

Child Psych Cheat Sheet

by Drkgrissett via cheatography.com/121767/cs/22406/

Milestones	
3 mo	Social smile
6 mo	Sit up, babble & coo
9 mo	Stranger anxiety, pull-up & cruise, pincer grasp
12 mo	Walk, First Words
18 mo	15+ words
2 yrs	Parallel play/ 2 word phrases/ climb stairs (1 foot at a time)
3 yrs	3 word phrases, rides tricycle, draws triangle and ●
4 yrs	Draws and +
5 yrs	Knows name & address/ hops & jumps/ counts to 10+

	jumps/ counts to 10+	
Neuropsych testing		
IQ tests	Verbal IQ= learned facts Performance IQ=visuo/motor skills	
WAIS-III	IQ test for adults	
WISC-V	IQ for age 5-15	
WPPSI-R	IQ for pre-schoolers	
Achievement tests	for school age	
Woodcock - Johnson Psychoed Battery	reading, math, writing IDs learning disability	
Wide Range Achievement WRAT-3	screens for deficits in academic skills	
Vineland Adaptive Behavioral Scales	evals communication, living skills, social, & motor	

Personality Tests		
Objective Tests		
MMPI	10 scales/ can detect malingering	
Millon Clinical Multiaxial	"most helpful to confirm personlality do"	
Sctructured Assessments		
Beck Depression	brief screening in office	
Hamilton Rating scale for depression		
Yale-Brown for OCD	Y-BOCs	
Projective Tests		
Rorschach	ink blot	
Thematic Apperception Test	shown pic & asked to describe scene	
Word- Association	Jung, free association	
Draw a Person	represent- ation of self/ kids	

The state of the s		
Executive Fxning		
Wisconsin Card Sorting	abstract reasoning & flexib- ility cards sorted thru trial & error	
Trail Making	concentration & executive fxning* conect letters & #s in sequence	
Visuomotor		
Bender Gestalt	Copy designs w/ & w/o visualizing design	
Receptive & Expressive Lang		
Token Test	comprehension of instru- ctions, grammar & attention	

Cognitive Tests

Boston	verbal conf	rontation &
Naming	naming	
Ü	_	s vs depression
Genetic		
Fragile X	FMR1	X-linked3- 5% of ASD pts
Angelman	15q11-q13 MATERNAL	"cocktail personality", hand-flapping, ataxia, seizures
Prader- Willi	15q11-q13 PATERNAL	overeating, OCD, hypoth- alamic insuff
Veloca- rdofacial	22q11.2	genetic risk for SCZ
Rett syndrome	MECP	girls, regres- sion, microc- ephaly, stereo- typic hand movements, seizures
Huntington Dz	Autosomal Dominant	CAG repeats
FKBP5	trauma	glucocorticoid signaling
SERT/ SLC6A4	Alzheimer, MDD, PTSD	serotonin transport
ApoE2	Alzheimer	
AKT1	MJ psychosis	

Cognitive Tests (cont)

stance Use
ot
reactive to stimuli/ curvil- inear devpt
linear pattern of devpt
vulnerable to reward properties of subs



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PRITE topics Reactive Attachment Rapprochement Bonding vs. Attachmen **Object Constancy** avoidant attachmet parenting styles permissive devpt gender identityage 3 parallel play object permanence peek-a-boo preference for human at birth voice social learning theory of maternal pssychosexual devpt modeling & behavior strange situtation = maternal attachment secrets, collecting, elementary age organized games

Attachment Theorists

Harry Harlow

1950s Contact comfort research infant monkeys preferred cuddly surrogate to wire w/ food

John Bowlby

1960s Attachment=connection betwn 2 indiv overtime secure base-caregiver is "home base" to explore environment

Mary Ainsworth

1970s "strange situation" involves introducing stranger to child/mom then observing

John Bowlby



Developmental Theories

Age	Piaget Cognitive	Freud	Erickson Psycho Social	Kohlberg Moral
6 mths	Seniorinster Experiences world through senses and interaction Lack object permanence Stranger assisty	Mouth Mouth, sucking	Onal - sensory Trust vs. mistrust	First Level Infants & preschoolers 1" stage: Premaral:
12 mths [1 year] 18 mths [1.5 year]		Anal Anus, failet training, control		child believes that evil behavior is behavior that is purished & good behavior is behavior is no
24 mths [2 years] 36 mths [3 years] 48 mths [4 years]	Presentation First use of representational thought and symbols Askilly to pretend Lacks logical responsy Egocentries; unable to take orether's point of view	Phallic Genitals Exploration coscolin tax parent	Muscular - onel Shame, self-doubt vs. independence	 2rd stage: Hedonism: good is something pleasant & desirable; evil is unpleasant & undesirable
60 mths (5 years) 72 mths (6 years)			Lecometer - genital Initiative vs. guilt	2" Level: Conventional rails conformity 1" steam
84 mths [7 years]		Listings	Letency	. practices morelity that wins
8 years	Gencrete Operational	fone sex porent less of social interest	Industry vs. inferiority	approval from parents, teachers, peers proles a minal 2" stoge: mand is conforming to rules and norms of society obeys authority figures
9 years	Thinks logically about concrete events Abstracts logic Abstracts logic Abstracts in transformations: performs arithmetical operations Have began to internalize thoughts and reflections	play with some gender		
10 years				
11 years				
12 years	Exempl Operational	Genital	Identity vs. identity	7
13 years	Abstract reasoning Patential for mature morel.	 Sexual interest and pleasure 	confusion	
14 years	reasoning			
15 years	Can go beyond appearances to deal with the truth or fabity			
adalescent		1		3" level: Self accepted Principles
Young adult			Intimacy vs. isolation	Individual judges their own moral standards
Adulthood			Generativity vs. stagnation	 Can distinguish between good and bad laws and rules
Mature		1	Eas integrity vs. despeir	Individual principles of conscience

