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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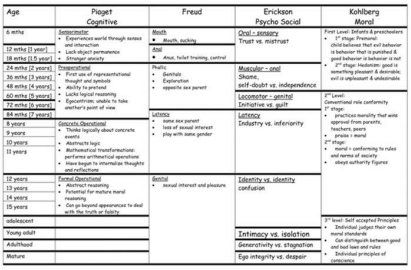
PRITE topics

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	First Level: Infants & preschoolers • 1st stage: Premoral: child believes that evil behavior is behavior that is punished & good behavior is behavior is not • 2nd stage: Hedonism: good is something pleasant & desirable; evil is unpleasant & undesirable.
12 mths [1 year]		Anal • Anus, toilet training, control		
18 mths [1.5 year]				
24 mths [2 years]	Preoperational: • First use of representational thought • Lack of symbolic • 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	2nd Level: Conventional role conformity • 3rd stage: • practiced morality that was approved from parents, teachers, peers • 4th stage: • moral = conforming to rules and norms of society • obeys authority figures
72 mths [6 years]				
84 mths [7 years]		Latency • same sex parent • loss of sexual interest • play with same gender		
8 years			Latency Industry vs. inferiority	
9 years				
10 years				
11 years	Concrete Operational: • Thinks logically about concrete events • Abstracts logic • Mathematical transformations: performs arithmetical operations • Have begun to internalize thoughts and reflections			
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			Intimacy vs. isolation	3rd level: Self accepted Principled • Individual judges their own moral standards • Can distinguish between good and bad laws and rules • Individual principles of conscience.
Young adult			Generativity vs. stagnation	
Adulthood			Ego integrity vs. despair	
Mature				

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

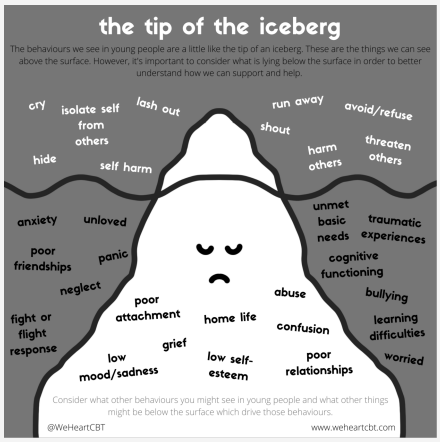
Reactive Attachment Disorder

-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

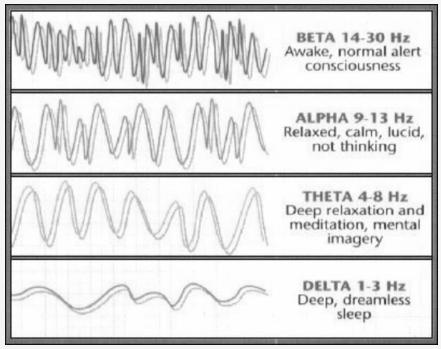


Anxiety

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