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 **tri**cycle, draws **tri**angle 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 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

Cognitive Tests

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 (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", 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	

Risk/Devpt of Substance Use

Imbalance in devpt...	
sub-cortical= bottoms up	reactive to stimuli/ curvil-inear devpt
pre-frontal= top down	linear pattern of devpt
Thus, kid brains	vulnerable to reward properties of subs

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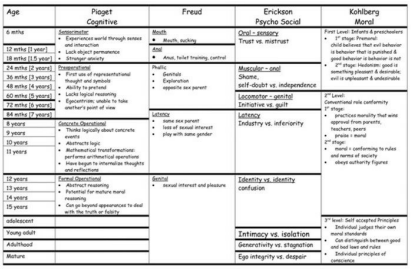
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PRITE topics

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

Developmental Theories



Age	Piaget Cognitive	Freud	Erickson Psycho Social	Kohlberg Moral
6 mths	Sensorimotor: • Experiences world through senses and interaction • Lack object permanence • Stronger anxiety	Mouth • Mouth, sucking	Oral - sensory Trust vs. mistrust	
12 mths [1 year]		Anal • Anal, toilet training, control		
18 mths [1.5 year]				
24 mths [2 years]	Preoperational: • First use of representational thought and symbols • Ability to pretend • Lacks logical reasoning • Egocentrism: unable to take another's point of view	Phallic • Genitals • Exploration • opposite sex parent	Muscular - anal Shame, self-doubt vs. independence	
36 mths [3 years]				
48 mths [4 years]				
60 mths [5 years]			Locomotor - genital Initiative vs. guilt	
72 mths [6 years]				
84 mths [7 years]		Latency • same sex parent • loss of sexual interest • play with same gender	Latency Industry vs. inferiority	
8 years	Concrete Operational: • Thinks logically about concrete events			
9 years				
10 years	• Abstracts logic • Mathematical transformations: performs arithmetical operations • Have begun to internalize thoughts and reflections			
11 years				
12 years	Formal Operational: • Abstract reasoning • Potential for mature moral reasoning • Can go beyond appearances to deal with the truth or falsity	Genital • sexual interest and pleasure	Identity vs. identity confusion	
13 years				
14 years				
15 years				
adolescent				
Young adult			Intimacy vs. isolation	
Adulthood			Generativity vs. stagnation	
Mature			Ego integrity vs. despair	

Attachment



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



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

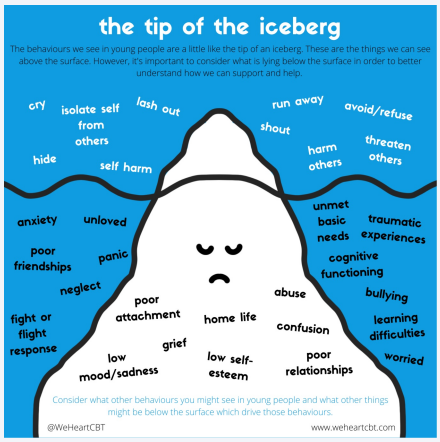
Reactive Attachment Disorder

-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

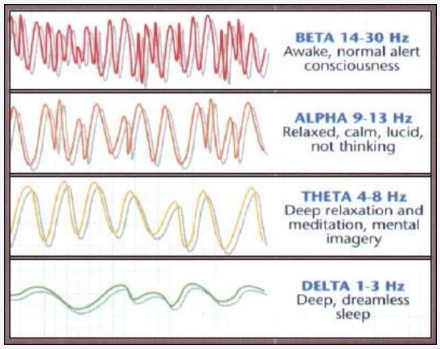


Anxiety

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 DO

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**,**HYPER**tonia, spastic
Lower motor lesions	Fasciculation/fibrillation, **HYPO**tonia,

ADHD

Highly genetic	71-90% in mono/di-z-ygotic twin sudies
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	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 Disorder	= social & comm deficits w/o restricted interest

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/irritab-ility	

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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