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The Beginning of Life: Pregnancy Through Preschool

Typical Board Question

The elderly grandfather of two children, one aged 2 years and one aged 4 years, has recently died. The children's grandfather was very involved in the care of the children. When the children are told about the death, the typical perception of their grandfather's death for the 2-year-old and the 4-year-old, respectively, is most likely to be that the death

- (A) is abandonment; is punishment
- (B) is punishment; is abandonment
- (C) is punishment; is irreversible
- (D) is abandonment; is irreversible
- (E) is irreversible; is punishment

(See "Answers and Explanations" at the end of the chapter.)

I. CHILDBIRTH AND THE POSTPARTUM PERIOD

A. Birth rate in the United States and cesarean birth

1. About 4 million children are born each year in the United States.
2. About one-third of these births are by cesarean section.
3. The number of cesarean births declined during the 1990s, partly in response to increasing evidence that women often undergo unnecessary surgical procedures. From 2000 to 2009, The rate was increasing but since 2009 the rate has been declining again.

B. Premature birth

1. Premature births and very premature births are defined as those following a gestation of less than 37 and 32 completed weeks, respectively.
2. Premature birth puts a child at greater risk for dying in the first year of life and for emotional, behavioral, and learning problems as well as physical and intellectual disabilities.
3. Premature births, which are associated with low income, maternal illness or malnutrition, and young maternal age, occur in almost twice as many non-Hispanic African-American infants than non-Hispanic White infants.

C. Infant mortality

1. Low socioeconomic status, which is related in part to ethnicity, is associated with prematurity and high infant mortality (Table 1.1).
2. In part, because the United States does not have a system of health care for all citizens paid for by the government through taxes, prematurity and infant mortality rates in the United States are high as compared to the rates in other developed countries (Figure 1.1).

t a b l e	1.1	Ethnicity and Infant Mortality in the United States (2010)
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Ethnic Group	Infant Deaths Per 1,000 Total Live Births
All ethnic groups	6.14
Asian or Pacific Islander	4.27
Non-Hispanic White	5.18
Hispanic	5.25
Native American	8.28
Non-Hispanic Black (African American)	11.46

From Matthews TJ, MacDorman M. Infant mortality statistics from the 2010 period: Linked birth/infant death set. *Natl Vital Stat Rep.* 2013;62(8):1–26.

3. The Apgar score (named for Dr. Virginia Apgar but useful as a mnemonic): A—appearance (color), P—pulse (heartbeat), G—grimace (reflex irritability), A—activity (muscle tone), R—respiration (breathing regularity), quantifies physical functioning in premature and full-term newborns (Table 1.2) and can be used to predict the likelihood of immediate survival.

The infant is evaluated 1 minute and 5 (or 10) minutes after birth. Each of the five measures can have a score of 0, 1, or 2 (highest score = 10). Score >7 = no imminent survival threat; score <4 = imminent survival threat.

D. Postpartum maternal reactions

1. Baby blues

- a. Many women experience a typical emotional reaction called “baby blues” or “postpartum blues” lasting up to 2 weeks after childbirth.
- b. This reaction results from psychological factors (e.g., the emotional stress of childbirth, the feelings of added responsibility) as well as physiological factors (e.g., changes in hormone levels, fatigue).

