🧠 Child & Adolescent Psychiatry

NCLEX High-Yield Mental Health Infographic · 2026 Test Plan

Mental Health | Pediatrics | Neurodevelopmental | Safety · Priority · ABCs

📘 1. Definition & Overview

- **Child/Adolescent Psych** = mental, behavioral, & neurodevelopmental disorders appearing before age 18.
- **Why it matters:** Early identification + treatment → better school, social, & life outcomes; suicide is a top-3 cause of death ages 10–24.
- Care is **family-centered**, **developmentally staged**, and prioritizes **safety**.

Infant	Toddler	Preschool	School-age	Adolescent
0–1 yr	1–3 yr	3–6 yr	6–12 yr	12–18 yr
Trust vs. Mistrust	Autonomy	Initiative	Industry	Identity

🧬 2. Pathophysiology (Simplified)

Genetic / biologic vulnerability → Neurotransmitter imbalance (DA, NE, 5-HT, GABA) →
Environmental trigger (trauma, abuse, loss, stress)
Abnormal brain development & connectivity → Impaired emotion / attention / impulse control →
Behavioral & psychiatric symptoms

🚨 **Pediatric brains are still developing → symptoms present differently than in adults (e.g., depression may look like irritability, not sadness).**

🔍 3. Key Disorders & Signs / Symptoms

⚡ ADHD — Attention-Deficit/Hyperactivity Disorder

CORE TRIAD

- **Inattention** — easily distracted, loses items, can't follow through
- **Hyperactivity** — fidgety, can't stay seated, "driven by a motor"
- **Impulsivity** — blurts out, interrupts, can't wait turn

KEY CRITERIA

- Symptoms < age 12, in ≥ **2 settings** (home + school)
- Lasts ≥ **6 months**
- Impairs academic/social function
- Often co-occurs: ODD, anxiety, learning disorder

🧩 Autism Spectrum Disorder (ASD)

SOCIAL COMMUNICATION DEFICITS

- Poor eye contact, no social smile
- Delayed/absent language
- Doesn't point / share interest (no joint attention)

RESTRICTED / REPETITIVE BEHAVIORS

- **Stereotypy** — rocking, hand-flapping, spinning
- Insistence on sameness, routines, rituals
- Sensory hyper/hypo-reactivity; narrow intense interests

🚨 **Symptoms appear before age 3. Screen at 18 & 24 months with M-CHAT.**

😠 ODD vs. Conduct Disorder (CD)

ODD (MILDER)

- Argumentative, defiant, spiteful
- Loses temper, annoys others on purpose
- **Rights of others preserved**
- Usually < age 10

CONDUCT DISORDER (SEVERE)

- **Violates rights of others & rules**
- Aggression to people/animals, destruction of property
- Theft, deceit, truancy, fire-setting
- Precursor to adult Antisocial PD

😨 Separation Anxiety

- Excessive distress when away from attachment figure
- School refusal, nightmares, somatic complaints (stomachache, headache)
- Fear something bad will happen to parent
- Must last ≥ **4 weeks** in children

🌧️ Pediatric Depression

- **Irritability** (not sadness) is hallmark in kids/teens
- Declining grades, social withdrawal
- Somatic complaints, sleep & appetite changes
- Anhedonia, hopelessness, guilt

🆘 Adolescent Suicide Risk

- Giving away prized possessions
- Sudden **calm after depression** = ⚠ decision made
- Talking/writing about death, saying goodbyes
- Previous attempt = #1 risk factor
- Access to firearms, substance use, LGBTQ+ lack of support

🚨 **Always assess suicide directly — asking does NOT plant the idea.**

🍽️ Eating Disorders

- **Anorexia:** restricts, underweight, intense fear of gaining weight, distorted body image, lanugo, amenorrhea, bradycardia
- **Bulimia:** normal/overweight, binge + purge, Russell's sign (knuckle calluses), dental erosion, parotid swelling
- **Binge-Eating:** binges without purging

