

QUICK REFERENCE GUIDE TO DISORDERS AND TERMINOLOGY COMMONLY FOUND IN PSYCHOLOGICAL REPORTS ON CHILDREN

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DIAGNOSTICS

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) uses a multi-axial diagnostic system. This means that clients are assessed on several axes, each of which refers to a different domain of information that may aid in treatment planning. There are five axes included in the diagnostic classification:

Axis I	Clinical Disorders Other conditions that may be a focus of clinical attention
Axis II	Personality Disorders Mental Retardation
Axis III	General Medical Conditions
Axis IV	Psychosocial and Environmental Problems
Axis V	Global Assessment of Functioning

These descriptions are borrowed from the Diagnostic and Statistics Manual of Mental Disorders, Forth Edition, Text Revision (2000):

Adjustment Disorder

The essential feature is the development of clinically significant emotional or behavioral systems in response to an identifiable psychosocial stressor or stressors. The stressor(s) is generally identified on Axis IV. Adjustment Disorders are coded according to the subtype that best fits the predominant symptoms:

With Depressed Mood - This is used when the predominant features include symptoms such as depressed mood, tearfulness, or feelings of sadness or hopelessness.

With Anxiety - This specifier is used when the main features are symptoms such as nervousness, worry, or jitteriness.

With Mixed Anxiety and Depressed Mood - This subtype is used to reflect a combination of depression and anxiety.

With Disturbance of Conduct - This is used when the predominant feature is a disturbance in conduct in which there is a violation of the rights of others or major age-appropriate societal norms and rules (e.g., truancy, vandalism, reckless driving, fighting).

With Mixed Disturbance of Emotions and Conduct - This subtype is used when the predominant manifestations are both emotional systems (e.g., depression, anxiety) and a disturbance of conduct.

Asperger's Disorder

Similar to Autistic Disorder, but without the language delays and without significant delay in cognitive development or in development of age-appropriate self-help skills or curiosity about the environment.

Attention - Deficit/Hyperactivity Disorder

The essential feature is a persistent pattern of inattention and / or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. Some hyperactive-impulsive or inattentive systems that cause impairment must have been present before age seven. Associated features may include low frustration tolerance, temper outburst, bossiness, stubbornness, moodiness, and excessive insistence that requests be met. (This disorder used to be referred to as ADD).

Combined Type - Multiple systems of both inattention and hyperactivity-impulsivity.

Predominantly Inattentive Type - Symptoms of hyperactivity-impulsivity are minimal or absent.

Predominantly Hyperactive-Impulsive Type - Symptoms of inattention are minimal.

Autistic Disorder

Delays or abnormal functioning in social interaction, language as used in social communication or symbolic or imaginative play, with onset prior to age three. Some of the hallmark symptoms include: (1) lack of seeking to share enjoyment, interest, or achievements with other people (2) lack of social reciprocity (3) delay in or total lack of development of spoken language (4) inability to initiate or sustain conversation (5) stereotyped and repetitive use of language (echolalia) or idiosyncratic language (6) preoccupation with unusual intensity or focus. (7) stereotyped and repetitive mannerisms (8) rigidly following specific nonfunctional routines (9) persistent preoccupation with parts of objects.

Bipolar Affective Disorder

A mood disorder characterized by mood swings, which either fluctuate rapidly, or over longer periods. Individuals with this disorder typically experience periods of depression or dysthymia alternating with periods of mania or hypo mania (elevated mood, euphoric, less need for sleep). Common symptoms: Being able to go without sleep (without being tired); excessive talking and/or talking loudly (and other people frequently notice this); hypersexuality (for instance, excessive masturbation); grandiose thinking; hyperactivity and person likes being hyperactive (vs. ADHD, where it is more frustrating for the person). Person also sometimes may become psychotic, delusional. Onset is usually in the twenties, but may start in adolescents. Manic episodes are shorter than depressive episodes.

