

Getting Started with PsychiatryOnline.com – User Training Guide

About this guide

This guide introduces you to PsychiatryOnline.com and provides basic information about using its many features. For more information about using these features not found in this guide, please email psychiatryonline@psych.org.

Refer to the table below to locate the information you need. Feature descriptions and step-by-step procedures are grouped under the main task that you are performing, such as researching a psychiatric disorder, managing your journal reading, or downloading information to your PDA.

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Getting started

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What's Included in Your Subscription

Your institution has purchased the DSM Premium subscription at PsychiatryOnline.com. This includes full-text access to the following psychiatric resources:

American Psychiatric Publishing, Inc. (APPI) peer-reviewed journals:

- [The American Journal of Psychiatry](#)
- [Psychiatric Services](#)
- [Academic Psychiatry](#)
- [The Journal of Neuropsychiatry and Clinical Neurosciences](#)
- [Psychosomatics](#)

And [Psychiatric News](#), for the latest developments in the field.

Aggregated along with the full-text of the best selling peer-reviewed books in the field:

- [DSM-IV-TR®](#)
- [DSM-IV-TR® Handbook of Differential Diagnosis](#)
- [DSM-IV-TR® Casebook and its Treatment Companion](#)
- [American Psychiatric Association Practice Guidelines](#) in both comprehensive and quick-reference formats
- [The American Psychiatric Publishing Textbook of Clinical Psychiatry](#)
- [Essentials of Clinical Psychopharmacology](#)
- [What Your Patients Need to Know About Psychiatric Medications](#)

Access PsychiatryOnline.com

Depending on how your institution's administrator or librarian has set up your institution's access to PsychiatryOnline.com, you can access resources for PsychiatryOnline.com anytime, at any computer within your institution.

If you experience any access problems, contact your institution's administrator and/or librarian or email: institutions@psych.org or call 703-907-8538.

Set Up Your Personal My PsychiatryOnline Account

My PsychiatryOnline is a free personalized account to access features including bookmarks, emailing topics, saved searches and PDA downloads.

From the PsychiatryOnline.com homepage, click on **My PsychiatryOnline**.



Register for your **My PsychiatryOnline** personal account by completing your information.

The screenshot shows the PsychiatryOnline website interface. At the top, there is a navigation bar with links for 'Subscribe/Renew', 'Help', 'Feedback', and 'About'. Below this is a search bar and a 'GO' button. The main content area is titled 'My PsychiatryOnline' and includes a message: 'Please log in or register for a free personal account to access My PsychiatryOnline and its features including bookmarks, emailing topics, saved searches, and PDA downloads.' The registration form is divided into two sections: 'Registered Users Log In' and 'New User? Register here for a free personal account:'. The 'New User' section is highlighted with a yellow circle and contains the following fields: 'First Name', 'Last Name', 'Email Address' (with a note that it will be the username), 'Password' (with a note that it must be 6-12 characters), and 'Confirm Password'. A 'Register Now' button is located at the bottom of this section. The footer of the page includes copyright information for American Psychiatric Publishing, Inc. (©2006) and links to 'Copyright & Legal Disclaimer', 'Privacy Policy', and 'Terms of Use'. It also mentions 'a silverchair information system'.

You will now be able to take advantage of PsychiatryOnline.com features such as email a colleague, save for PDA, and bookmark chapters (described in the next section).

Research a Psychiatric Disorder

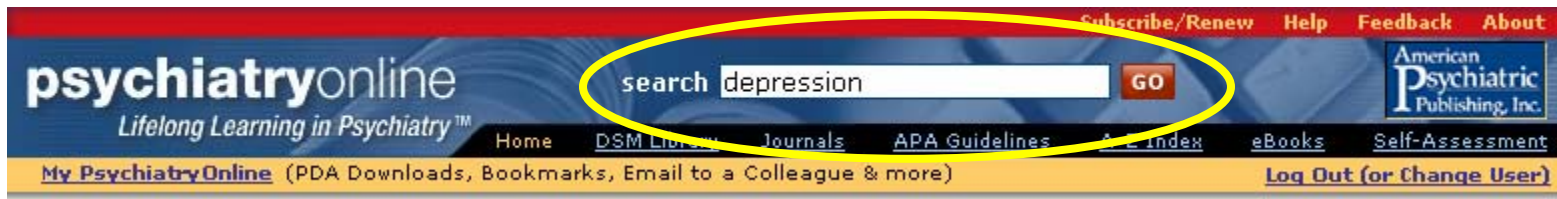
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Search on a Psychiatric Disorder

The best way to research a psychiatric disorder on PsychiatryOnline.com is from the homepage. In the top banner you will see a search bar.



