Cheatography

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

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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 dep	ression
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	verbal confrontation &
Naming	naming
	Alzheimer'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	

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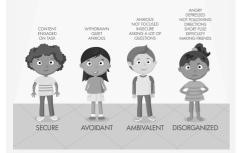
PRITE topics	
Reactive Attachment	
Rapprochement	
Bonding vs. Attachmen	
Object Constancy	
avoidant attachmet	
parenting styles	permissive
devpt	gender identity- age 3
parallel play	
object permanence	peek-a-boo
preference for human voice	at birth
social learning theory of pssychosexual devpt	maternal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

Developmental Theories

Age	Pioget Cognitive	Freud	Erickson Psycho Social	Kohlberg Moral
6 mths	Sensorimeter Experiences world through senses and interaction Lack object permanence Strumeer assister	Mosth Mesth packing	Oral - sensory Trust vs. mistrust	First Level: Infents & preschoolers • 1 ^{er} stage: Premaral:
12 mtks [1 year] 18 mtks [1.5 year]		Anal Anus, tailet training, central		child believes that evil behavior is behavior that is purished & and behavior is behavior is not
24 mths [2 years] 36 mths [3 years] 48 mths [4 years]	Presentational First use of representational thought and symbols Ability to pretend Locks logical reasoning Egocentrism; unable to take architer solution drives	Phalic Gentals Exploration executing tax survent	Muscular - anal Shame, self-doubt vs. independence	 2rd stage: Hedonism: good is something pleasant & desirable; evil is unpleasant & undesirable
60 miks (5 years) 72 miks (6 years)			Lecomotor - genital Initiative vs. guilt	2" Level: Conventional raik conformity 1" stope:
84 mths [7 years]		Latency	Latency	· practices norality that wins
8 years 9 years	Generate Operational	 same sex parent loss of sexual interest play with same center 	Industry vs. inferiority	sproval from parents, teachers, peers proise in moral 2° trage: mand + conforming to rules and norms of society obeys authority figures
10 years		, interesting the second s		
11 years				
12 years	Fermal Operational	Genital	Identity vs. identity	1
13 years	Abstract reasoning Potential for mature marel	 sexual interest and pleasure 	confusion	
14 years	reserve to menure here reasoning Can go beyond appearances to deal with the truth or fabity			
15 years				
adalescent				3" level: Self accepted Principles Todividual judget their own
Young adult			Intimacy vs. isolation	moral standards
Adulthood			Generativity vs. stegnation	 Can distinguish between good and bad laws and rules
Mature			Ego integrity vs. despeir	 Individual principles of canaciance

Attachment

CHILDHOOD ATTACHMENT STYLES



Attachment Theorists

Harry Ha	arlow	
1950s	Contact comfort research	
	infant monkeys preferred	
	cuddly surrogate to	
	wire w/ food	
John Bo	wlby	
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	

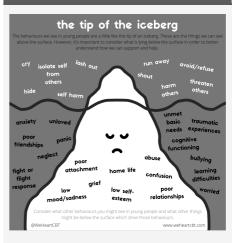
Reactive Attachment Disorder

-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

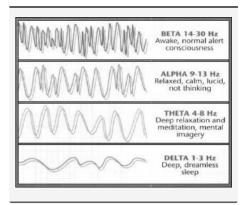
Anxiety



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



С

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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, HYPO tonia,

ADHD	
Highly genetic	71-90% in mono/di-z-
	ygotic twin sudies
Maternal smoking=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)

Autom Spectrum	
	considered gold standard
Social-Pragmatic Communication Disorder	= social & comm deficits w/o restricted interest
Bipolar DO in kids	3
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 severe temper outbursts Criteria: 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

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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)

MDD in kids

	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