Manic Episode – distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least 1 week. Symptoms (only 3 are necessary for diagnosis): (1) inflated self-esteem or grandiosity (2) decreased need for sleep (3) pressure to keep talking or more talkative than usual (4) feels like thoughts are racing (5) unusually distractible (6) increase in goal-directed activity or psychomotor agitation (7) excessive engagement in pleasurable activities with no regard for consequences (buying sprees, sexual activity, foolish business investments). These symptoms cause marked impairment in functioning or hospitalization. May be psychotic features.

In *Hypomania*, symptoms are the same as in mania, but do not cause significant impairment or require hospitalization. In younger persons, Hypomanic Episodes may be associated with truancy, antisocial behavior, school failure or substance use.

Mixed Episode – a period of time (at least a week) in which both manic and depression symptoms occur. The individual experiences rapidly alternating moods (sadness, irritability, euphoria). Frequent symptoms are agitation, insomnia, appetite dysregulation, psychotic features, and suicidal thinking. Symptoms are severe enough to cause marked impairment or hospitalization. This form of the disorder may be more common in younger people.

NOTE: In children, ADHD is an alternative diagnosis. The symptoms are similar, but there are several important distinctions: (1) the onset is before age seven in ADHD (2) ADHD symptoms are chronic rather than episodic in nature (3) Bipolar Disorder has clear beginnings and endings of episodes (4) in ADHD there are no psychotic features. Children with ADHD do not enjoy their hyperactivity, whereas individuals with Bipolar Disorder often enjoy the manic episodes.

Child or Adolescent Antisocial Behavior

Used when a focus of clinical attention is antisocial behavior in a child or adolescent that is not due to a mental disorder (e.g., Conduct Disorder or an Impulse-Control Disorder). Examples include isolated delinquent acts which are not part of a pattern and may not be typical for that child.

Conduct Disorder

The essential feature is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. The behavior pattern is usually present in a variety of settings such as home, school, or the community. Because individuals with Conduct Disorder are likely to minimize their conduct problems, the clinician often must rely on additional informants. Individuals with this disorder characteristically demonstrate relatively serious disruptive behaviors such as, initiating aggressive behavior, destruction of others property, deceitfulness or theft, or frequently running away from home.

Childhood-Onset Type - At least one symptom began prior to age ten. These individuals are more likely to have persistent Conduct Disorder and to develop adult Antisocial Personality Disorder than are those with Adolescent-Onset Type.

Adolescent-Onset Type - Symptoms of Conduct Disorder are absent prior to age ten. These individuals are less likely to display aggressive behaviors and tend to have more normative peer relationships than those with Childhood-Onset Type.

Severity of the disorder is rated *Mild, Moderate, or Severe*.

Older diagnostic systems (prior to 1994) used the following descriptors:

Group Type or Socialized Nonaggressive Type: Conduct problems occur mainly as a group activity with peers. Aggression may or may not be present.

Solitary Aggression Type or Undersocialized Aggressive Type: Aggressive physical behavior predominates, usually toward both adults and peers, and the individual usually acts alone.

Undifferentiated Type: The child or adolescent has a mixture of clinical features that cannot be classified as either of above.

Depression

Individuals with this disorder display either a sad or flat mood, or loss of interest or pleasure in normally pleasurable activities. In children, mood may be irritable rather than sad. Other symptoms include weight loss or gain, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, inability to concentrate and/or thoughts of death. Important to the diagnosis is that symptoms represent a *change* from previous functioning.

Depression with Psychotic Features: Besides displaying the characteristics of depression, individuals with this disorder also experience hallucinations or delusions. These typically involve depressive themes such as hearing voices that berate them for shortcomings or sins, or delusions of being responsible for something bad that happened.

Dysthymic Disorder: The essential feature is a chronically depressed mood that occurs for most of the day more days than not for at least 2 years. Individuals with this disorder often describe their

mood as sad or "down in the dumps." In children, the mood may be irritable rather than depressed, and the duration is only one year. During periods of depressed mood, some of the following symptoms are seen: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions.

