



Einführung in das Fach Kinder- und Jugendpsychiatrie und –psychotherapie

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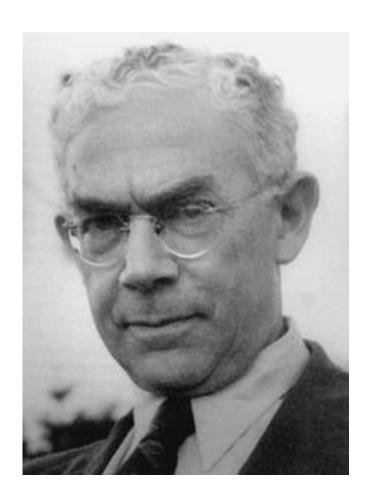
Vorlesung KJPP – PH Ludwigsburg

Inhalt

- Kurze Historie zur Entwicklung der "Kinderund Jugendpsychiatrie und –psychotherapie"
- Kindliche Entwicklung aus Sicht der KJPP
- Strukturen der Patientenversorgung in der KJPP
- Elemente der Krankenhausbehandlung



Hermann Emminghaus (1845-1904)



Otto Löwenstein (1889-1965)



Eugen Bleuler (1857-1939)



Leo Kanner (1894-1981)

PATHOLOGY

To understand and measure emotional qualities is very difficult. Psychologists and educators have been struggling with that problem for years but we are still unable to measure emotional and personality traits with the exactness with which we can measure intelligence.

-Rose Zeligs in Glimpses into Child Life*

AUTISTIC DISTURBANCES OF AFFECTIVE CONTACT

By Leo Kanner



Hans Asperger (1906-1980)

(Aus der Wiener Universitäts-Kinderklinik [Vorstand: Prof. Franz Hamburger].)

Die "Autistischen Psychopathen" im Kindesalter*

Von

Doz. Dr. Hans Asperger,

Leiter der Heilpädagogischen Abteilung der Klinik.

(Eingegangen am 8. Oktober 1943.)

^{*}Habilitationsschrift, eingereicht bei der Medizinischen Fakultät der Wiener Universität.



Lorna Wing (1928-2014)

Psychological Medicine, 1981, 11, 115-129
Printed in Great Britain

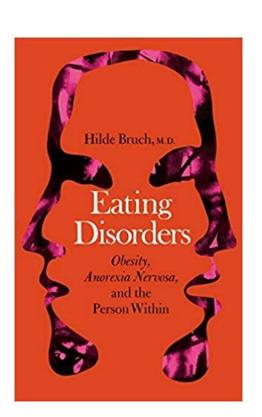
Asperger's syndrome: a clinical account

LORNA WING¹

From the MRC Social Psychiatry Unit, Institute of Psychiatry, London

SYNOPSIS The clinical features, course, aetiology, epidemiology, differential diagnosis and management of Asperger's syndrome are described. Classification is discussed and reasons are given for including the syndrome, together with early childhood autism, in a wider group of conditions which have, in common, impairment of development of social interaction, communication and imagination.

Autismus-Spektrum-Störung



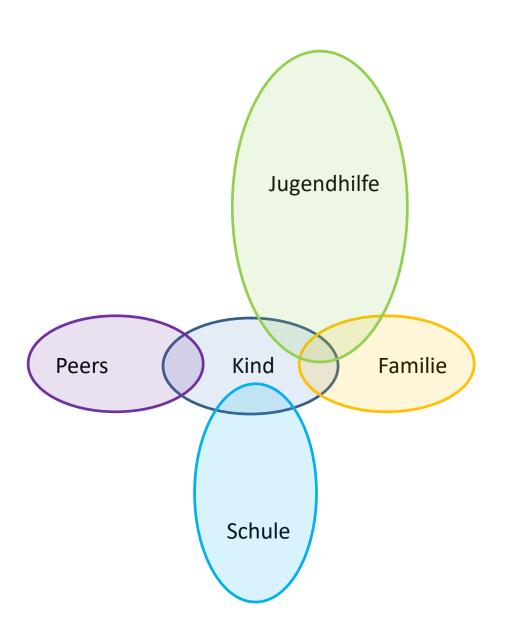


Hilde Bruch (1904 – 1984)

