

**- a knowledge and skills base for undergraduates to acquire-**

- a heuristic model to facilitate integration
- high prevalence psychiatric disorders
- low prevalence psychiatric disorders
- psychiatric aspects of common paediatric conditions
- key biological risk factors
- key family/parenting risk factors
- parent/family interviewing skills
- child interviewing skills

-concept of disorder

-concept of developmental stages

cognitive

affective

behavioural

-definition,

onset,

key comorbid conditions,

key aetiological risk and resilience factors,

natural history,

treatment options including

developmentally appropriate monitoring of

treatment

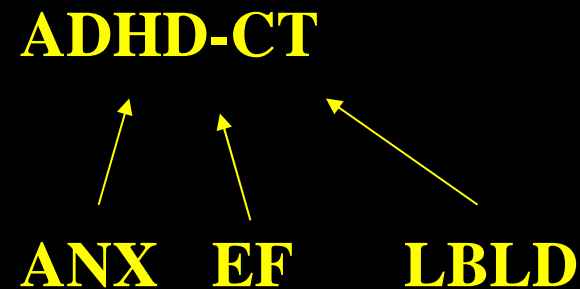
prognosis

## **-Developmental Psychopathology model**

‘an evolving interdisciplinary scientific perspective that elucidates the interplay between the biological, psychological and social contexts of normal and abnormal development across the life course’  
(Cicchetti, 2001)

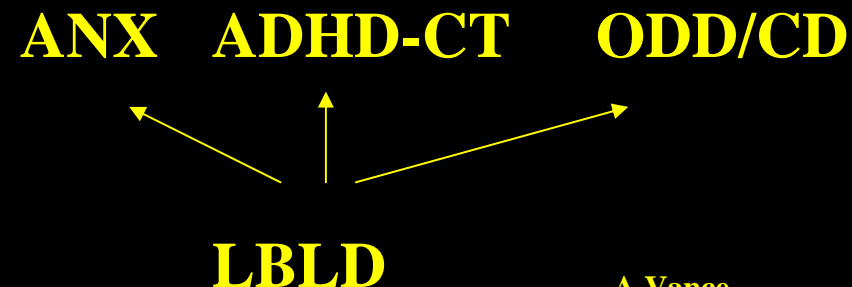
- equifinality:

more than one precursor/antecedent being associated with a given factor



-multifinality:

a given precursor/antecedent being associated with multiple factors



- risk factors and resilience factors are interdependent in a given individual (eg a hostile critical primary caregiver relationship may be a risk factor at age 3 and a resilience factor at age 13 in a given individual)
- assessment and treatment involves [1] identifying biological, psychological, social, cultural and developmental risk and resilience factors and their relative importance in a given individual and [2] biological and psychological treatments used alone or in conjunction to achieve specific goals informed by the relative priorities of these risk and resilience factors
- monitoring of treatment resides primarily with the clinician in association with the individual in the treatment process
- clear biological risk factors or resilience factors identified

## **-high prevalence psychiatric disorders**

oppositional defiant disorder  
conduct disorder

attention deficit hyperactivity disorder

anxiety disorders

separation anxiety disorder  
generalised anxiety disorder  
specific phobia  
social phobia

obsessive compulsive disorder

depressive disorder

dysthymic disorder  
major depressive disorder

## **-high prevalence psychiatric disorders**

alcohol/substance abuse/dependence disorders

tic disorders

learning disorders

motor skills disorder

communication disorders

## **-low prevalence psychiatric disorders**

autistic disorders

post traumatic stress disorder

panic disorder +/- agoraphobia

bipolar disorder type I and II

psychotic disorders

eating disorders

bulimia nervosa

anorexia nervosa

## **-low prevalence psychiatric disorders**

elimination disorders

somatoform disorders

somatization disorder

conversion disorder

pain disorder

sleep disorders

gender identity disorder

## **-psychiatric aspects of common paediatric conditions**

epilepsy

diabetes mellitus

malignancy

## **Epilepsy as an example**

approximately 30% cases have one or more psychiatric disorders  
(Rutter et al., 1970)

-approximately 35%-oppositional defiant disorder;  
45% emotional disorders; 7% ADHD-CT (combined type)

-predictors of psychiatric disorder:

early age of onset; seizure type (TLE) and frequency; focal neurological abnormalities; cognitive impairments;  
high expressed emotion; parental dysfunction; divorce;  
social stigmatisation; peer rejection (Taylor, 2001)

-assessment and treatment of psychiatric disorder and the  
prioritisation of specific goals and their achievement  
occurs in the context of the primary management of the epilepsy

## **-key biological risk factors**

Executive functioning

Response inhibition: motor and cognition  
**optimise response speed and accuracy**

Working memory: verbal and visuospatial  
**optimise span and strategy**

**-key biological risk factors**

Mood dysregulation:

**decrease irritability**

**increase emotional salience**

Arousal dysregulation:

**optimise physiological arousal**

**optimise habituation**

## **-key family/parenting risk factors**

parental psychopathology – type, severity, insight

parental relationships – confiding, attuned, responsive,  
problem solving, flexible  
adaptive, affect regulated

family relationships - confiding, attuned, responsive,  
problem solving, flexible  
adaptive, affect regulated

peer relationships - confiding, attuned, responsive,  
problem solving, flexible  
adaptive, affect regulated

## **-parent/family interviewing skills**

Analyze form and content of interview

Analyze verbal, visuospatial, interpersonal information and interviewer's responses

Family as a homeostatic unit

Multi-informant perspective

## **-child interviewing skills**

Developmentally appropriate

Analyze form and content of interview

Analyze verbal, visuospatial, interpersonal information and interviewer's responses

Multi-informant perspective

# calvin and HOBBS

BY WATSON