Type in a psychiatric disorder you are researching. In this case, we are researching “depression.” Click “GO.”



Search results page for “depression” appears.

Notice two separate tabs for book results and journal results. The number indicates the # of results for each.

Results are also broken down by resource book.

Results page will also dynamically generate a sub-topic list to narrow your search results further.

Click on search result.

The screenshot shows the psychiatryonline.com search results page for the term "depression". At the top, there is a search bar with "depression" entered and a "GO" button. Below the search bar, there are navigation links for Home, DSM Library, Journals, APA Guidelines, A-Z Index, eBooks, and Self-Assessment. The page title is "PsychiatryOnline topic match: depression". There are two tabs: "Book Results (63)" and "Journal Results (1853)". The "Book Results" tab is active, showing a list of 1-20 of 63 book results. The first result is "1. Antidepressant Drugs" from the "Textbook of Clinical Psychiatry". To the left of the book results, there is a sub-topic list for "depression" with various filters like "adolescent", "in adolescents", "age and", etc. There are callout boxes with arrows pointing to specific elements: one points to the "Book Results (63)" tab, another to the "Journal Results (1853)" tab, a third to the "APA Practice Guidelines (4)" link, and a fourth to the first search result "Antidepressant Drugs".

Book Results Page

Click on a search result in the *Textbook of Clinical Psychiatry*. You receive full-text access to all the information found in the print textbook.

The screenshot shows the psychiatryonline.com website. At the top, there is a search bar and navigation links like 'Home', 'DSM Library', 'Journals', 'APA Guidelines', 'A-Z Index', 'eBooks', and 'Self-Assessment'. The main content area displays the title 'Chapter 24. Psychopharmacology and Electroconvulsive Therapy' by Lauren B. Marangell, M.D., Jonathan M. Silver, M.D., Donald C. Goff, M.D., and Stuart C. Yudofsky, M.D. A table of contents lists sections such as 'Introduction', 'General Principles', 'Antidepressant Drugs', 'Anxiolytics, Sedatives, and Hypnotics', 'Antipsychotic Drugs', 'Pharmacological Treatment of Schizophrenia', 'Other Uses of Antipsychotic Medications', 'Mood Stabilizers', 'Drug Interactions', 'Antiaggression Drugs', 'Electroconvulsive Therapy', and 'Other Nonpharmacological Somatic Treatments'. The 'References' section is also listed. The main text begins with 'ANTIDEPRESSANT DRUGS' and an 'Overview' section. A yellow circle highlights the reference '(Selikoff et al. 1952)' in the text. Annotations with arrows point to the table of contents and the highlighted reference.

Chapter is broken down by sections that are hyperlinked allowing you to jump to the information you need quickly.

References are also hyperlinked to provide quick access to information you need.

Hyperlinked bibliographic references

Continued ...

Each chapter will also provide suggested related content that can be found in other PsychiatryOnline resources.

- [Drug Interactions](#)
- [Antiaggression Drugs](#)
- [Electroconvulsive Therapy and Other Somatic Treatments](#)

Related content on PsychiatryOnline:

DSM-IV-TR:

Substance-Related Disorders > [292.0 Nicotine Withdrawal](#)

Mood Disorders > [Major Depressive Disorder](#)

[More...](#)

American Journal of Psychiatry:

2006 Aug;163(8):1379-87 > [Cost-effectiveness of a primary care treatment program for depression in low-income women in santiago, chile.](#)

2006 Aug;163(8):1337-41 > [Chronic depression in bipolar disorder.](#)

[More...](#)