Disruptive Behavior Disorder NOS

Used for disorders characterized by a pattern of conduct or oppositional defiant behaviors that does not meet full criteria for Conduct Disorder or Oppositional Defiant Disorder.

Dissociative Disorder

One or more episodes of extraordinary inability to recall important personal information, usually of a traumatic or stressful nature.

Factitious Disorder

Intentional production or feigning of physical or psychological signs or symptoms with the goal of assuming the sick role. Unlike Malingering, there are no evident external incentives such as monetary gain or avoiding legal difficulties. Also unlike Malingering, the individual is typically unaware of the motivation for their behavior.

Factitious Disorder by Proxy

Not yet considered an official diagnosis, this is included in the DSM as a proposed disorder warranting further study. This is the intentional production or feigning of physical or psychological signs or symptoms in another person who is under the individual's care.

Generalized Anxiety Disorder (GAD)

Individual exhibits excessive anxiety and worry more days than not for at least 6 months. Person finds it difficult to control the worry. Three or more of the following symptoms are present (one or more for children): restlessness or feeling keyed up or on edge, easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance. Other anxiety disorders are ruled out first.

Intermittent Explosive Disorder

The essential feature is the occurrence of discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property. The degree of aggressiveness expressed during an episode is grossly out of proportion to any provocation or precipitating stressor. This diagnosis is made only after other mental disorders that might account for these episodes have been ruled out (e.g., a personality disorder, Conduct Disorder, a Manic Episode, or ADHD).

Learning Disorders

The essential feature is inadequate development of specific academic, language, speech, or motor skills that are not due to a general medical condition. Often, the individual has average intelligence, but manifests difficulty in one specific area. The cause is presumed to be neurological (i.e., aberrant brain functioning). These are now diagnosed individually, for example:

Mathematics Disorder
Reading Disorder
Disorder of Written Expression etc.

Malingering

The essential feature of Malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding responsibility or evading prosecution.

Mental Retardation

The essential feature of Mental Retardation is significantly subaverage general intellectual functioning that is accompanied by significantly underdeveloped adaptive functioning, with onset prior to age 18. It is important to note that this cannot be

Mild (IQ level 50 -55 to approx. 70) - Typically develop social and communication skills during the preschool years, have impairment in sensorimotor areas, and often are not distinguishable from children without Mental Retardation until a later age. By their late teens, they can acquire academic skills up to approximately the six-grade level. During adult years, they usually achieve social and vocational skills adequate for minimum self-support, but may need supervision, guidance, and assistance, especially when under unusual social or economic stress. With appropriate supports, individuals with Mild Mental Retardation can usually live successfully in the community, either independently or in supervised settings.

Moderate (IQ level 35 - 40 to 50-55) - Most of the individuals with this level of Mental Retardation acquire communication skills during early childhood years. They profit from vocational training, and with moderate supervision, can attend to their personal care. They can also benefit from training in social and occupation skills but are unlikely to progress beyond the second-grade level in academic subjects. They may learn to travel independently in familiar places. During adolescent, their difficulties in recognizing social conventions may interfere with peer relationships. In their adult years, the majority are able to perform unskilled or semiskilled work under supervision in sheltered workshops or in the general work force. They adapt well to life in the community, usually in supervised settings.

Severe and Profound

Munshausen's Syndrome

See Factitious Disorder

Obsessive-Compulsive Disorder (OCD)

Individuals diagnosed with OCD exhibit recurrent and persistent obsessions or compulsive behaviors.

Obsessions are impulses or images that are experienced as intrusive and cause anxiety, and the person recognizes that thoughts are coming from their own mind (vs Psychosis).

Compulsions are repetitive behaviors (compulsions) that the person feels driven to perform in response to an obsession or according to rigid rules, in order to reduce or prevent anxiety.

Oppositional - Defiant Disorder

The essential feature is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months. These behaviors may be expressed by persistent stubbornness, resistance to directions, and unwillingness to compromise. Hostility may be directed at adults or peers and is shown by deliberately annoying others or by verbal aggression. Symptoms are usually more evident in interactions with adults or peers the individual knows well and are typically justified as responses to unreasonable demands or circumstances.

