

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

Neuropsych testing	
<b>IQ tests</b>	<b>Verbal IQ</b> = learned facts <b>Performance IQ</b> =visuo/motor skills
<b>WAIS-III</b>	IQ test for adults
<b>WISC-V</b>	IQ for age 5-15
<b>WPPSI-R</b>	IQ for pre-schoolers
<b>Achievement tests</b>	for school age
<b>Woodcock - Johnson Psychoed Battery</b>	reading, math, writing <b>IDs learning disability</b>
<b>Wide Range Achievement WRAT-3</b>	screens for deficits in academic skills
<b>Vineland Adaptive Behavioral Scales</b>	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	<b>concentration &amp; executive fxning*</b> 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

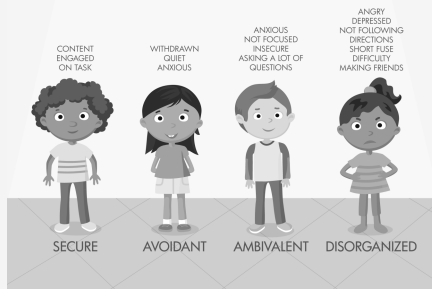


### Developmental Theories

Age	Piaget Cognitive	Freud	Erickson Psycho-Social	Kohlberg Moral
4 years	<b>Symbolic</b> • Symbolic play through pretend and imitation • Lack object permanence	<b>Oral</b> • <b>Oral-sadness</b>	<b>Oral-Trust vs. Mistrust</b>	<b>First Level: Before &amp; Provisions</b> • 1 <sup>st</sup> stage: Pre-concrete observations that self behavior is influenced by situation
12-18 months (18 months)	<b>Pre-Operational</b> • Lack object permanence	<b>Anal</b> • <b>Anal-holding</b> • Anal-holding training, control	<b>Anal-Trust vs. Mistrust</b>	<b>2<sup>nd</sup> Stage: Concrete</b> • Observations that self behavior is influenced by situation
18 months (18 months)	<b>Pre-Operational</b> • Lack object permanence	<b>Pre-Genital</b> • Lack object permanence	<b>Pre-Genital-Trust vs. Mistrust</b>	<b>3<sup>rd</sup> Stage: Concrete</b> • Observations that self behavior is influenced by situation
2-7 years (2 years)	<b>Pre-Operational</b> • Lack object permanence	<b>Genital</b> • Genital-Trust vs. Mistrust	<b>Genital-Trust vs. Mistrust</b>	<b>4<sup>th</sup> Stage: Concrete</b> • Observations that self behavior is influenced by situation
3-6 years (3 years)	<b>Pre-Operational</b> • Lack object permanence	<b>Latency</b> • Latency-Trust vs. Mistrust	<b>Latency-Trust vs. Mistrust</b>	<b>5<sup>th</sup> Stage: Concrete</b> • Observations that self behavior is influenced by situation
6-12 years (6 years)	<b>Concrete-Operational</b> • Concrete-Operational-Trust vs. Mistrust	<b>Genital</b> • Genital-Trust vs. Mistrust	<b>Genital-Trust vs. Mistrust</b>	<b>6<sup>th</sup> Stage: Concrete</b> • Observations that self behavior is influenced by situation
12-18 years (12 years)	<b>Formal-Operational</b> • Formal-Operational-Trust vs. Mistrust	<b>Genital</b> • Genital-Trust vs. Mistrust	<b>Genital-Trust vs. Mistrust</b>	<b>7<sup>th</sup> Stage: Concrete</b> • Observations that self behavior is influenced by situation

### 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

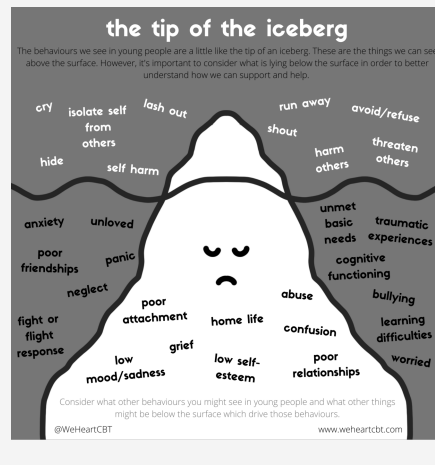
**Anxious-avoidant** Avoids parent > no distress when they leave

**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) Psychot x  
12 wks  
2) then  
**FLUOXETINE**  
Exposure-Based CBT  
OCD in kids/adol

#### PCIT=Parent-Child Interactive Tx

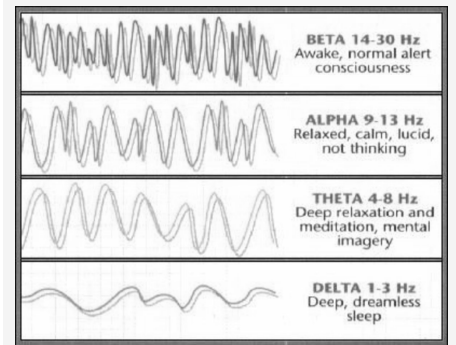
-empirical support for kids w/ anxiety & disruptive bx  
-parent wears earpiece while tx observes/-directs interactions w/ the child

### 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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Not published yet.  
Last updated 23rd August, 2022.  
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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



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Last updated 23rd August, 2022.  
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