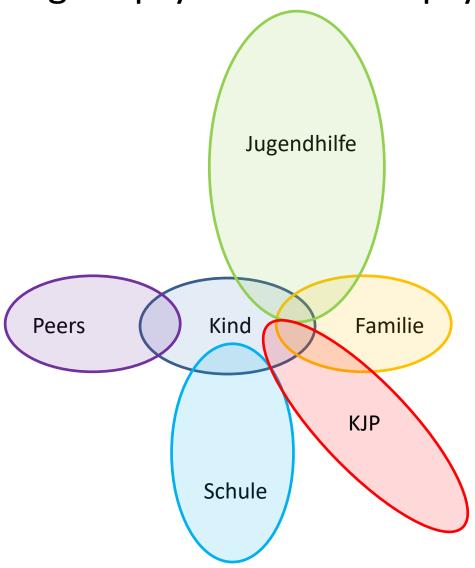




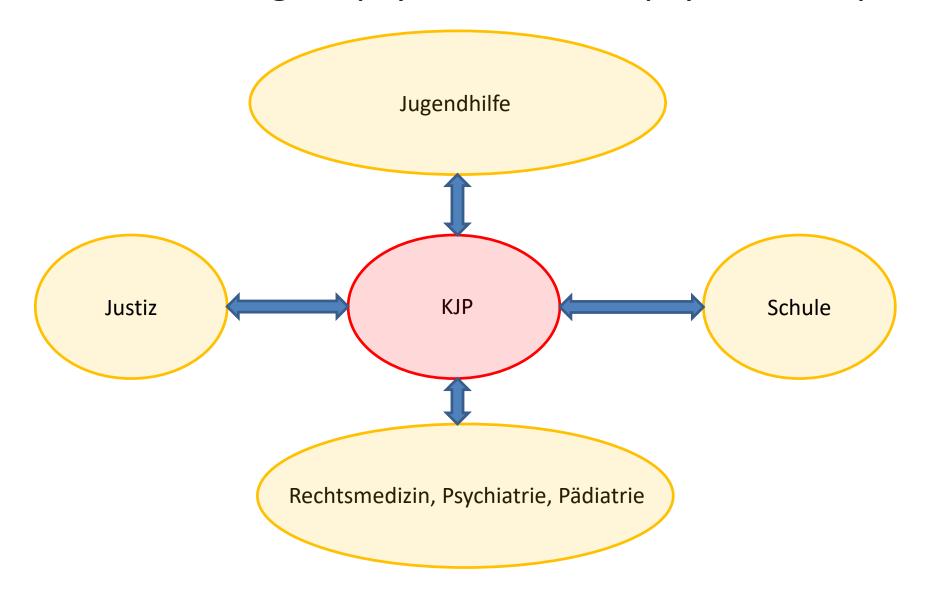
Janusz Korczak



Kinder- und Jugendpsychiatrie und -psychotherapie



Kinder- und Jugendpsychiatrie und -psychotherapie



Interdisziplinarität der KJP

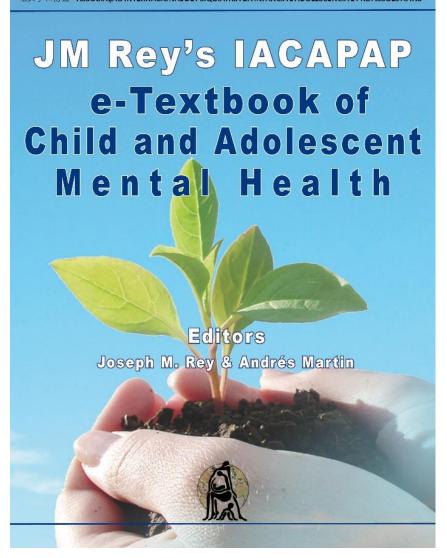
- Medizinische Fächer
 - Erweiterte Organmedizin (z.B. Neuropädiatrie)
 - Kinderschutz (Rechtsmedizin)
 - Transition (Psychiatrie)
- Jugendhilfe
 - Ambulant (z.B. Hilfen zur Erziehung)
 - Stationär (Einrichtungen der Jugendhilfe)
 - Kinderschutz
- Schule
 - Nachteilsausgleich
 - Schule für Kranke
- Justiz
 - Begutachtung (Familiengericht, Sozialgericht, Strafgericht)
 - Unterbringung und Zwang (BGB und PsychKG)



