

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 screens for deficits in academic skills

WRAT-3

Vineland evals communication,

Adaptive Behavioral Scales 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 abstract reasoning & flexibility

Sorting cards sorted thru trial & error

Trail Making **concentration & executive fxning***
connect letters & #s in sequence

Visuomotor

Bender Copy designs w/ & w/o

Gestalt 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

Risk/Devpt of Substance Use

Imbalance in devpt...

sub-cortical= reactive to stimuli/
bottoms up curvilinear devpt

pre-frontal= top linear pattern of devpt down

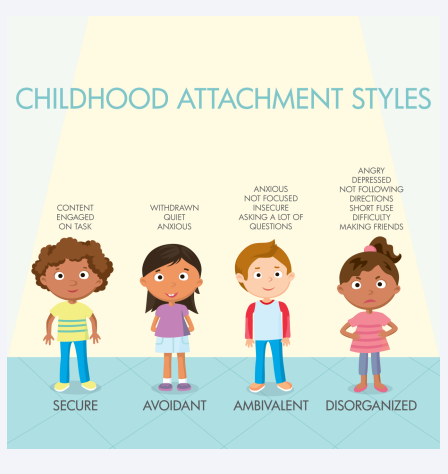
Thus, kid brains vulnerable to reward props of subs

Developmental Theories

Age	Piaget Cognitive	Freud	Erickson Psycho Social	Kohlberg Moral
0-2 yrs	Sensory-motor • Experience world through senses and interaction	Oral • Mouth, sucking	Oral-Dependency "Trust vs. Mistrust"	Pre-concrete (Pre-concrete) • If stage reached • behavior that is organized & goal directed (behavioral goal)
2-7 yrs	Pre-concrete • Lack object permanence • Egocentric	Anal • Anus, toilet training, control	Anal-Order • Control • Orderliness • Opposite sex parent	Concrete • Piaget's concrete goal • self-doubt vs. indifference • Level • Conventional rule conformity • Stage
7-12 yrs	Concrete • First use of representational thought and symbols • Ability to produce • Logical thought reasoning	Genital • Genitals • Experience • Opposite sex parent	Genital-Intimacy "Intimacy vs. Isolation"	Formal • post-concrete morality that was abstract from parents • justice, laws • stage • need - conforming to rules and sense of equity • abstract authority figure
12-18 yrs	Formal-Operational • Logical reasoning • Hypothetical thought • Abstract thought formation • performance abstract operations • Ideas begin to influence thought and action	Genital • Sexual interest and pleasure	Identity vs. Identity Confusion	Post-formal • Level • Self-accepted Principles • Distorted when their own moral standards are not good • and had not and rules • Distorted principles of morality
18-25 yrs	Autonomous		Intimacy vs. Isolation	
25-35 yrs	Young Adult		Generativity vs. Stagnation	
35-50 yrs	Adult		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



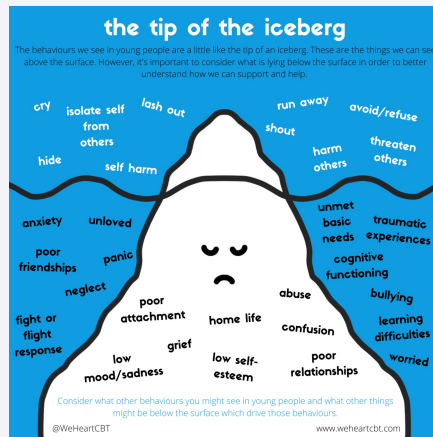
Mary Ainsworth- attachment styles

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)
 - Care doesn't allow for primary attachment (e.g. institutions w/ low caregiver:child ratio)

Anxiety

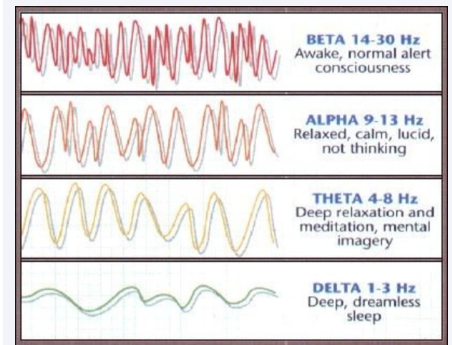


Anxiety

Separation, Generalized, Selective Mutism	1) Psychotx 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

Neuro	
Upper motor lesion	BABINSKI , HYPER tonia, spastic
Lower motor lesions	Fasciculation/fibrillation, HYPO tonia,

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

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