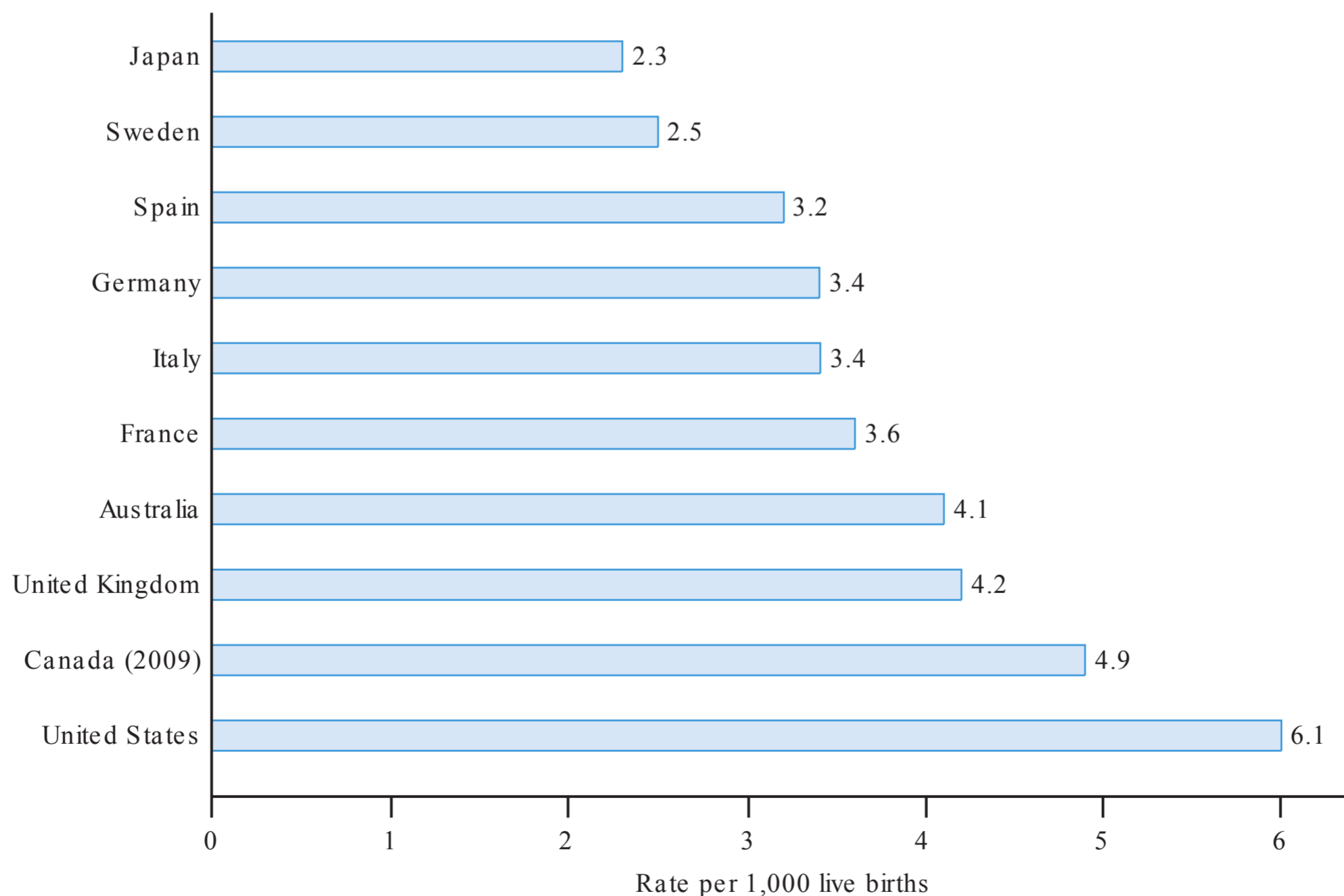


FIGURE 1.1. Infant mortality rates: Selected Organisation for Economic Co-operation and Development countries, 2010 (Selected countries). (From: International comparisons of infant mortality and related factors: United States and Europe. *Natl Vital Stat Rep.* 63 (5), 2014 Figure 1.)

table 1.2 The Apgar Scoring System

Measure	Score		
	0	1	2
Heartbeat	Absent	Slow (<100/min)	Rapid (>100/min)
Respiration	Absent	Irregular, slow	Good, crying
Muscle tone	Flaccid, limp	Weak, inactive	Strong, active
Color of body and extremities	Both body and extremities pale or blue	Pink body, blue extremities	Pink body, pink extremities
Reflexes, e.g., heel prick or nasal tickle	No response	Grimace	Foot withdrawal, cry, sneeze, cough

- c. Management involves emotional support from the physician as well as practical suggestions for child care.
2. Major depressive disorder with peripartum onset and brief psychotic disorder with postpartum onset (postpartum psychosis) are more serious reactions than postpartum blues and are treated with antidepressant and antipsychotic medications (Table 1.3) (and see Chapters 11 and 12).

Women who have experienced these reactions once are at risk for having similar reactions after subsequent deliveries.

