1 **Overview of Pediatric Psychiatry**
ADHD

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2 **Developmental Timeline of Disorders**

- Thinking in broad strokes about general timeline of presentation of disorders is helpful in treatment.
- ASDs: 0 to 3 years old
- ADHD: 4 to 7 years old
- Anxiety D/Os: 6 to 12 years old (Sep 6-9; GAD 9-11; Soc 12+)
- Depression: 13 years old
- Eating D/Os: 14-15 years old
- Bipolar D/O--Psychotic D/Os—Panic D/O: 16 years old
- Disruptive Behavior D/Os: Any Age
- Also, please keep in mind potential intellectual disability, learning disorders, abuse history, peer conflict, parent child relational problems (acute interpersonal conflict and high expressed emotion in the home) and caregiver psychopathology (especially mood disorders and substance use disorders) during each and every assessment due to pronounced impact on overall functioning.

3 **Building Happiness—CHNOLA Style**

- 8 promises:
  - 1) Daily Gratitudes
  - 2) Relaxation Response
  - 3) Journaling
  - 4) Exercise
  - 5) Altruism
  - 6) Mood Charting
  - 7) Medication
  - 8) Exposure to Empowering Information
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4 **ADHD**

5 **Diagnosis**

6 **Course**

7 **Psychopharmacology**

8 **Texas Algorithm**

9 **Common Side Effects Stimulants**

10 **Tics and Anxiety**

11 **Stimulants and Irritability**

12 **Stimulants and Psychotic Symptoms**

13 **Monitoring**

14 **Key Study: MTA Multimodal Treatment Study of Children With ADHD**

15 **PATS Study**

16 **Omega 3 EFAs**

17 **TOSCA Study**

18 **No Strong Evidence**

19 **ODD**

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20 **Difference from Conduct Disorder**

21 **Dimensions of ODD**

22 **Key Concepts of Behavior Modification**

- Reinforcement: Something that increases the frequency of a behavior of interest
- Punishment: Something that decreases the frequency of a behavior or interest
- Extinction: Occurs when behavior that has been previously reinforced no longer produces reinforcing consequences, and subsequently, gradually stops occurring.
- Extinction burst: During the beginning of an extinction procedure, there usually is a temporary increase in the response's frequency, followed by eventual decline and extinction
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23 **Reinforcement/Punishment Continued**

- Positive Reinforcement: A "reward" for a behavior which increases the likelihood it will recur
- Negative Reinforcement: An aversive consequence, avoiding the occurrence of which, provides stimulus to increase the frequency of the behavior that avoids this consequence
- Positive Punishment: A tangible consequence that, when given, decreases the frequency of a behavior
- Negative Punishment: A tangible reduction in privileges in some manner which is

aversive and decreased to frequency of a behavior when given

24 **Children (and Adults) Crave Attention**

25 **Basic Key to Parenting**

26 **Key Behavior Modification Practices**

- WATER WHAT YOU WANT TO GROW---DECIDE ON FLOWERS OR WEEDS---BUT WHATEVER YOU DECIDE TO WATER WILL MULTIPLY
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- 1) Never Fail to reward a positive behavior
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- 2) Never reward a negative behavior
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- 3) Correct (punish) specific negative behaviors, but use mild corrective punishment only
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- 4) Never "punish" a positive behavior
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- Positive, pro-social reinforcement delivered as close to a behavior of interest in terms of time and proximity leads to the highest likelihood of an increase in frequency of that behavior. Constant reinforcement at first with eventual fading of reinforcer to variable, intermittent, reinforcement sustains behavior change.

27 **TOSCA Study**

28 **Pediatric Depression**

29 **Natural History of Pediatric Depression**

30 **General Prevalence Depression**

31 **Major Depression**
Treatment

32 **Controlled Pediatric Depression Trials**

33 **Response**

34 **Remission**

35 **Pivotal Studies**

- TADS
- TORDIA
- ADAPT
- TASA

36 **General Algorithm for Treatment of Pediatric Depression**

37 **Bipolar Mood Disorder**

38 **Most Common Comorbidities**

39 **Hallmark Symptoms of Mania**

40 **Problems with assessment**

41 **Bipolar Mood Disorder Treatment**

42 **Problems with Adherence**

43

Bipolar Depresion

44 **Weight Gain—Greater in Children and Adolescents.**

45 **Flipping**

- SSRI risk of switching NNH about 12—worse the younger the patient and decreases with age.

46 **TEAM AND COLT STUDIES**

- The treatment of early age mania (TEAM) study compared lithium, depakote and risperdal found a more significant effect for risperdal vs. lithium and Depakote(88-98% of patients in Study with ADHD—predicts worse outcome and more likely to respond to risperidone than mood stabilizers. Comorbodity lengthns manic episode and leads to more chronic course).
- Some issues in study with defining prepubertal mania and many had comorbid anxiety and ADHD disorders.
- The Collaborative lithium trials CoLT) the rate of response between lithium and placebo did not appear to markedly differ although lithium did show about 4 point decrease in YMRS.
- Important to keep in mind ADHD comorbidity and possible influence on effectiveness of mood stabilizers.

47 **Disruptive Mood Dysregulation Disorder**

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48 **DMDD Treatment**

49 **TOSCA Study**

50 **Anxiety Disorders/OCD and Related Disorders**

51 **Anxiety D/Os Overview**

52 **Associated Symptoms/Behaviors**

53 **Medications Approved for Non-OCD Anxiety Disorders**

54 **CAMS: Childhood Anxiety Multi-Modal Treatment Study**

55 **Obsessive Compulsive Disorder and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS)—**

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56 **Post Traumatic Stress Disorder (PTSD)**

57 **Post Traumatic Stress Disorder Treatment**

58 **Psychotic Disorders**

59 **Psychotic Disorders**

60 **4 Stages Prodromal/Acute/Recovery/Residual**

61 **MAJOR CIRCUITS**

62 **APPROVED MEDICATIONS**

63 **Clozapine**

64 **Risk of Tardive Dyskinesia**

65 **General Qualities of Real Hallucinations**

66 **Autistic Disorder**

67 **Social (Pragmatic) Communication Disorder**

68 **In Treating Autism Spectrum Disorders and Other LD Comorbidities**

69 **Anorexia Nervosa**

70 **Bulimia Nervosa**

71 **Binge Eating Disorder**

72 **Alcohol and Drug Use**

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73 **Building Happiness—CHNOLA Style**

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74 **Final Thoughts**

75 **THANK YOU!**

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