

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+

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 personality do"
Structured 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	representation of self/ kids

Cognitive Tests	
Executive Fxning	
Wisconsin Card Sorting	abstract reasoning & flexibility cards sorted thru trial & error
Trail Making	concentration & executive fxning* connect letters & #s in sequence
Visuomotor	
Bender Gestalt	Copy designs w/ & w/o visualizing design
Receptive & Expressive Lang	
Token Test	comprehension of instructions, grammar & attention

Cognitive Tests (cont)	
Boston Naming	verbal confrontation & naming Alzheimer's vs depression

Genetic		
Fragile X	FMR1	X-linked...3-5% of ASD pts
Angelman	15q11-q13 MATERNAL	"cocktail personality", happy, excitable, hand flapping, ataxia, seizures
Prader-Willi	15q11-q13 PATERNAL	OCD, hypothalamic insuff, overeating
Velocardofacial	22q11.2	genetic risk for SCZ
Rett syndrome	MECP	girls, regression of intellect & motor
Huntington Dz	Autosomal Dominant	CAG repeats
FKBP5	trauma	glucocorticoid signaling
SERT/SLC6A4	Alzheimer, MDD, PTSD	serotonin transport
ApoE2	Alzheimer	
AKT1	MJ psychosis	

Risk/Devpt of Substance Use	
Imbalance in devpt...	
sub-cortical= bottoms up	reactive to stimuli/ curvilinear devpt
pre-frontal= top down	linear pattern of devpt
Thus, kid brains	vulnerable to reward props of subs

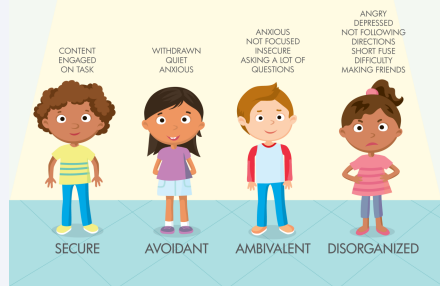


Developmental Theories

Age	Piaget Cognitive	Freud	Erickson Psycho-Social	Kohlberg Moral
4 years	Symbolic • Experiences world through games and interaction • Lack object permanence	Oral - sexuality • pleasure	Trust vs. mistrust	First Level: Before 4 years • 1 st stage: concrete observations that self behavior influences others in situation
12-18 months (18 months)	• Stage 1 • Pre-concrete	Anal • Anal toilet training, control		• 2 nd stage: behavior of other child dependent on behavior of that child
18-24 months (24 months)	• Stage 2 • Pre-operational	Phallic • Oedipus • Electra (see parent)	Autonomy vs. shame/doubt	• 3 rd stage: behavior good or bad depending on approval & disapproval, not in enjoyment & avoidance
24-36 months (36 months)	• Stage 3 • Pre-concrete • Lacks logical reasoning • Experiences, unable to link different parts of view	Genital • Pleasure	Initiative vs. guilt	• 4 th level: conventional rules conformity
36-48 months (48 months)	• Stage 4 • Concrete • Thinking logically about concrete events • Abstracts logic • Mathematical development: performs arithmetical operations • Uses logical & reversible thoughts	Latency • Sex, no parent • Loss of sexual interest • Play with same gender	Industry vs. inferiority	• 5 th stage: general morality that sets principles from parents, teachers, peers • 6 th stage: moral conformity to rules and norms of society • 7 th stage: universal ethics
48-60 months (60 months)	• Stage 5 • Abstract • Logical reasoning • Hypothetical development: performs arithmetical operations • Uses logical & reversible thoughts	Adolescence • Sexual interest and pleasure	Identity vs. identity confusion	• 8 th level: Self accepted Principles • Ethical moral formation • Moral reasoning • Goal distinguishes between good and bad but not right • Distinctive perspective of morality
60-72 months (72 months)	• Stage 6 • Abstract • Logical reasoning • Hypothetical development: performs arithmetical operations • Uses logical & reversible thoughts	• Generativity vs. stagnation • Generativity vs. stagnation		
72-84 months (84 months)	• Stage 7 • Abstract • Logical reasoning • Hypothetical development: performs arithmetical operations • Uses logical & reversible thoughts	• Ego integrity vs. despair • Ego integrity vs. despair		

Attachment

CHILDHOOD ATTACHMENT STYLES



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

Attachment Theorists (cont)

to child/mom then observing

John Bowlby



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

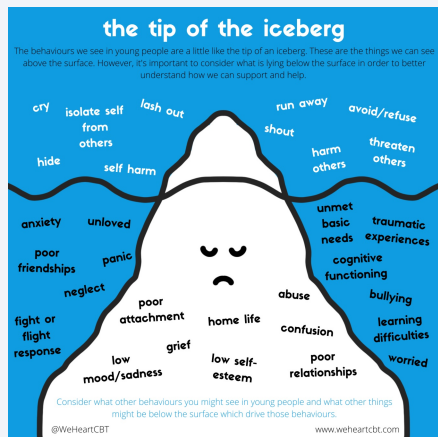
Reactive Attachment Disorder

-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)
 -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

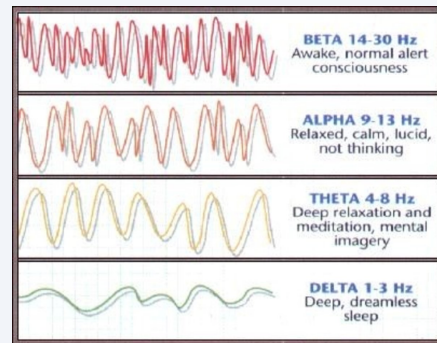
-empirical support for kids w/ anxiety & disruptive bx
 -parent wears earpiece while tx observes/-directs interactions w/ the child

SCARED

Screening tool for Child & Anxiety Related DO

Tx'ing anxious parents= kids less anxious

Sleep EEG



EEG

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



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Neuro

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

ADHD

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

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 screening
Tx= ABA	Applied Behavioral Analysis
	considered gold standard

Autism Spectrum Disorder (cont)

Social-Pragmatic Communication Disorder	= social & comm deficits w/o restricted interest
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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 irritability, 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+Interpersonal TX (IPT)	Best evidence from RCTs in adol
FDA black box SSRI/SNRIs	increased risk of SI in adol & young adults