II. INFANCY: BIRTH TO 15 MONTHS

A. Bonding of the parent to the infant

1. Bonding between the caregiver and the infant is enhanced by physical contact between the two.
2. Bonding may be adversely affected if:
 - a. The child is of low birth weight or ill, leading to separation from the mother after delivery.
 - b. There are problems in the mother–father relationship.

table 1.3 Postpartum Maternal Reactions

Maternal Reaction	Incidence	Onset of Symptoms	Duration of Symptoms	Characteristics
Postpartum blues (“baby blues”)	33%–50%	Within a few days after delivery	Up to 2 wk after delivery	Exaggerated emotionality and tearfulness Interacting well with friends and family Good grooming
Major depressive disorder	5%–10%	Within 4 wk after delivery	Up to 1 y without treatment; 3–6 wk with treatment	Feelings of hopelessness and helplessness Lack of pleasure or interest in usual activities Poor self-care May include psychotic symptoms (“major depressive disorder with psychotic features”), e.g., hallucinations and delusions (see Table 11.1) Mother may harm infant
Brief psychotic disorder (postpartum onset)	0.1%–0.2%	Within 4 wk after delivery	Up to 1 mo	Psychotic symptoms not better accounted for by major depressive disorder with psychotic features Mother may harm infant

3. Women who are educated and prepared for childbirth have shorter labors, fewer medical complications, less need for medication, and closer initial interactions with their infants.

B. Attachment of the infant to the parent

1. The principal psychological task of infancy is the formation of an intimate attachment to the primary caregiver, usually the mother.
2. Toward the end of the first year of life, separation from the primary caregiver leads to initial loud protests from the infant (typical “separation anxiety”).
3. With continued absence of the mother, the infant is at risk for depression.
 - a. Infants may experience depression even when they are living with their mothers if the mother is physically and emotionally distant and insensitive to their needs.
 - b. Depressed infants may exhibit poor health and slowed physical growth.
 - c. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* terms for disturbances in otherwise typical children owing to grossly pathological care are reactive attachment disorder and disinhibited social engagement disorder.
 - (1) Reactive attachment disorder: Children are withdrawn and unresponsive.
 - (2) Disinhibited social engagement disorder: Children approach and attach indiscriminately to strangers as though the strangers were familiar to them.

C. Studies of attachment

1. Harry Harlow demonstrated that infant monkeys reared in relative isolation by surrogate artificial mothers do not develop typical mating, maternal, and social behavior as adults.
 - a. Males may be more affected than females by such isolation.
 - b. The length of time of isolation is important. Young monkeys isolated for less than 6 months can be rehabilitated by playing with typical young monkeys.
2. René Spitz documented that children without proper mothering (e.g., those in orphanages) show severe developmental retardation, poor health, and higher death rates (“hospitalism”) in spite of adequate physical care.
3. Partly because of such findings, the foster care system was established for young children in the United States who do not have adequate home situations. Foster families are those that have been approved and funded by the state of residence to take care of a child in their homes.

D. Characteristics of the infant

1. Reflexive behavior. At birth, the typical infant possesses simple reflexes such as the sucking reflex, startle reflex (Moro reflex), palmar grasp reflex, Babinski reflex, and rooting reflex. All of these reflexes disappear during the first year of life (Table 1.4).
2. Motor, social, verbal, and cognitive development (Table 1.5)
 - a. Although there is a reflexive smile present at birth, the social smile is one of the first markers of the infant’s responsiveness to another individual.
 - b. Crying and withdrawing in the presence of an unfamiliar person (stranger anxiety) is normal and begins at about 7 months of age.
 - (1) This behavior indicates that the infant has developed a specific attachment to the mother and is able to distinguish her from a stranger.

table 1.4 Reflexes Present at Birth and the Age at which They Disappear

Reflex	Description	Age of Disappearance
Palmar grasp	The child’s fingers grasp objects placed in the palm	2 mo
Rooting and sucking reflexes	The child’s head turns in the direction of a stroke on the cheek when seeking a nipple to suck	3 mo
Startle (Moro) reflex	When the child is startled, the arms and legs extend	4 mo
Babinski reflex	Dorsiflexion of the largest toe when the plantar surface of the child’s foot is stroked	12 mo
Tracking reflex	The child visually follows a human face	Continues

t a b l e	1.5	Motor, Social, Verbal, and Cognitive Development of the Infant
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Age (in Months)	Skill Area		
	Motor	Social	Verbal and Cognitive
1–3	Lifts head when lying prone	Smiles in response to a human face (the “social smile”)	Coos or gurgles in response to human attention
4–6	Turns over (5 mo) Sits unassisted (6 mo) Reaches for objects Grasps with entire hand (“raking grasp”)	Forms an attachment to primary caregiver Recognizes familiar people	Babbles (repeats single sounds over and over)
7–11	Crawls on hands and knees Pulls self up to stand Transfers toys from hand to hand (10 mo) Picks up toys and food using “pincer” (thumb and forefinger) grasp (10 mo)	Shows stranger anxiety Plays social games such as peek-a-boo, waves “bye-bye”	Imitates sounds Uses gestures Responds to own name Responds to simple instructions
12–15	Walks unassisted	Shows separation anxiety	Says first words Shows object permanence

- (2) Infants exposed to many caregivers are less likely to show stranger anxiety than those exposed to few caregivers.
- c. At about 1 year, the child can maintain the mental image of an object or of the mother without seeing it or her (“object permanence”).

