测验以及多种药物和心理治疗、行为矫治、家庭治疗的方法。

本书可作为儿童精神科、儿童神经科、儿科、儿童保健、儿童少年卫生学等诸多学科的专业人员进行临床工作和科研的参考书，也可供从事心理、教育、社会和康复等工作的人员教学和科研参考，以及广大家长阅读。

值得一提的是，我们荣幸地邀请到了美国耶鲁大学儿童研究中心主任、前国际儿童少年精神医学及有关学科学会(IACAPAP)主席唐纳德·科恩博士(Donald J. Cohen, M. D.)为本书写序。本书的编写还得到了美国精神病学会、美国儿童少年精神病学会著名儿童精神病学家约瑟夫·诺斯泼斯(Joseph D. Noshpitz)、巴巴拉·芒克(Barbara D. Munk)以及曾文星教授的大力支持。同时，本书的编写也离不开南京脑科医院和南京儿童心理卫生研究中心的领导及有关同志的关心和支持，副主编邱景华主任兼任了繁重的秘书工作，柯晓燕和王晨阳医师担任了主编助理工作。在此一并表示深深的感谢。最后，还要特别感谢江苏金陵科技著作出版基金会的资助。

儿童少年精神医学是一门新兴学科，在编写过程中难免有疏漏和不当之处，希望广大读者给予批评指正，以便进一步修订。

陶国泰

1999 年 8 月于南京