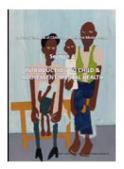
IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions

INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS • ASSOCIATION INTERNATIONALE DE PSYCHIATRIE DE L'ENFANT, DE L'ADOLESCENT, ET DES PROFESSIONS ASSOCIEES • ASOCIACIÓN INTERNACIONAL DE PSIQUIATRÍA DEL NIÑO Y EL ADOLESCENTEY PROFESIONES AFINES • 国际儿童青少年精神医学及相关学科协会 • ASSOCIAÇÃO INTERNACIONAL DE PSIQUIATRIA DA INFÂNCIA E ADOLESCÊNCIA E PROFISSÕES AFINS •



https://iacapap.org/



Section A. INTRODUCTION

A.1 Ethics and international child and adolescent psychiatry

Adrian Sondheimer & Joseph M Rey

VERSION IN RUSSIAN: "Этика и международная детская и

подростковая психиатрия"

Editors: Olga Dolenko, Dmytro Martsenkovskyi. Translated by Kostiantyn Muzhanovskyi

A.2 Normal development: infancy, childhood and adolescence
Nancy G Guerra, Ariel A Williamson & Beatriz Lucas-Molina

A.3 Clinical models for child and adolescent behavioral, emotional and social problems

Thomas M Achenbach & David M Ndetei

A.4 The clinical assessment of infants, preschoolers and their families
Sarah Mares & Ana Soledade Graeff-Martins

A.5 The clinical examination of children, adolescents and their families

Thomas Lempp, Daleen de Lange, Daniel Radeloff & Christian Bachmann

A.6 Evidence-based practice in child and adolescent mental health

John D Hamilton & Füsun Çuhadaroğlu-Çetin

POWERPOINT PRESENTATION FOR TEACHING Henrikje Klasen

A.7 Principles in using psychotropic medication in children and adolescents

Benedetto Vitiello

A.8 e-Therapy. Using computer and mobile technologies in treatment Karolina Stasiak & Sally Merry

A.9 DSM-5. Major changes for child and adolescent disorders

Julia D Machado, Arthur Caye, Paul J Frick & Luis A Rohde

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A.10 Case formulation and integration of information in child and adolescent mental health

Schuyler W Henderson & Andrés Martin

A.11 Diagnosis and treatment planning in child and adolescent mental health problems

Barry Nurcombe

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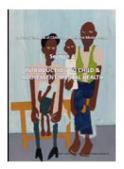
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Kindliche Entwicklung

- Körperlich, u.a.
 - Wachstum
 - Motorik
- Psychisch
 - kognitiv
 - emotional
- Sozial

Körperliche Entwicklung

- Dauer Schwangerschaft?
- Geburtsmaße? (Gewicht)?
- Entwicklung der Körpermaße?
 - Kopfumfang
 - Gewichtsentwicklung
 - Längenentwicklung
 - Pubertät
- Motorik?
 - Kopfkontrolle
 - Drehen
 - Robben/Krabbeln
 - Stehen
 - Freies Laufen
 - Einbeinstand
- Sensorik?
 - Fixieren
 - Schmerzen zuordnen

Psychische Entwicklung

Kognitiv

- Gesichtsausdruck erkennen?
- Sprachentwicklung?
- Aufmerksamkeit?
- Intelligenz?

Emotional

- Bindungsentwicklung?
- Theory of Mind?
- Impulskontrolle?
- Emotionsregulation?
- Beziehungsgestaltung?