E. Theories of development

1. Chess and Thomas showed that there are endogenous differences in the temperaments of infants that remain quite stable for the first 25 years of life. These differences include such characteristics as reactivity to stimuli, responsiveness to people, and attention span.
 - a. Easy children are adaptable to change, show regular eating and sleeping patterns, and have a positive mood.
 - b. Difficult children show traits opposite to those of easy children.
 - c. Slow-to-warm-up children show traits of difficult children at first but then improve and adapt with increased contact with others.
2. Sigmund Freud described development in terms of the parts of the body from which the most pleasure is derived at each stage of development (e.g., the “oral stage” occurs during the first year of life).
3. Erik Erikson described development in terms of critical periods for the achievement of social goals; if a specific goal is not achieved at a specific age, the individual will have difficulty achieving the goal in the future. For example, in Erikson’s stage of basic trust versus mistrust, children must learn to trust others during the first year of life or they will have trouble forming close relationships as adults.
4. Jean Piaget described development in terms of learning capabilities of the child at each age.
5. Margaret Mahler described early development as a sequential process of separation of the child from the mother or primary caregiver.

III. THE TODDLER YEARS: 15 MONTHS–2½ YEARS

A. Attachment

1. The major theme of the second year of life is to separate from the mother or primary caregiver, a process that is complete by about age 3.
2. The toddler has no understanding of death and sees the death of a close family member as abandonment or separation.

t a b l e

1.6

Motor, Social, Verbal, and Cognitive Development of the Toddler and Preschool Child

Age (Years)	Skill Area		
	Motor	Social	Verbal and Cognitive
1.5	Throws a ball Stacks three blocks Climbs stairs one foot at a time Scribbles on paper	Moves away from and then returns to the mother for reassurance (rapprochement)	Uses about 10 individual words Says own name
2	Kicks a ball Balances on one foot for 1 s Stacks six blocks Feeds self with spoon	Shows negativity (e.g., the favorite word is “no”) Plays alongside but not with another child (“parallel play”): 2–4 y of age)	Uses about 250 words Speaks in two-word sentences and uses pronouns (e.g., “me do”) Names body parts and objects
3	Rides a tricycle Undresses and partially dresses without help Climbs stairs using alternate feet Stacks nine blocks Copies a circle	Has a sense of self as male or female (gender identity) Usually achieves bowel and bladder control (problems such as encopresis [“soiling”] and enuresis [“bed wetting”] cannot be diagnosed until 4 and 5 y of age, respectively) Comfortably spends part of the day away from mother	Uses about 900 words in speech Understands about 3,500 words Identifies some colors Speaks in complete sentences (e.g., “I can do it myself”) Strangers can now understand her
4	Catches a ball with arms Dresses independently, using buttons and zippers Grooms self (e.g., brushes teeth) Hops on one foot Draws a person Copies a cross	Begins to play cooperatively with other children Engages in role playing (e.g., “I’ll be the mommy, you be the daddy”) May have imaginary companions Curious about sex differences (e.g., plays “doctor” with other children) Has nightmares and transient phobias (e.g., of “monsters”)	Shows good verbal self-expression (e.g., can tell detailed stories) Comprehends and uses prepositions (e.g., under, above)
5	Catches a ball with two hands Draws a person in detail (e.g., with arms, hair, eyes) Skips using alternate feet Copies a square	Has romantic feelings about the opposite sex parent (the “oedipal phase”) at 4–5 y of age Overconcerned about physical injury at 4–5 y of age	Shows further improvement in verbal and cognitive skills
6	Ties shoelaces Rides a two-wheeled bicycle Prints letters Copies a triangle	Begins to develop an internalized moral sense of right and wrong Begins to understand the finality of death	Begins to think logically (see Chapter 2) Begins to read

3. There is no compelling evidence that daily separation from working parents in a good day care setting has short- or long-term negative consequences for children. However, when compared to children who stay at home with their mothers, those who have been in day care show more aggressiveness.

B. Motor, social, verbal, and cognitive characteristics of the toddler

See Table 1.6.