Mechanisms of Action

All current antidepressant drugs affect the serotonergic and/or catecholaminergic systems in the central nervous system (CNS), by either presynaptic reuptake inhibition, blocking catabolism, or receptor agonist or antagonist effects (for a review, see [Charney 1998](#); [Frazer 1997](#); [W.K. Goodman and Charney 1985](#)). The effects of antidepressants on monoamine availability are immediate, but the clinical response is typically delayed for several weeks. Downregulation of presynaptic autoreceptors, α_2 and β -noradrenergic receptors, and the serotonin type 1 (5-HT₁) receptors more closely parallels the time course of clinical response. This downregulation can be conceptualized as a marker of antidepressant-induced neuronal adaptation. More important, most of the receptors that are immediately affected by antidepressants are linked to G proteins. A defective linkage between the receptor and the G protein may result in abnormal intracellular transduction mechanisms ([Bourin and Baker 1996](#)). In actuality, antidepressants most likely act via modulating G proteins, second messenger systems, and gene expression (for a review of molecular mechanisms, see [Duman 1998](#)).

Indications

Although the antidepressants have many potential therapeutic uses, the primary approved indication for these drugs is the treatment of major **depression**, as defined by DSM-IV-TR ([American Psychiatric Association 2000](#)). Overall, approximately 70% of the patients with **depression** respond to an adequate trial of antidepressant medication, although far fewer achieve full remission of symptoms. In addition, antidepressants are effective for patients with obsessive-compulsive disorder (OCD) (selective serotonin reuptake inhibitors [SSRIs] and clomipramine), panic disorder (TCAs and SSRIs), bulimia (TCAs, SSRIs, and MAOIs), dysthymia (SSRIs), bipolar **depression** (after treatment with a mood stabilizer), social phobia (MAOIs and SSRIs), posttraumatic stress disorder (PTSD) (SSRIs), irritable bowel syndrome (TCAs), enuresis (TCAs), neuropathic pain (TCAs), migraine headache (TCAs), attention-deficit/hyperactivity disorder (bupropion), smoking cessation (bupropion), autism (SSRIs), and late luteal phase dysphoric disorder (SSRIs); however, the FDA has not evaluated or approved the use of antidepressants to treat many of these conditions.

Clinical Use

Journal Results Page

Journal results page for “depression.”

The screenshot shows the psychiatryonline.com website interface. At the top, there is a navigation bar with links for 'Subscribe/Renew', 'Help', 'Feedback', and 'About'. Below this is a search bar with the text 'psychiatryonline' and a 'GO' button. A secondary navigation bar includes links for 'Home', 'DSM Library', 'Journals', 'APA Guidelines', 'A-Z Index', 'eBooks', and 'Self-Assessment'. A yellow banner below the navigation bar contains the text 'My PsychiatryOnline (PDA Downloads, Bookmarks, Email to a Colleague & more)' and a 'Log Out (or Change User)' link. The main content area displays 'PsychiatryOnline topic match: depression' and two tabs: 'Book Results (63)' and 'Journal Results (1853)'. The 'Journal Results' tab is active, showing a list of 1-20 of 1853 journal results. Each result includes a title, a link to 'Full Text' or 'Abstract', and the journal name and issue information. On the left side of the search results, there are filters for 'Limit results by date' (From: Jan 1993, To: Dec 2006) and 'Search in:' (ALL FIELDS, Title and Abstract only, Title only, Authors only). A 'GO' button is also present. Three callout boxes with arrows point to specific features: one to the journal breakdown, one to the date filter, and one to the 'Full Text | Abstract' link.

Results are also broken down by journal.

Note ability to define search results further.

Option to click on full text article or abstract.

Advanced Searching Within APPI Journals

The **PsychiatryOnline** journals are hosted on Stanford University Libraries' respected HighWire Press. Once you have accessed the full-text of an article, you will now be in the Highwire Press site.

THE AMERICAN JOURNAL OF
PSYCHIATRY

HOME | SEARCH | CURRENT ISSUE | PAST ISSUES | SUBSCRIBE | ALL APPI JOURNALS | HELP | CONTACT US

Institution: PsychiatryOnline 2 | Sign In via User Name/Password

Am J Psychiatry 163:1905-1917, November 2006
doi: 10.1176/appi.ajp.163.11.1905
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Acute and Longer-Term Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR*D Report

A. John Rush, M.D., Madhukar H. Trivedi, M.D.,
Stephen R. Wisniewski, Ph.D., Andrew A. Nierenberg, M.D.,
Jonathan W. Stewart, M.D., Diane Warden, Ph.D., M.B.A.,
George Niederehe, Ph.D., Michael E. Thase, M.D.,
Philip W. Lavori, Ph.D., Barry D. Lebowitz, Ph.D.,
Patrick J. McGrath, M.D., Jerrold F. Rosenbaum, M.D.,
Harold A. Sackeim, Ph.D., David J. Kupfer, M.D., James Luther, M.A.
and Maurizio Fava, M.D.