Panic Disorder

A panic attack is defined as a discrete period of intense fear or discomfort in which four or more of the following symptoms start abruptly and peak within 10 minutes: (1) pounding heart or accelerated heart rate (2) sweating (3) trembling or shaking (4) sensations of shortness of breath or smothering (5) feeling of choking (6) chest pain or discomfort (7) nausea or abdominal distress (8) feeling dizzy, unsteady, lightheaded, or faint (9) derealization (feelings of unreality) or depersonalization (being detached from oneself) (10) fear of losing control or going crazy (11) fear of dying (12) numbness or tingling sensations (13) chills or hotflashes. Panic Disorder is diagnosed as:

With Agoraphobia - panic attacks associated with being in places in which escape might be difficult, typically outside the home alone, being in a crowd or on public transportation.

Without Agoraphobia – panic attacks with worry about having another attack and panic attacks are not associated with general medical condition nor with substance abuse.

Personality Disorder

A Personality Disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. Personality Disorders are not often diagnosed in adolescents since this is generally recognized as a period of development and change. However, Personality Disorder diagnoses may be applied to children or adolescents in those relatively unusual instances in which the individual's particular maladaptive personality traits appear to be pervasive, persistent and unlikely to be limited to a particular developmental state or an episode of another Axis I disorder. Must be present for at least one year.

If the individual exhibits some traits of a particular diagnosis, but there are not enough of the criteria met to receive the diagnosis (or if the individual is not old enough to receive the diagnosis), this may be listed on Axis II, as in "Borderline Traits". Specific Personality Disorders are diagnosed on Axis II, and include the following:

Paranoid - a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.

Schizoid - a pattern of detachment from social relationships and restricted range of emotional expression.

Schizotypal - a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

Antisocial - a pattern of disregard for, and violation of, the rights of others. Cannot be diagnosed in individuals under the age of 18 years.

Borderline - a pattern of instability in interpersonal relationships, self image, and affects, and marked impulsivity.

Histrionic - a pattern of excessive emotionality and attention seeking.

Narcissistic - a pattern of grandiosity, need for admiration, and lack of empathy.

Avoidant - a pattern of social inhibition, feelings of inadequacy, and hypersensitive to negative evaluation.

Dependent - a pattern of submissive and clinging behavior related to an excessive need to be taken care of.

Obsessive-Compulsive - a pattern of preoccupation with orderliness, perfectionism, and control.

Post-traumatic Stress Disorder (PTSD)

The essential feature of this disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor. The traumatic event may involve witnessing or causing a death, surviving a serious car accident, or learning about an unexpected or violent death or injury to a family member. Symptoms include persistent re-experiencing of the event (e.g., nightmares, persistent memories, or "flashbacks"), persistent avoidance of stimuli associated with the trauma (e.g., trying not to think about it, or being unable to recall certain aspects of the event), and increased arousal (e.g., difficulty sleeping, exaggerated startle response, irritability or outbursts of anger).

Psychotic Disorder NOS

Used to indicate the presence of psychotic symptoms for which the cause is unknown, or that do not rise to the level of a clear psychotic disorder such as schizophrenia. Also used when a psychotic disorder is first identified and the symptoms have not yet lasted one month.

Reactive Attachment Disorder of Infancy and Early Childhood

Disturbed and developmentally inappropriate social relatedness, beginning before age 5. May exhibit excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses. For example, a child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness. Alternatively, he or she may exhibit indiscriminate sociability (excessive familiarity with strangers) and with marked inability to exhibit appropriate close attachments. Cannot be

accounted for by developmental delay. Associated with a history of *pathogenic care* (basic emotional, physical needs not met) or repeated changes of primary caregiver.

Separation Anxiety Disorder (Also sometimes called School Phobia)

Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached. This may take the form of persistent and excessive worry about something bad happening to a loved one, refusal to go to school because of fear, or repeated nightmares involving the theme of separation.