IV. THE PRESCHOOL CHILD: 3–6 YEARS

A. Attachment

1. After reaching 3 years of age, a child should be able to spend a few hours away from the mother in the care of others (e.g., in day care).

2. A child who cannot do this after age 3 is experiencing separation anxiety disorder (see Chapter 15).
3. Preschool children may perceive death as a punishment for bad behavior. They believe that death is temporary and typically expect that a dead relative (or pet) will come back to life.

B. Characteristics

1. The child's vocabulary increases rapidly. The 3-year-old child can typically say about 900 words and speaks in complete sentences.
2. Toilet training typically occurs at age 3 years. Delayed toilet training is most often related to physiological immaturity due to genetic factors, for example, the father was also a "bed wetter" as a child.
3. The birth of a sibling or other life stress, such as moving or divorce, may result in a child's use of regression, a defense mechanism (see Chapter 6) in which the child temporarily behaves in a "baby-like" way (e.g., although he is toilet trained, he starts wetting the bed again). Regression often occurs in typical children as a reaction to life stress.
4. Children can distinguish fantasy from reality (e.g., they know that imaginary friends are not "real" people), although the line between them may still not be sharply drawn.
5. Preschool children are typically active and rarely sit still for long.
6. Other aspects of motor, social, verbal, and cognitive development of the preschool child can be found in Table 1.6.

C. Changes at 6 years of age

1. The child begins to understand that death is final and irreversible and fears that his or her parents will die and leave. It is not until about age 9, however, that the child understands that he or she also can die.
2. At the end of the preschool years (about age 6), the child's conscience (the superego of Freud) and sense of morality begin to develop.
3. After age 6, children can put themselves in another person's place (empathy) and behave in a caring and sharing way toward others.
4. Morality and empathy increase further during the school-age years (see Chapter 2).

Review Test

Directions: Each of the numbered items or incomplete statements in this section is followed by answers or by completions of the statement. Select the one lettered answer or completion that is best in each case.

- Parents of a 13-month-old child tell the doctor that the child shows no interest in toilet training. They also relate that the child speaks about 10 words and has just started to walk unassisted. The doctor should
 - tell the parents that the child's hearing should be checked as soon as possible
 - contact child protective services
 - reassure the parents that the child's behavior is typical for her age
 - refer the family to a pediatric gastroenterologist
 - evaluate the child for delayed motor development
- In a major city hospital, the hearing of all newborns is evaluated shortly after birth. The major objective of this hearing loss screening is to
 - determine the necessity of using cochlear implants before the age of 6 months
 - determine the necessity of speech therapy before the age of 1 year
 - diagnose and treat hearing loss early in order to prevent language development delay
 - diagnose and treat hearing loss early in order to prevent motor development delay
 - increase the cost-effectiveness of treatment for hearing loss
- The concerned parents of a 5-year-old child report that the child is still wetting the bed. The child is otherwise developing appropriately for his age and physical examination is unremarkable. The child's father was also a bed wetter until age 8 years. The most common cause of enuresis in a child of this age is
 - emotional stress
 - physiological immaturity
 - sexual abuse
 - urinary tract infection
 - major depression
- An American couple would like to adopt a 10-month-old Romanian child. However, they are concerned because the child has been in an orphanage since he was separated from his birth mother 5 months ago. The orphanage is clean and well kept but has a high staff turnover ratio. Which of the following characteristics is the couple most likely to see in the child at this time?
 - Loud crying and protests at the loss of his mother
 - Increased responsiveness to adults
 - Typical development of motor skills
 - Reactive attachment disorder
 - Typical development of social skills
- When a physician conducts a well-child check up on a typical 2-year-old girl, the child is most likely to show which of the following skills or characteristics?
 - Speaks in two-word sentences
 - Is toilet trained
 - Can comfortably spend most of the day away from her mother
 - Can ride a tricycle
 - Engages in cooperative play
- When a physician conducts a well-child check up on a 3-year-old boy, he finds that the child can ride a tricycle, copy a circle, engage in parallel play with other children, name some of his body parts (e.g., nose, eyes) but not others (e.g., hand, finger), and has about a 50-word vocabulary. With respect to motor, social, and cognitive/verbal skills, respectively, the best description of this child is
 - typical, typical, needs evaluation
 - typical, typical, typical
 - needs evaluation, typical, needs evaluation
 - typical, needs evaluation, needs evaluation
 - typical, needs evaluation, typical