👁️ Tourette / Tic Disorder

- Multiple **motor** + ≥1 **vocal** tic > 1 year
- Onset before age 18 (often 4–6)
- Worsen with stress; may ↓ with focus
- Coprolalia is rare (<10%)

🛡️ Abuse / Trauma Red Flags

- Injuries not matching story or developmental age
- Bruises in various stages of healing, patterned marks
- Regression, hypervigilance, sexualized play
- **Nurse is a MANDATED REPORTER**

💚 4. Priority Nursing Interventions (ABCs · Safety · NCLEX Priority)

🚨 Safety First (Always)

- **Assess suicide/harm** risk every shift; ask directly about plan, means, intent
- Remove sharps, belts, shoelaces, cords from environment
- 1:1 observation for actively suicidal pt; no-harm contract is **NOT** a substitute for monitoring
- Provide **structured, predictable** environment & routine

🧠 Behavioral Management

- **Set limits** calmly & consistently; state expected behavior
- Use **positive reinforcement** (token economy, sticker charts)
- Time-outs: 1 min/year of age
- Redirect before escalation; identify triggers

🗣️ Therapeutic Communication

- Get on child's eye level; short, simple language
- Use **play/art therapy** to express feelings
- Validate feelings, not bad behavior
- Involve parents/caregivers; assess family dynamics

💊 Medication & Monitoring

- **Administer** meds, monitor for side effects, therapeutic response
- Monitor **growth & weight** (stimulants, antipsychotics)
- Monitor **suicidality** closely for first 4 weeks of SSRI therapy
- Coordinate IEP/504 plan with school

🚨 **PRIORITY ORDER: Airway/Breathing/Circulation → Suicide/Violence risk → Psych symptoms → Teaching**

💊 5. Pharmacology — Pediatric Psych Essentials

⚠ BLACK BOX: SSRIs in ages < 25 → ↑ suicidal ideation in first 4 weeks. Monitor closely, assess for worsening mood/behavior, and NEVER stop abruptly (serotonin discontinuation).

Drug / Class	Mechanism (Simple)	Key Side Effects	Nursing Considerations
CNS Stimulants Methylphenidate (Ritalin, Concerta), Amphetamine (Adderall, Vyvanse) *1st-line ADHD*	↑ Dopamine & norepinephrine in synapse → ↑ focus	↓ Appetite, weight loss, ↓ growth, insomnia, ↑ HR & BP, irritability, tics, **abuse potential (C-II)**	Give in **AM** (last dose before 4 pm); take WITH food; monitor height/weight/VS; "**drug holidays**" on weekends/summer; secure storage
Atomoxetine (Strattera) *Non-stimulant ADHD*	Selective NE reuptake inhibitor	GI upset, ↓ appetite, **hepatotoxicity**, ↑ suicidal ideation (black box)	No abuse potential; takes 2–4 wk for effect; monitor LFTs & mood
Guanfacine / Clonidine *Alpha-2 agonist*	↓ Sympathetic outflow → calming	Sedation, hypotension, dry mouth, **rebound HTN if abruptly stopped**	Taper dose; monitor BP/HR; useful for ADHD + tics
SSRIs Fluoxetine (Prozac)*, Sertraline (Zoloft), Escitalopram (Lexapro) ** only FDA-approved for pediatric depression ≥ 8 yr*	Block 5-HT reuptake → ↑ serotonin	GI upset, headache, insomnia, sexual dysfunction, **serotonin syndrome**, ↑ suicidal ideation	Takes 4–6 wk for full effect; monitor mood weekly x first month; teach never stop abruptly; avoid MAOIs, St. John's wort, tramadol
Atypical Antipsychotics Risperidone, Aripiprazole *ASD irritability, severe aggression, tics*	Block D2 & 5-HT2A receptors	**Metabolic syndrome** (↑ wt, ↑ glucose, ↑ lipids), sedation, EPS, ↑ prolactin, **NMS**	Baseline & ongoing weight/BMI, glucose, lipid panel; monitor for EPS (AIMS); teach healthy diet/exercise
Alpha-adrenergic / Antipsychotics for Tourette's Haloperidol, Pimozide, Aripiprazole	Dopamine blockade	EPS, sedation, QT prolongation (pimozide)	ECG baseline (pimozide); monitor for EPS; reserve for severe, functional-impairing tics