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OR SEARCH ACROSS ALL APPI JOURNALS ▶

Click on "Advanced Search" to access great search criteria options for your research.

Institution: PsychiatryOnline 2 | | Sign In via User Name/Password

Search Full Text: July 1844 - present (note: all fields are optional)
[\[help\]](#)

Specify Citation Year Volume First page

Specify Authors, Keywords
Author ← e.g., Smith, JS
Author ← e.g., Smith, JS
Title ← words: any, all, phrase
Abstract | Title ← words: any, all, phrase
Text | Abstract | Title ← words: any, all, phrase

Specify Journals to Search
Select APPI Journals to search:
 Academic Psychiatry Psychiatric Services Psychosomatics
 American Journal of Psychiatry Journal of Psychotherapy Practice and Research Journal of Neuropsychiatry and Clinical Neurosciences
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Limit Results From through
Include all articles, review articles only

standard result format | condensed result format

PsychiatryOnline features

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PsychiatryOnline.com has several convenient features that will saving you time in your busy schedule.



Email a Link – allows you to share information with a colleague, students, or anyone for free.

Bookmark This – allows you to save your researches in your **My PsychiatryOnline** account so you have immediate links to the information you use often.

Save for PDA – allows you to save any book section to your PDA so it's with you wherever you go. (See "Custom design your own eBook" for more information.)

Print-friendly Views mean no reformatting when you need a hard copy.

The screenshot shows a Microsoft Internet Explorer browser window displaying the website **psychiatryonline.com**. The browser's address bar shows the URL: <http://www.psychiatryonline.com> - Print: Antidepressant Drugs. The browser's navigation bar includes buttons for Back, Forward, Stop, Home, Favorites, and Print. The website's header features the **psychiatryonline** logo and navigation links for [Subscribe/Renew](#), [Help](#), [Feedback](#), and [About](#). The main content area is titled **Textbook of Clinical Psychiatry > Chapter 24. Psychopharmacology and Electroconvulsive Therapy >** and contains the following sections:

- ANTIDEPRESSANT DRUGS Overview**

The modern era of the treatment of depression with medication began in the 1950s when iproniazid, an MAOI used for treatment of tuberculosis, was noted to elevate mood (Selikoff et al. 1952). Unfortunately, hepatic necrosis was a side effect of iproniazid, and this led to its withdrawal from clinical use. In addition, dangerous hypertensive reactions associated with the MAOIs initially were poorly understood, and most psychiatrists were reluctant to use these drugs. Imipramine, the first tricyclic antidepressant (TCA), was developed as a derivative of chlorpromazine; it was hoped that imipramine would be more effective than chlorpromazine as an antipsychotic agent. Although imipramine did not show antipsychotic effects, it was shown to be effective in the treatment of depression (Kuhn 1958). Subsequently, many other antidepressants have been approved for use in the United States. To date, all antidepressants appear to be equally effective for treating depression, but individual patients may respond preferentially to one agent or another. In addition, these medications can have effects significantly different from one another with regard to side effects, lethality in overdose, pharmacokinetics, and the ability to treat comorbid psychiatric disorders.
- Mechanisms of Action**

All current antidepressant drugs affect the serotonergic and/or catecholaminergic systems in the central nervous system (CNS), by either presynaptic reuptake inhibition, blocking catabolism, or receptor agonist or antagonist effects (for a review, see Charney 1998; Frazer 1997; W.K. Goodman and Charney 1985). The effects of antidepressants on monoamine reuptake are

The browser window also shows a sidebar on the left with a table of contents for the chapter, including sections like [Introduction](#), [General Principles](#), [Antidepressants](#), [Anxiolytics, Sedatives, and Hypnotics](#), [Antipsychotic Drugs](#), [Pharmacological Management of Schizophrenia](#), [Other Uses of Antipsychotic Drugs](#), [Mood Stabilizers](#), [Drug Interactions](#), [Antiagression Drugs](#), [Electroconvulsive Therapy](#), [Other Treatments](#), and [References](#). The browser's status bar at the bottom shows "Done" and "Internet".