7. A mother brings her 4-month-old child to the pediatrician for a well-baby examination. Which of the following developmental signposts can the doctor expect to be present in this infant if the child is developing typically?
- (A) Stranger anxiety
 - (B) Social smile
 - (C) Rapprochement
 - (D) Core gender identity
 - (E) Phobias
8. The overall infant mortality rate in the United States in 2010 was approximately
- (A) 1 per 1,000 live births
 - (B) 3 per 1,000 live births
 - (C) 6 per 1,000 live births
 - (D) 11 per 1,000 live births
 - (E) 40 per 1,000 live births
9. The most important psychological task for a child between birth and 15 months is the development of
- (A) the ability to think logically
 - (B) speech
 - (C) stranger anxiety
 - (D) a conscience
 - (E) an intimate attachment to the mother or primary caregiver
10. The husband of a 28-year-old woman, who gave birth to a healthy infant 2 weeks ago, reports that he found her shaking the infant to stop it from crying. When the doctor questions the woman about the incident, she says “I did not realize it would be so much work.” The patient also reports that she wakes up at 5 ^{am} every day and cannot fall back asleep and has very little appetite. The next step in management is for the doctor to
- (A) assess the patient for thoughts of suicide
 - (B) advise the father to hire a caregiver to assist the mother in caring for the child
 - (C) set up another appointment for the following week
 - (D) prescribe an antidepressant
 - (E) tell the father that the mother is showing evidence of the “baby blues”
11. A well-trained, highly qualified obstetrician has a busy practice. Which of the following is most likely to be true about postpartum reactions in this doctor’s patients?
- (A) Postpartum blues will occur in about 10% of the patients.
 - (B) Major depression will occur in about 25% of the patients.
 - (C) Brief psychotic disorder will occur in about 8% of the patients.
 - (D) Brief psychotic disorder will usually last about 1 year.
 - (E) Postpartum blues will usually last up to 2 weeks.
12. A woman in the 7th month of pregnancy with her third child tells her physician she is worried that she will experience depression after the child is born. The most important thing for the doctor to say at this time is
- (A) “Do not worry, there are many effective medications for depression.”
 - (B) “Women often become more anxious toward the end of their pregnancy.”
 - (C) “Did you experience any emotional difficulties after the birth of your other children?”
 - (D) “Do you want to start taking antidepressant medication now?”
 - (E) “Most women who worry about depression never experience it.”
 - (F) “Some depression is common after childbirth.”
13. The mother of a 3-year-old child tells the doctor that, although she instructs the child to sit still at the dinner table, the child cannot seem to do so for more than 10 minutes at a time. She squirms in her seat and gets out of her chair. The child’s motor and verbal skills are appropriate for her age. Which of the following best fits this picture?
- (A) Separation anxiety disorder
 - (B) Typical behavior
 - (C) Delayed development
 - (D) Lack of basic trust
 - (E) Attention deficit hyperactivity disorder (ADHD)

14. A typical 8-month-old child is brought to the pediatrician for his monthly well-baby examination. The child is the family's first, and he is cared for at home by his mother. When the doctor approaches the child in his mother's arms, the child's behavior is most likely to be characterized by

- (A) withdrawal from the doctor
- (B) smiling at the doctor
- (C) indifference to the doctor
- (D) an anticipatory posture toward the doctor (arms held out to be picked up)
- (E) withdrawal from both the doctor and the mother

15. While she previously slept in her own bed, after her parents' divorce, a 5-year-old girl begs to be allowed to sleep in her mother's bed every night. She says that a "robber" is under her bed. She continues to do well in kindergarten and to play with her friends. The best description of this girl's behavior is

- (A) separation anxiety disorder
- (B) typical behavior with regression
- (C) delayed development
- (D) lack of basic trust
- (E) ADHD

16. A 2-year-old girl who has been in foster care since birth is very friendly and affectionate with strangers. She puts her arms out to them to be picked up and then "cuddles up" to them. The foster mother states that the child has "behavior problems" and then notes that she has never felt "close" to the child. The most likely explanation for this child's behavior toward strangers is

- (A) typical behavior
- (B) Rett's disorder
- (C) reactive attachment disorder
- (D) disinhibited social engagement disorder
- (E) mild autism spectrum disorder

17. The mother of a 1-month-old child, her second, is concerned because the baby cries every day from 6 pm to 7 pm. She tells the doctor that, unlike her first child who was always calm, nothing she does during this hour seems to comfort this baby. Physical examination is unremarkable, and the child has gained 2 pounds since birth. With respect to the mother, the physician should