Schizophrenia

A group of psychotic disorders characterized by withdrawal from reality accompanied by highly variable affective, behavioral and cognitive disturbances. Symptoms must persist for at least six months. Common symptoms include delusions, hallucinations, disorganized speech, flat affect, restricted speech, and restriction of goal-directed activity.. Structural abnormalities of the brain have consistently been demonstrated in individuals with schizophrenia. Onset usually occurs between late teens and mid-thirties. Onset prior to adolescence is rare. Difficult to diagnose in children, because other childhood disorders are similar. In children, visual hallucinations may be more common, and delusions and hallucinations may be less elaborated.

Sexual Abuse of a Child

Unfortunately, this wording is used in the DSM-IV for both victims and perpetrators; the distinction is the diagnostic code:

995.5 -- when focus of clinical attention is on the victim

V61.21 -- when focus is on the perpetrator.

Tourette's Disorder

Onset before 18 years of age. Motor and verbal tics occur at some time during the illness. Tics occur many times a day nearly every day throughout a period of more than 1 year, without more than three tic-free months. A *tic* is a sudden, rapid, recurrent, non-rhythmic, stereotyped motor movement or vocalization. *Transient tic disorder* – at least four weeks in duration, motor or verbal tics.

"V" Codes

Diagnoses which may be the focus of clinical attention but which do not warrant a clinical diagnosis are preceded by the letter "V": Examples include:

V61.20 Parent-Child Relational Problem

V61.21 Sexual Abuse of Child

V65.2 Malingering

V71.02 Child or Adolescent Antisocial Behavior.

MISCELLANEOUS TERMS

Acute: Term used to describe a disorder of sudden onset and relatively short duration, usually with intense symptoms.

Affect: Outward manifestation of a person's emotions or feelings.

Anhedonia: Inability to experience pleasure or joy; often seen in depressed and schizophrenic individuals.

Aphasia: Loss or impairment of ability to express and/or understand language.

Ataxia: Neurological condition consisting of unsteady and clumsy movements due to problems with gross motor coordination.

b.i.d.: Used in prescribing medications; specifies taking the medication twice daily.

By History: Used to indicate that the diagnosis is being made on the basis of a previous evaluation, e.g., the discharge summary from a recent hospitalization.

"Cluster B Traits" - Used in place of a personality disorder diagnosis when the client displays characteristics of Antisocial, Borderline, Histrionic, and/or Narcissistic Personality Disorder, but it is believed that a full-blown personality disorder is not yet developed.

Cognitive: Having to do with thinking, understanding, and reasoning.

Decompensation: Ego or personality disorganization under excessive stress.

Differential Diagnosis: The distinguishing between two or more diseases with similar symptoms by systematically comparing their signs and symptoms.

DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. This is the classification system used by most psychologists and psychiatrists in the U.S.

Dx: abbreviation for "diagnosis"

Encopresis: Repeated passage of feces into inappropriate places (e.g., clothing or floor). Most often this is involuntary, but occasionally may be voluntary.

Enuresis: Bed-wetting; involuntary release of urine.

Fetal Alcohol Syndrome (FAS): Observed pattern in children of alcoholic mothers in which there is characteristic facial or limb irregularity, low birth weight, and behavioral abnormalities. FAE is used to indicate Fetal Alcohol Effects, a condition in which only some of the characteristics of FAS are present following in-utero exposure to alcohol.

h.s.: Used in prescribing medications; specifies taking the medication each night at bedtime.

Hx: abbreviation for "history" (e.g., "has no known hx of substance abuse...")

Hypomania: Mild form of mania reaction, characterized by moderate psychomotor activity and/or feelings of euphoria.

Hypoxia: Insufficient delivery of oxygen, typically to the brain

ICD-9: International Classification of Diseases, Ninth Edition. A diagnostic classification system similar to the DSM.

In Full Remission: There are no longer any signs or symptoms of disorder.

In Partial Remission: The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.