Cut and Paste – you have the ability to cut and paste selections for lectures, manuscripts, presentations saving you time.

psychiatryonline
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Search GO

Home DSM Library Journals APA Guidelines A-Z Index eBooks Self-Assessment

My PsychiatryOnline (PDA Downloads, Bookmarks, Email to a Colleague & more) Log Out (or Change User)

< Back

Textbook of Clinical Psychiatry
Chapter 24. Psychopharmacology and Electroconvulsive Therapy
Lauren B. Marangell, M.D., Jonathan M. Silver, M.D., Donald C. Goff, M.D., Stuart C. Yudofsky, M.D.

Sections:

- [Introduction](#)
- [General Principles](#)
- **Antidepressant Drugs**
- [Anxiolytics, Sedatives, and Hypnotics](#)
- [Antipsychotic Drugs](#)
- [Pharmacological Treatment of Schizophrenia](#)
- [Other Uses of Antipsychotic Medications](#)
- [Mood Stabilizers](#)
- [Drug Interactions](#)
- [Antiaggression Drugs](#)
- [Electroconvulsive Therapy](#)
- [Other Nonpharmacological Somatic Treatments](#)
- **References**
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- [Antidepressant Drugs](#)
- [Anxiolytics, Sedatives, and Hypnotics](#)
- [Antipsychotic Drugs](#)
- [Mood Stabilizers](#)
- [Drug Interactions](#)
- [Antiaggression Drugs](#)
- [Electroconvulsive Therapy and Other](#)

Email a Link Bookmark This Save for PDA Printable View

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ANTIDEPRESSANT DRUGS

Overview

The modern era of the treatment of **depression** with medication began in the 1950s when iproniazid, an MAOI used for the treatment of tuberculosis, was noted to elevate mood (Selkoff et al. 1952). Unfortunately, hepatic necrosis was a side effect of iproniazid, and this led to its withdrawal from clinical use. In addition, dangerous hypertensive reactions associated with the MAOIs initially were poorly understood, and most psychiatrists were reluctant to use these drugs. Imipramine, the first of the tricyclic antidepressants (TCAs), was developed as a derivative of chlorpromazine; it was hoped that imipramine would be more effective than chlorpromazine as an antipsychotic agent. Although imipramine did not show antipsychotic efficacy, it was shown to be effective in the treatment of **depression** (Kuhn 1958). Subsequently, many other antidepressants have been approved for use in the United States. To date, all antidepressants appear to be equally effective for treating major **depression**, but individual patients may respond preferentially to one agent or another. In addition, these medications are significantly different from one another with regard to side effects, lethality in overdose, pharmacokinetics, and the ability to treat comorbid psychiatric disorders.

Mechanisms of Action

All current antidepressant drugs affect the serotonergic and/or catecholaminergic systems in the central nervous

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The **PsychiatryOnline** journal collection contains the full content of each issue of five American Psychiatric Publishing, Inc. (APPI) journals from 1998 to present, available through Stanford University Libraries' respected HighWire Press. The collection also includes *Psychiatric News*, the newspaper of the American Psychiatric Association.

To sign up for journal alerts and downloads, click on the "Journals" link in the PsychiatryOnline banner.

eTOCS - Automatic alerts sent by e-mail whenever a new journal issue goes online. Complete table of contents for each issue, with links to full text are provided for your convenience. You can also download tables of contents and abstracts of current journal issue to PDAs. PalmOS and PocketPC are supported.



PsychiatryOnline Journals

The **PsychiatryOnline** journal collection contains the full content of each issue of five American Psychiatric Publishing, Inc. (APPI) journals from 1998 to present, available through Stanford University Libraries' respected HighWire Press. The collection also includes *Psychiatric News*, the newspaper of the American Psychiatric Association.