- (A) reassure her that all children are different and that some crying is normal
- (B) recommend that she see a psychotherapist
- (C) prescribe an antidepressant
- (D) recommend that the father care for the child when it is crying
- (E) refer her to a pediatrician specializing in "difficult" infants

18. A 4-year-old boy survives a house fire in which his father was killed. The child has no visible injuries and medical evaluation is unremarkable. Although he has been told that his father has died, in the weeks after the fire, the child continues to ask for his father. The best explanation for this boy's behavior is

- (A) an acute reaction to severe stress
- (B) a typical reaction for his age
- (C) delayed development
- (D) refusal to believe the truth
- (E) an undiagnosed head injury

Questions 19–24

For each developmental milestone, select the age at which it commonly first appears.

19. Transfers toys from one hand to the other.

- (A) 0–3 months
- (B) 4–6 months
- (C) 7–11 months
- (D) 12–15 months
- (E) 16–30 months

20. Turns over.

- (A) 0–3 months
- (B) 4–6 months
- (C) 7–11 months
- (D) 12–15 months
- (E) 16–30 months

21. Smiles in response to a human face.

- (A) 0–3 months
- (B) 4–6 months
- (C) 7–11 months
- (D) 12–15 months
- (E) 16–30 months

22. Responds to own name.

- (A) 0–3 months
- (B) 4–6 months
- (C) 7–11 months
- (D) 12–15 months
- (E) 16–30 months

23. Feeds self with a spoon.

- (A) 0–3 months
- (B) 4–6 months
- (C) 7–11 months
- (D) 12–15 months
- (E) 16–30 months

24. When given a crayon, scribbles on paper

- (A) 0–3 months
- (B) 4–6 months
- (C) 7–11 months
- (D) 12–15 months
- (E) 16–30 months

Answers and Explanations

Typical Board Question

The answer is A. The typical 2-year-old child will see the death of the grandfather as abandonment, while the 4-year-old child will see the death as punishment. It is not until after age 6 years that children begin to understand that death is final and irreversible (see Chapter 2).

1. The answer is C. The parents should be reassured that like their child, 13-month-old children typically say only a few words and are just starting to walk. Children typically show no interest in nor can they be toilet trained until they are at least 2½–3 years of age.
2. The answer is C. The major objective of hearing loss screening in newborns is for early diagnosis and treatment of hearing loss in order to prevent language development delay. In older children, evaluation of hearing loss is useful in determine the necessity of using cochlear implants or speech therapy. Hearing loss is not specifically associated with motor development delay.
3. The answer is B. Most children are toilet trained by the age of 5 years. However, bed wetting in a 5-year-old who has never been toilet trained and is otherwise developing appropriately is most likely to be a result of physiological immaturity, probably related to genetic factors, for example, the father was also a bed wetter. Emotional stress, sexual abuse, and depression are less likely to be the cause of bed wetting in a child who has never been toilet trained, although they can lead to bed wetting in a previously toilet-trained child. Absence of medical findings indicates that this child is unlikely to have a urinary tract infection.
4. The answer is D. This child is likely to show reactive attachment disorder after this prolonged separation from his mother. Although the orphanage is well kept, it is unlikely the child has been able to form a stable attachment to another caretaker because of the high number of staff changes. Loud protests occur initially when the mother leaves the child. With her continued absence, this child experiences other serious reactions. These reactions include depression, decreased responsiveness to adults, and deficits in the development of social and motor skills.
5. The answer is A. Two-year-old children speak in two-word sentences (e.g., “Me go”). Toilet training or the ability to spend most of the day away from the mother does not usually occur until age 3. Children engage in cooperative play starting at about age 4 and can ride a three-wheeled bicycle at about age 3.
6. The answer is A. At the age of 3 years, the child can ride a tricycle, copy a circle, and engage in parallel play (play alongside but not cooperatively with other children). However, 3-year-old children such as this one should have a vocabulary of about 900 words and speak in complete sentences.
7. The answer is B. The social smile (smiling in response to seeing a human face) is one of the first developmental milestones to appear in the infant and is present by 1–2 months of age. Stranger anxiety (fear of unfamiliar people) appears at about 7 months of age and indicates that the infant has a specific attachment to the mother. Rapprochement (the tendency to run away from the mother and then run back for comfort and reassurance) appears at about 18 months of age. Core gender identity (the sense of self as male or female) is established between 2 and 3 years of age. Transient phobias (irrational fears) occur in typical children, appearing most commonly at 4–5 years of age.