Soziale Entwicklung

- Familie
 - Eltern
 - Geschwister
 - Verwandte
- Peers
 - Freundschaften
 - Partnerschaft
- Bildungsinstitutionen
 - Kindergarten
 - Schule
 - Verein

Resilienz

- Resilienz: Resilire (Abprallen)
- Resilienz = Widerstandsfähigkeit gegenüber Stress
- Psychische Resilienz = Widerstandsfähigkeit gegenüber psychischen Stressoren
- Resilienz ist das Gegenstück zur Vulnerabilität

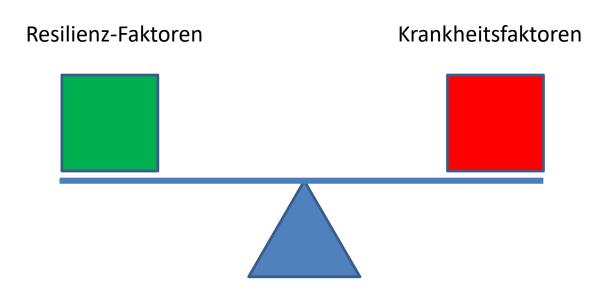




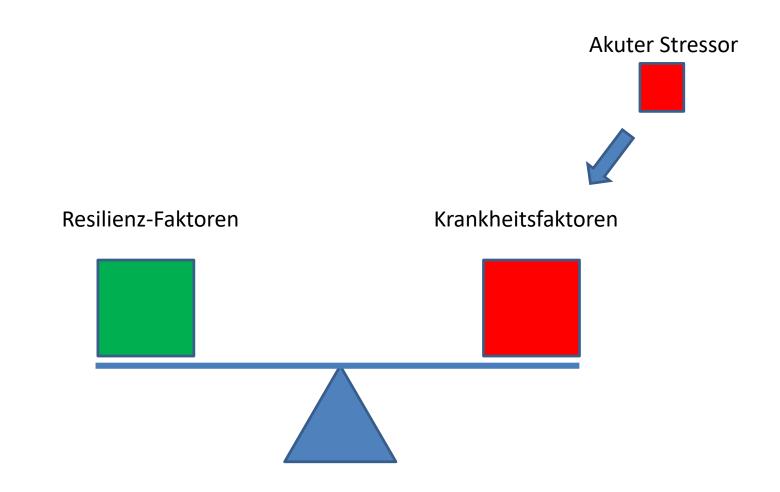


Bild: FAZ-NET

Balance: Resilienz vs. Stressor

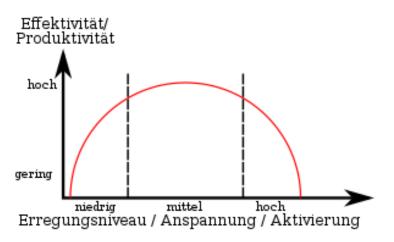


Durchschnittliche Resilienz

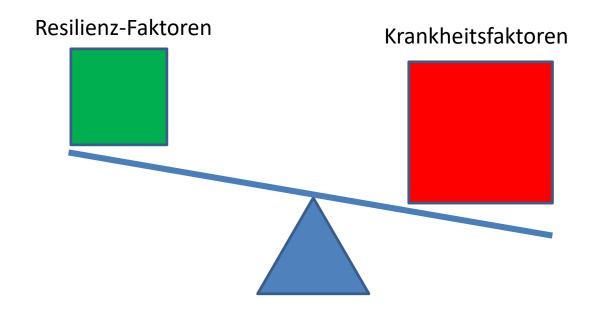


Stress - Definition

Stress (Cannon, 1914) bezeichnet zum einen durch spezifische äußere Reize (Stressoren) hervorgerufene Reaktionen bei Lebewesen, die zur Bewältigung besonderer Anforderungen befähigen, und zum anderen die dadurch entstehende Belastung.