Sign up for journal alerts and downloads:

- [eTOCs for each new issue via email](#)
- [CiteTrack email alerts by topic, author, and article citation](#)
- [PDA downloads of TOCs, abstracts, and articles](#)
- [RSS feeds for TOCs and abstracts](#)
- [APPI Newsletter \(alerts about new books and special offers\)](#)



[The American Journal of Psychiatry](#)

Official Journal of the American Psychiatric Association

EDITOR-IN-CHIEF: Robert Freedman, M.D.

Frequency: Monthly Online ISSN 1535-7228 Print ISSN 0002-953X

The most widely read psychiatric journal in the world. Published monthly, *AJP* is a vital journal for all psychiatrists and other mental health professionals who need to stay on the cutting-edge of virtually every aspect of psychiatry. Articles focus on developments in biological psychiatry, as well as on treatment innovations and forensic, ethical, economic, and social topics.

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[Psychiatric Services](#)

A Journal of the American Psychiatric Association

EDITOR-IN-CHIEF: Howard H. Goldman, M.D., Ph.D.

Frequency: Monthly Online ISSN 1557-9700 Print ISSN 1075-2730

Monthly peer-reviewed journal that publishes reports of empirical research on mental health services with the aim of improving the delivery and quality of services, especially for individuals with severe and persistent mental illness who receive treatment in organized care settings. The journal's readership is multidisciplinary, reflecting the composition of treatment teams in contemporary settings.

[View Current Issue](#) | [Journal Home](#) | [This Month's Highlights](#)

RSS – Real Simple Syndication – This is a quick and easy way to gather news of articles published in APA and APPI journals with quick links back to the full text. Gather new information on your topics of interest from different publications – journals, newspapers, magazines – all in one virtual location. Avoid visiting many Web sites to access current journal issues and sorting through separate eTOCs for each journal among hundreds of emails. Look for the little orange XML buttons on your favorite sites.

Email Alerts – You can set up email alerts to inform you of new articles published that match certain **key words**; new articles published as part of **Subject Collections**; new articles published by certain **authors**; contents announced of **new and future issues**; articles of interest **cited**; **Errata** posted to tracked article.

Toll-Free Inter-Journal Links – As part of the HighWire Press platform, we make available to subscribers “toll free” links from reference lists to any other journal hosted by HighWire. HighWire is the home of most of the major medical and science journals: <http://www.highwire.org/lists/allsites.dtl#A> including *New England Journal of Medicine*, *Journal of American Medical Association* and *British Medical Journal*. You get full text access even if you don’t have a subscription to that journal.

Citation Maps and Downloads – Each journal homepage provides links to the 50 most-read and most-cited articles within the past month (in chunks of 5 articles). You can also download complete citation information for any article to your reference citation manager. Supported formats: EndNote, ReferenceManager, ProCite, BibTeX, MedLARS.

Custom design your own eBook

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Set Up Your PDA for Downloading

After you have created your personal **My PsychiatryOnline** account (see section on “Getting Started”), and have selected book sections to your PDA, you are now ready to save and download PsychiatryOnline content to your PDA.

Go to your **My PsychiatryOnline** account.

The screenshot shows the user interface of the My PsychiatryOnline account. At the top, there is a navigation bar with links for 'Subscribe/Renew', 'Help', 'Feedback', and 'About'. Below this is a search bar and a 'GO' button. The main content area is divided into several sections: 'PDA Downloads' with instructions on how to save content to a PDA; 'Bookmarks' with a list of saved items like 'APA Practice Guidelines' and 'Textbook of Clinical Psychiatry'; and 'Saved Topics' with a list of topics like 'Anorexia Nervosa' and 'Attention-Deficit/Hyperactivity Disorder'. A yellow callout box with an arrow points to the 'Saved Topics' section, containing the text: 'How to put topics on your PDA. STEP 1: Make sure you have installed our FREE reader software (see above). STEP 2: Synchronize your PDA. Need more help?'.

Follow instructions to install our FREE reader software.

What you need to use this feature:

1. A PalmOS or PocketPC PDA
2. A WindowsOS computer synchronized with your PDA
3. Free reader software loaded on your PDA and PC

Step-by-step instructions will assist you in successfully setting up your PDA to download PsychiatryOnline content.