8. The answer is C. In 2010, the overall infant mortality rate in the United States was 6.14 per 1,000 live births. This rate, which is closely associated with socioeconomic status, was at least two times higher in African-American infants than in White infants.
9. The answer is E. The most important psychological task of infancy is the development of an intimate attachment to the mother or primary caregiver. Stranger anxiety, which typically appears at about 7 months of age, demonstrates that the child has developed this attachment and can distinguish its mother from others. Speech, the ability to think logically, and the development of a conscience are skills that are developed later during childhood.
10. The answer is A. This woman is showing evidence of a serious postpartum reaction such as major depression, not simply the “baby blues.” Because she shows signs of depression, for example, early morning awakening and lack of appetite, the next step in management is to assess her for thoughts of suicide. The child must also be protected. If she is suicidal or likely to harm the child, inpatient treatment may be indicated. Ultimately, assistance with care of the child may be helpful, but the first step is to protect the patient and the child. Just setting up another appointment for the following week or prescribing an antidepressant will not protect either.
11. The answer is E. Postpartum blues may occur in one-third to one-half of new mothers and can last up to 2 weeks. Intervention involves support and practical help with the child. Brief psychotic disorder is rare, occurring in less than 1% of new mothers and lasting up to 1 month after childbirth. Postpartum depression occurs in 5%–10% of new mothers and is treated primarily with antidepressant medication.
12. The answer is C. “Did you experience any emotional difficulties after the birth of your other children?” is an important question since a predictor of postpartum reactions is whether or not they have occurred before. This patient is probably worried because she has had previous problems. Reassuring statements, such as “Most women who worry about depression never experience it,” “Do not worry, there are many effective medications for depression,” “Women often become more anxious toward the end of their pregnancy,” or “Some depression is common after childbirth,” do not address this patient’s realistic concerns.
13. The answer is B. It is typical for a 3-year-old child to have difficulty sitting still for any length of time. By school age, children should be able to sit still and pay attention for longer periods of time. Thus, this is not ADHD. There is also no evidence of delayed development, lack of basic trust, or separation anxiety disorder.
14. The answer is A. Stranger anxiety (the tendency to cry and withdraw in the presence of an unfamiliar person) develops in typical infants at 7–9 months of age. It does not indicate that the child is developmentally delayed, emotionally disturbed, or that the child has been abused but rather that the child can now distinguish familiar from unfamiliar people. Stranger anxiety is more common in children who are cared for by only one person and is reduced in those exposed to many different caregivers.
15. The answer is B. The best description of this girl’s behavior is typical. Her desire to sleep with her mother is a sign of regression, a defense mechanism that is common in typical children under stress. Because she continues to play well when away from her mother, this is not separation anxiety disorder. There is also no evidence of delayed development, lack of basic trust, or ADHD (see Chapter 15).
16. The answer is D. The most likely diagnosis for this child is disinhibited social engagement disorder. Children with this disorder form indiscriminate attachments to strangers because their primary attachment figure, here the foster mother, does not interact normally with the child. Mild autism spectrum disorder and Rett’s disorder are characterized by decreased, not increased, social interaction.

17. The answer is A. The physician should reassure the mother that all children are different and that some crying is normal. The child's appropriate weight gain and negative medical findings indicate that the child is developing typically. Once the mother is reassured, it will not be necessary to recommend a psychotherapist, prescribe an antidepressant, refer her to a pediatrician specializing in "difficult" infants, or recommending that the father care for the child when it is crying.
18. The answer is B. This 4-year-old child is showing a typical reaction for his age. Children under the age of 6 years do not understand the finality of death and fully expect dead people to come back to life. That is why, although he has been told that his father has died, this child repeatedly asks for his father. While he has been severely stressed, he is neither simply refusing to believe the truth nor showing delayed development. While it is possible that this boy has an undiagnosed head injury, a typical reaction is more likely.
19. The answer is C. Transferring objects from hand to hand commonly occurs at about 10 months of age.
20. The answer is B. Infants can usually turn over at about 5 months of age.
21. The answer is A. Children begin to show social smiling between 1 and 2 months of age.
22. The answer is C. Children begin to respond to their own names between 7 and 11 months of age.
23. The answer is E. Children begin to use a utensil to feed themselves at about 2 years of age.
24. The answer is E. Children begin to make marks (scribble) on paper at about 18 months of age.