Labile: Tending to change affective states quickly, e.g., shifting from laughing to crying and back again as the topic of conversation changes. Also used to indicate inappropriate and/or exaggerated laughing or crying.

Malingering: Consciously faking an illness or disability.

Mania: Emotional state characterized by intense and unrealistic feelings of excitement and euphoria. In juveniles, this often presents as irritability instead of euphoria.

Mental Status Examination (MSE): An evaluation (both by observation and interview) of the client's current mental state, including factors such as mood, attention span, quality of speech, memory, level of consciousness, and presence or absence of psychotic signs.

Narcolepsy: Disorder characterized by transient, compulsive states of sleepiness. A form of epilepsy.

Neurological examination: Examination to determine the presence and extent of organic damage to the nervous system. Evaluates reflexes, eye movements, muscular coordination, and related functions of the nervous system.

Neuropsychological evaluation: Use of tests that measure higher order cognitive abilities including language, memory, attention and planning, perceptual, and motor performance to determine the extent and locus of brain damage and/or to aid in the development of plans for remediation and accommodations.

NOS: Not Otherwise Specified. This term is used when the presentation conforms to the general guidelines for the disorder, but the client does not meet enough of the criteria to warrant the full diagnosis.

p.o.: Used in prescribing medications; specifies taking the medication by mouth.

Premorbid: Existing prior to the onset of mental disorder.

Prior history: Used when it is useful to indicate that the client had carried the diagnosis at some time in the past, since this information might elucidate current functioning.

Psychomotor epilepsy: (Also referred to as temporal lobe epilepsy). State of disturbed consciousness in which an individual may perform various actions, sometimes of a violent nature, which he or she cannot remember later.

Rule Out (R/O): Used when the client displays symptoms of a disorder but it is not yet clear whether the disorder is present (e.g., R/O Pervasive Developmental Disorder). Is also used when a client displays symptoms of two or more disorders and it is unclear which disorder he or she actually has. (Example: R/O Major Depression vs. Adjustment Disorder with Depressed Mood).

Sequelae: The symptoms remaining as the aftermath of a disorder.

Somatic: Pertaining to the body, e.g., "somatic complaints" typically means complaints of aches and pains.

Sx: abbreviation for "symptoms"

Temporal lobe epilepsy: See psychomotor epilepsy.

t.i.d.: Used in prescribing medications; specifies taking three times per day.

Trichotillomania: The nervous habit of pulling out one's hair.

Tx: abbreviation for "therapy" or "treatment".

MEDICATIONS

The following medications are listed according to their typical uses; many have multiple uses that may overlap with other categories. This does not represent an exhaustive list, as new medications are continually being developed. These are listed by brand name (generic names in parentheses)

Anxiety Disorders:

Atarax (hydroxyzine)
Ativan (lorazepam)
BuSpar (buspirone)
Compazine (prochlorperazine)
Effexor XR (venlafaxine)
Librium (chlordiazepoxide)
Paxil (paroxetine)
Tranxene (chlorazepate)
Valium (diazepam)
Vistaril (also known as a sleep aid)
Xanax (alprazolam)

Obsessive-Compulsive Disorder:

Anafranil (clomipramine)
Paxil (paroxetine)
Prozac (fluoxetine)
Zoloft (sertraline)

Panic Disorder:

Klonopine (clonazepam)
Paxil (Paroxetine)
Xanax (alprazolam)
Zoloft (sertraline)

Depression:

Aventyl (Pamelor) (nortriptyline)
Celexa (citalopram)
Desyrel (trazodone) (also used for sleep problems)
Effexor (venlafaxine)
Elavil (amitriptyline)
Imipramine (also used to treat enuresis)
Lexapro (escitalopram)
Luvox (used especially for OCD)
Nardil (phenelzine)
Norpramin (desipramine)
Pamelor (nortriptyline)
Parnate (tranylcypromine)
Paxil (paroxetine)
Prozac (fluoxetine)
Remeron (mirtazapine)
Serzone (nefazodone)
Sinequan (doxepine)
Tofranil (imipramine)
Trazadone (desyrel) (also used to treat sleep disorder)
Vivactil (protriptyline)
Wellbutrin (bupropion)
Zoloft (setraline)