⚠️ 6. NCLEX Test Traps & Priority Pitfalls

😵 Common Confusions

- **ODD vs. Conduct Disorder:** CD *violates rights of others*; ODD does not.
- **Anorexia vs. Bulimia:** Anorexia = *underweight* + restriction. Bulimia = *normal/overweight* + binge/purge.
- **Autism vs. Intellectual Disability:** ASD = *social/communication* core deficit; ID = global cognitive deficit.
- **Tics vs. Stereotypy:** Tics are sudden, non-rhythmic; stereotypies are rhythmic, prolonged (seen in ASD).
- **Pediatric depression:** looks like *irritability*, not sadness.

🎯 Priority Actions (pick these!)

- **Sudden calm** in depressed teen → assess immediately (suicide plan made).
- **Stimulant + not eating** → give WITH food, not skip the meal.
- **SSRI started 2 weeks ago, family says "worse"** → assess suicide risk NOW.
- **Autistic meltdown** → *reduce stimuli* first, don't reason with child.
- **Child discloses abuse** → believe, ensure safety, **REPORT** (mandated).
- **Anorexia refeeding** → watch for **refeeding syndrome** (↓ K, ↓ Mg, ↓ PO_4).

📚 7. Patient & Family Education

👪 For Parents/Caregivers

- Use **consistent** routines, rules, consequences.
- Give **positive reinforcement**; catch the child being good.
- Lock up ALL medications and firearms; use pill counts.
- Notify teachers; collaborate with IEP/504 team.
- Attend family therapy; learn de-escalation.
- Call provider if suicidal statements, self-harm, or med side effects.

👧 For the Child/Teen

- Meds are NOT a "punishment" — they help the brain.
- Take meds **exactly** as prescribed; don't share.
- Healthy sleep (9–10 hr), nutrition, screen limits, exercise.
- Identify a **trusted adult** to talk to.
- Coping skills: deep breathing, journaling, art, exercise, grounding (5-4-3-2-1).
- Crisis line: **988 (Suicide & Crisis Lifeline)**.

🧠 8. Memory Boosters & Mnemonics

ADHD = FIDGET

Forgetful · **I**nattentive · **D**istracted · **G**o-go-go (hyperactive) · **E**motionally impulsive · **T**alks excessively

AUTISM SPECTRUM

Aloof · **U**nusual interests · **T**rouble communicating · **I**nsistence on sameness · **S**ensory issues · **M**echanical / repetitive

SUICIDE WARNING = SAD PERSONS

Sex (male) · **A**ge (teen/elderly) · **D**epression · **P**revious attempt · **E**TOH / drugs · **R**ational thinking loss · **S**ocial isolation · **O**rganized plan · **N**o spouse/support · **S**ickness

ANOREXIA = "DON'T EAT"

Decreased weight · **O**bsessed with food/exercise · **N**o period (amenorrhea) · **T**hin (but sees self fat) · **E**lectrolyte ↓ · **A**bnormal VS (bradycardia, ↓BP, ↓T) · **T**hinking distorted

BULIMIA = "BINGE"

Binge & purge · **I**nduced vomiting · **N**ormal / over weight · **G**astric issues, dental erosion · **E**lectrolytes ↓ K (hypokalemia → arrhythmia)

STIMULANT S/E = "STIMULATES"

Sleep ↓ · **T**achycardia · **I**ncreased BP · **M**ood changes · **U**nder-weight · **L**ess growth · **A**ppetite ↓ · **T**ics · **E**motional lability · **S**chedule II

💡 *Pattern Recognition: **Stimulants AM · SSRIs 4–6 wk · Antipsychotics → metabolic · Alpha-2 → taper***