Mary Ainsworth- attachment styles

Secure	Child distressed > composes self
Anxious- ambivalent	Distressed > unable to compose
Anxious- avoidant	Avoids parent > no distress when they leave
Disorg- anized	Lack of attachment behavior

Reactive Attachment Disorder

- -1st presents under 5 yr
- -child doesn't seek/respond to comfort
- -unexplained irritability/sadness/fear
- -limited positive affect

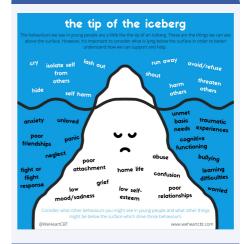
CAUSES

- -Social neglect/deprivation
- -Freq changes in caregivers (e.g. foster care)

Reactive Attachment Disorder (cont)

-Care doesn't allow for primary attachment (e.g. institutions w/ low caregiver:child ratio

Anxiety

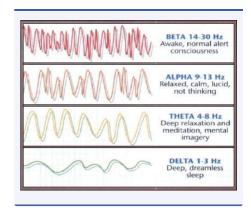


Anxiety	
Separation, Generalized, Selective Mutism	1) Psychotx x 12 wks
	2) then FLUOXETINE
Exposure-Based CBT	OCD in kids/adol
PCIT=Parent-Child Interactive Tx	-empirical support for kids w/ anxiety & disruptive bx -parent wears earpiece while tx observes/- directs intera- ctions w/ the child
SCARED	Screening tool for Child & Anxiety Related

Tx'ing anxious parents= kids less anxious

Sleep EEG





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EEG	
Spike & slow wave	Epileptogenic
High-amplitude slowing	Normal in kids
Global suppression	Encephalopathy

Neuro	
Upper motor lesion	BABINSKI,HYPERtonia, spastic
Lower motor lesions	Fasciculation/fibrillation, HYPOtonia,

ADHD	
Highly genetic	71-90% in mono/di-z-
	ygotic twin sudies
Maternal smokin	ng=risk factor
Response	tempero-parietal & inf
inhibition	frontal
Pre-school	behav tx= 1st line
School-age	
Stimulant=1st	consider EKG if family hx
line	of cardiac
Hyperactive/-	Alpha Agonist
impulsive	
Inattention	Atomoxetine
Depression	Buproprion

Autism Spectrum Disorder	
Def in Social & Comm	+ Restricted, repetitive interests
	-hearing test
	-screen for Fragile-X
Tools to dx & screen:	
Autism Diagnostic Observation Scale	ADOS-2= gold standard for dx
CHAT- Checklist for Autism in Toddler	peds use for screeening
Tx= ABA	Applied Behavioral Analysis

Autism Spectrum Disorder (cont)		
	considered gold standard	
Social-Pragmatic Communication	= social & comm deficits w/o restricted interest	
Disorder		
Bipolar DO in kids		
Camaa amitamia 1	20/ provolence	

Bipolar DO in kids		
Same criteria as adults	1-2% prevalence	
ADHD	50% co-morbidity	
ASD	20% co-morbidity	
Twin Studies	60-90% variance	
Mania in high- risk off-spring	2-7%	
FDA tx for BPAD)	
Olanzapine	13+	
Lithium	12+	
Risperidone	10+	
Aripiprazole	10+	
Quetiapine	10+	
TEAM (Tx of Early Age Mania Study)		
Atypical AP	68.5%	
Divalproex	40%but not FDA approved for mania in kids	
Li response	35.6%	

Disruptive Mood Dysregulation Disorder- DMDD		
Criteria:	severe temper outbursts	
	3x/ wk 2/3 settings	
	irritable/angry mood in between	
	onset before 10 yo	
Can't co-exist w/ ODD, Int Explosive or Bipolar		
Tx targets symptoms of aggression/irritability		

MDD in kids	
Same criteria as adults	May see more irrita- bility, anger & somatic sx
Rating Scales:	PHQ-9, CES-DC, CDI
TADS (Tx of Adol Depression Study)	CBT+SSRI>CBT- >SSRI
SSRI	Black box warning= re increased risk of SI
TORDIA(Tx of Res Dep in Adol)	failed 1st SSRI switched to 2nd SSRI vs Venlafaxine (VFL) vs CBT+SSRI vs CBT+VFL
TORDIA outcome	CBT+med= Best outcome 2nd SSRI=VFL VFL= increased SE
CBT+Interper- sonal TX (IPT)	Best evidence from RCTs in adol
FDA black box SSRI/SNRIs	increased risk of SI in adol & young adults



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