

Child psychiatry: Key concepts and clinical insights

For medical students
Child and Adolescent Health
The University of Melbourne

Outline

1. What does a child psychiatry diagnosis mean?
2. Why clinical interview and questionnaires are helpful
3. Key comorbid conditions within a developmental context
4. Nature versus nurture – some comments
5. Key biological factors
6. Key psychosocial factors
7. Key principles of treatment

1. What does a child psychiatry diagnosis mean?

“a behavioural or psychological pattern of symptoms

... associated with

impairment in family, social and/or academic domains”

Child psychiatry diagnosis (cont)

in children and adolescents developmentally inappropriate impairment has to be judged relative to children of the same age, gender and IQ

requires longitudinal assessment within and across developmental stages

Child psychiatry diagnosis (cont)

- . multi-informant report - parent, teacher, child
- . low concordance repeatedly shown
- . externalizing: parent-teacher increased agreement
- . internalizing: child-teacher increased agreement

Child psychiatry diagnosis (cont)

High prevalence psychiatric disorders:

‘Externalizing’

. oppositional defiant disorder

. conduct disorder

. attention deficit hyperactivity disorder

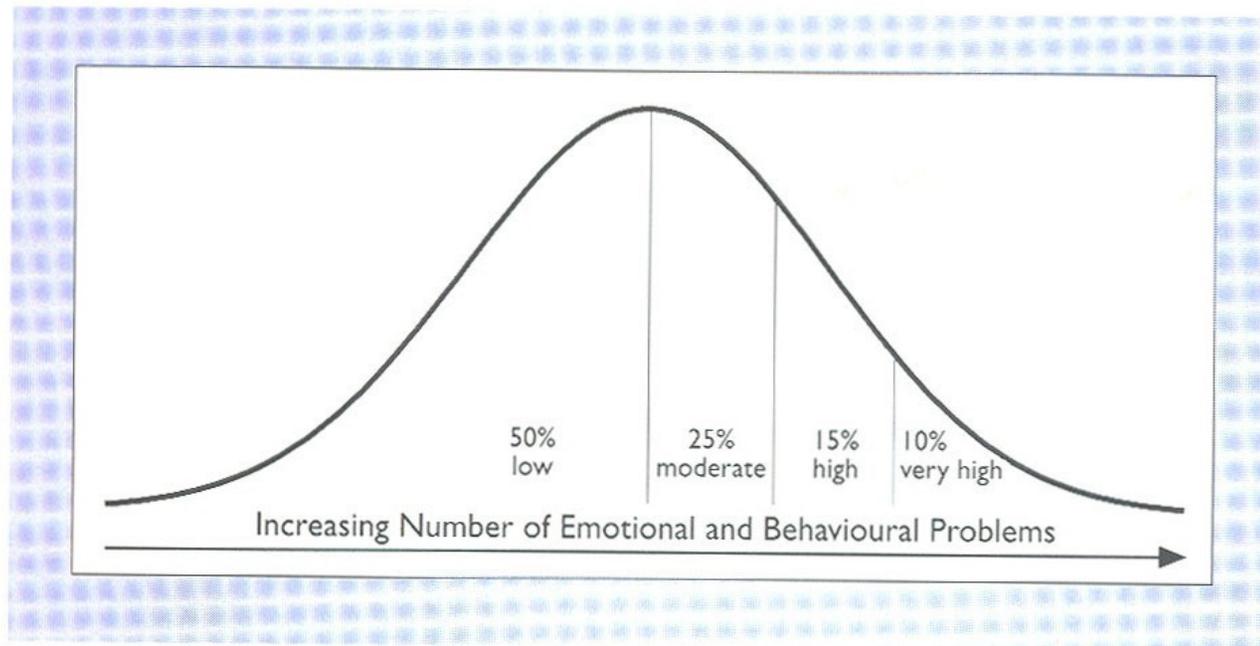
‘Internalizing’

. anxiety disorders

. depressive disorder

2. Why clinical interview and questionnaires are helpful

Figure 4.1 Problem level categories for children and adolescents as rated on the Total Problems Scale of the Child Behaviour Checklist