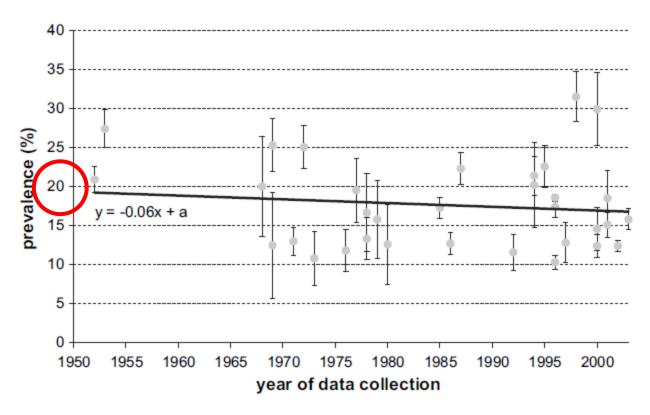


Erkrankung



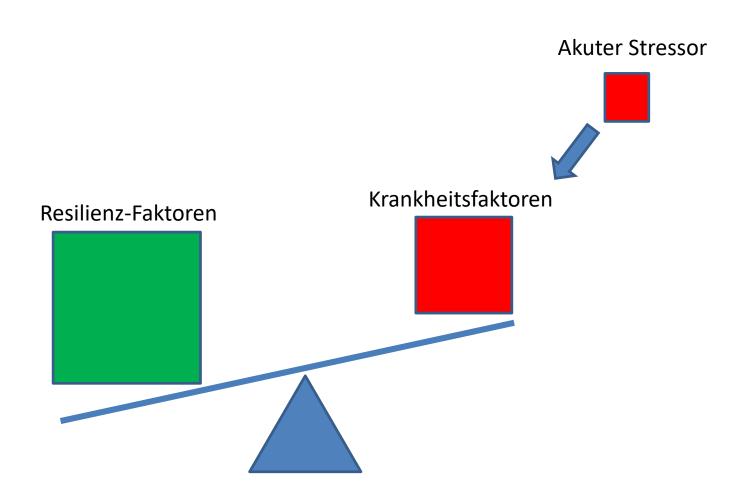
Prevalence of emotional and behavioural disorders in German children and adolescents: a meta-analysis

Claus Barkmann, Michael Schulte-Markwort

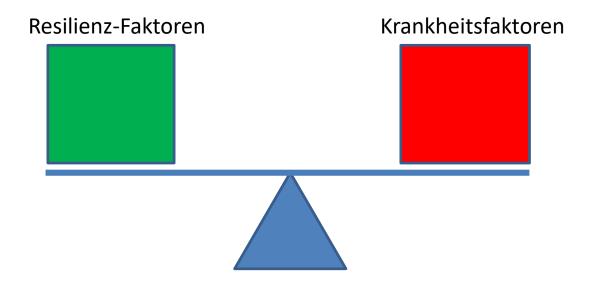


Time course of prevalences obtained in the k=33 primary studies (including 95% CI and regression line).

Hohe Resistenz



Gleichgewicht



Merkmale kindlicher Resilienz

- Mädchen > Jungen: Weniger aggressiv und höhere Kompetenz in der TOM
- Intelligenz
- Differenzierter Zugang zu Emotionen
- Relativ hohe Leistung im Verhältnis zur Begabung
- Impulskontrolle
- Belohnungsaufschub (Delay Discounting)/Persistenz
- Realistische Selbsteinschätzung
- Internale Kontrollüberzeugung

Faktoren der Resilienz und Vulnerabilität

Resilienz-Faktoren

- Stabiles Bonding und Bindungsentwicklung
- Aufwachsen in einem familiären Milieu
- Entwicklung von
 Sekundärbeziehungen,
 insbesondere zu
 Gleichaltrigen

Vulnerabilitäts- und Krankheitsfaktoren

- Psychiatrische Erkrankung der Eltern
- Pathologien in der Schwangerschaft und perinatal
- Aufwachsen mit 1 sozialen Elternteil
- Chronische somatische Erkrankung
- Ungünstige Temperamentsfaktoren (hohe emotionale Erregbarkeit und Impulsivität)