Should you have any problems in setting up your PDA for downloads, please contact APPI Customer Service at 703-907-7322 or email psychiatryonline@psych.org.

Download Your PsychiatryOnline Content to Your PDA

Once you have successfully installed the FREE reader software, you can now synchronize your PDA.

From your **My PsychiatryOnline** account you will find a list of content that you saved for PDA (see section on “PsychiatryOnline features”).

Make sure your PDA is hooked up to your computer, then hit sync button to begin downloading.

Each time you sync your PDA to **My PsychiatryOnline**, you have the ability to delete and add content.



My PsychiatryOnline

User: **Trang Duong** [Log Out](#)

PDA Downloads

You may save and download PsychiatryOnline content to your PDA from any content page on this site by clicking on the Save for PDA link.

Content saved to your PDA will not include tables, figures, or links. Please note that the complete *DSM-IV-TR® Handbook of Differential Diagnosis* is among the eBooks specially designed for PDA use that are available for purchase to download to your PDA ([purchase/learn more](#)).

What you need to use this feature:

1. A PalmOS or PocketPC PDA*
2. A WindowsOS computer synchronized with your PDA*
3. Free reader software loaded on your PDA and PC*

[Get started using this feature](#)

To locate the files on your PDA after you have synchronized, click on the Mobipocket Reader, then eNews, and then PsychiatryOnline.

* [Get detailed requirements](#)

Saved Topics [How to Save Topics](#)

- [Anorexia Nervosa](#) (43K)
Textbook of Clinical Psychiatry
- [Attention-Deficit/Hyperactivity Disorder](#) (40K)
DSM-IV-TR
- [Dementia](#) (131K)
Textbook of Clinical Psychiatry
- [I. Summary of Recommendations](#) (27K)
APA Practice Guidelines

[Delete Selected](#)

How to put topics on your PDA

STEP 1: Make sure you have installed our FREE reader software (see above).

STEP 2: Synchronize your PDA.

[Need more help?](#)

Bookmarks

- [APA Practice Guidelines](#)
[I. Summary of Recommendations](#)
- [Textbook of Clinical Psychiatry](#)
[Dementia](#)
- [Textbook of Clinical Psychiatry](#)
[Anorexia Nervosa](#)

[Delete Selected](#)

Recent Searches

You currently have no recent searches.

Saved Topics [How to Save Topics](#)

- [Anorexia Nervosa](#) (43K)
Textbook of Clinical Psychiatry
- [Attention-Deficit/Hyperactivity Disorder](#) (40K)
DSM-IV-TR
- [Dementia](#) (131K)
Textbook of Clinical Psychiatry
- [I. Summary of Recommendations](#) (27K)
APA Practice Guidelines

[Delete Selected](#)

How to put topics on your PDA

STEP 1: Make sure you have installed our FREE reader software (see above).

STEP 2: Synchronize your PDA.