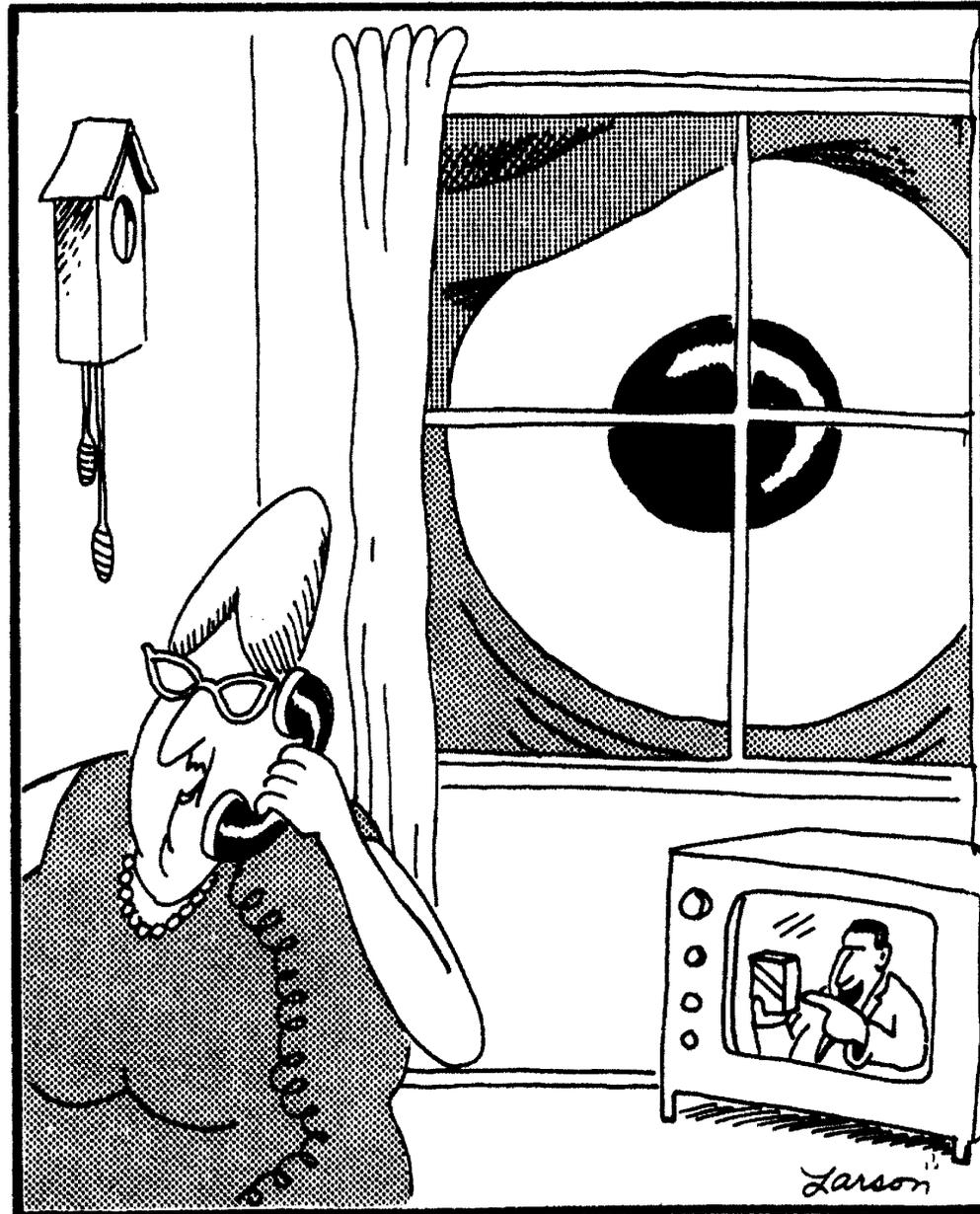
Clinical interview and questionnaires (cont)

greater than 1.5 standard deviations from the mean
brain and environment behave differently

as if a clinical 'threshold' has been crossed

3. Key comorbid conditions within a developmental context

- . oppositional defiant/conduct disorders
- . anxiety disorders
- . depressive disorders
- . learning disorders (language-based/visuo-spatial)
- . developmental coordination disorder



"Hello, Emily. This is Gladys Murphy up the street. Fine, thanks . . . Say, could you go to your window and describe what's in my front yard?"



"All right, Billy, you just go right ahead! . . . I've warned you enough times about playing under the anvil tree!"

5. Key biological factors

Executive functioning

Response inhibition:

motor and cognition **optimise response speed and accuracy**

Working memory:

. verbal and visuospatial **optimise span and strategy**

5. Key biological factors

Mood dysregulation:

- . decrease irritability**
- . increase emotional salience**

Arousal dysregulation:

- . optimise physiological arousal**
- . optimise habituation**

6. Key psychosocial factors

[a] parental psychopathology: alcohol/depressive/anxiety ds

[b] marital functioning

family functioning

peer group functioning

* “flexibility/adaptiveness/regulation of affect/problem solving”

* sociocultural context affects the character of these aspects and their detection



"Rub his belly, Ernie! Rub his belly!"

Professor Vance

7. Key principles of treatment

1. Maximize the psychological and social context in which the child is immersed to maximize the child's learning environment

“consistent, attuned, sensitive and responsive...”

2. Medications can be helpful to facilitate the child's ability to learn in home and school environments
3. Each child needs complete re-review every six months

Summary and Conclusion

calvin and HOBBS

WEBSON