Attention Deficit-Hyperactivity Disorder:

Adderall
Concerta (one of several time-released versions)
Cylert (pemoline)
Dexedrine (dextroamphetamine)
Focalin (dexmethylphenidate)
Ritalin (metadate) (methalin) (methylphenidate)
Strattera (non-stimulant)

Bed-wetting:

DDAVP (desmopressin)
Tofranil (imipramine)

Insomnia:

Some of the antidepressants are also used for sleep problems
Ambien (zolpidem)
Dalmane (flurazepam)
Doral (quazepam)
Halcion (triazolam)
Restoril (temazepam)
Sonata (zaleplon)

Severe Behavior Problems in Children:

Thorazine (chlorpromazine)
Haldol (haloperidol)

Bipolar Disorder:

(Some are seizure disorder medications as well)
Depakote (divalproex)
Depakene (valproic acid)
Klonopin (clonazepam)
Eskalith (lithium, lithium carbonate)
Lamictal (lamotrigine)
Topamax (topiramate)
Tegretol (carbamazepine) (Carbatrol)
Tripleptal (oxcarbazepine)
Zyprexa (olanzapine)

Post-traumatic Stress Disorder:

axil (paroxetine)
Zoloft (sertraline)

Psychosis and Schizophrenia:

Abilify (aripiprazole)
Clozaril (clozapine)
Compazine (prochlorperazine)
Geodon (ziprasidone)
Haldol (haloperidol)
Mellaril (thioridazine)
Moban (molindone)
Navane (thiothixene)
Risperdal (risperidone)
Serentil (mesoridazine)
Seraquel (quetiapine)
Stelazine (trifluoperazine)
Thorazine (chlorpromazine)

Triavil (amitriptyline with perphenazine) (Etrafon)
Trilafon (perphenazine)
Zyprexa (olanzapine)

PSYCHOLOGICAL TESTS

The following is a list of commonly used psychological tests, with brief descriptions of their purpose(s):

Bender Visual - Motor Gestalt Test - Neuropsychological screening, visual-motor integration

DAP (Draw-A-Person) – Sometimes used as a projective personality measure (unreliable), now used more often in testing dementia and other conditions.

DTVMI (VMI) (Beery Developmental Test of Visual-Motor Integration) - Neuropsychological screening of visual-motor coordination.

HTP (House-Tree-Person) – Sometimes used as a projective personality measure (unreliable).

Rotter Incomplete Sentences Blank - Personality

K-Bit (Kaufman Brief Intelligence Test) - Intelligence estimate

Kinetic Family Drawing - Personality/family functioning

MACI (Million Adolescent Clinical Inventory) - Personality

MMPI-A (Minnesota Multiphasic Personality Inventory-Adolescent) - Personality

Mooney Problem Checklist - List of Potential symptoms/problems

NEPSY – Neuropsychological test battery specifically for children

PIAT-R (Peabody Individual Achievement Test- Revised) - Academic Achievement

PPVT-III (Peabody Picture Vocabulary Test, Third Edition) - Receptive Vocabulary

Roberts Apperception Test – Personality. (Analogous to the TAT but freer of cultural bias.)

Rorschach – Personality

SB5 (Stanford-Binet Intelligence Scales, 5th Edition) - Intelligence

TAT - (Thematic Apperception Test) - Personality

VABS (Vineland Adaptive Behavioral Scales) - Adaptive Functioning

WAIS-III (Wechsler Adult Intelligence Scale – Third Edition) Intelligence

WIAT (Wechsler Individual Achievement Test) - Academic Achievement

WISC-R (Wechsler Intelligence Scale for Children- Revised) - Intelligence

WISC-IV (Wechsler Intelligence Scale for Children – 4th Edition) - Intelligence

Woodstock-Johnson - Academic Achievement

WRAT-3 (Wide Range Achievement Test, 3rd Edition) - Academic Achievement