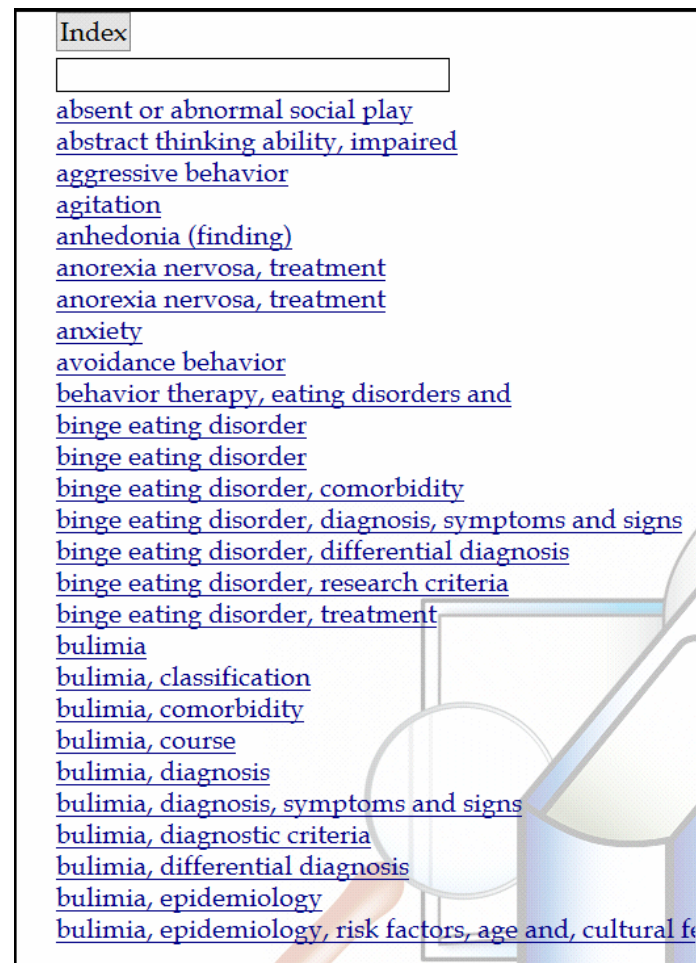
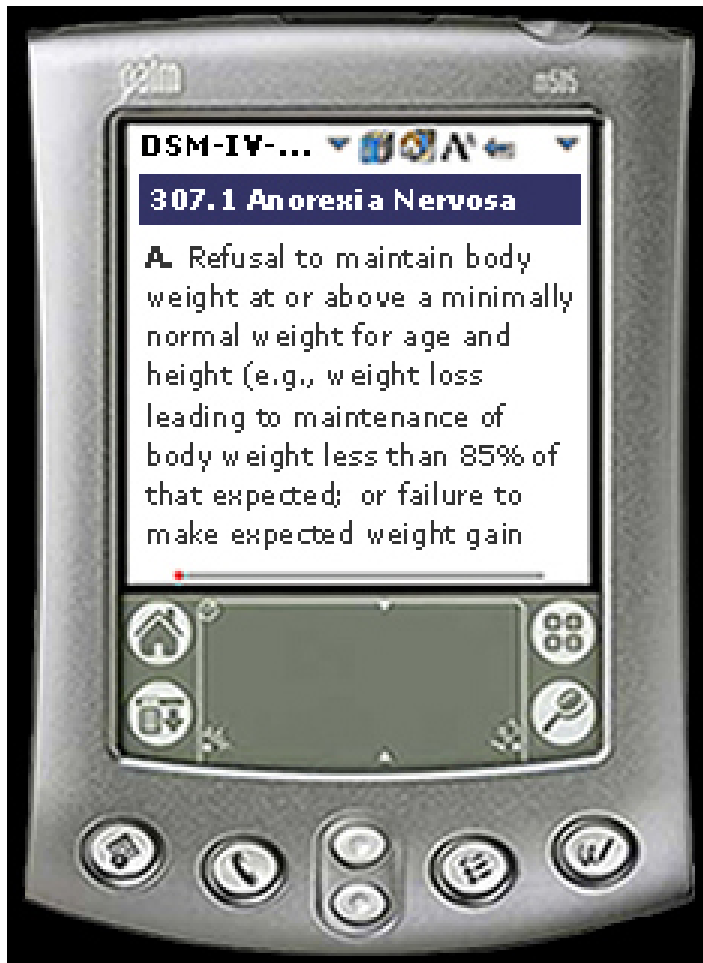
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Normal Child and Adolescent Development

Question 1 of 10

Choose the **one best** response to this question.

Sigmund Freud's hierarchy of threats during early childhood are experienced in which of the following sequences?

- A. Helplessness, separation, castration anxiety, punishment by guilt.
- B. Separation, helplessness, annihilation, castration anxiety.
- C. Annihilation, separation, castration anxiety, punishment by guilt.
- D. Separation, helplessness, punishment by guilt, castration anxiety.
- E. Helplessness, separation, annihilation, punishment by guilt.

SUBMIT ANSWER

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For each question, your answer and the correct answer are highlighted and are accompanied by a discussion with supporting references that addresses not only the correct response but also explains why other responses are not correct. The answer explanation references relevant text, tables, and figures in the *Textbook* to allow quick access to more detail. Links to additional related material in the PsychiatryOnline collection provide opportunities for further study.

The screenshot shows a web browser window with the URL <http://www.psychiatryonline.com>. The page title is "psychiatryonline Self-Assessment". The main heading is "Normal Child and Adolescent Development". The question is "Question 1 of 10". The user's answer is marked as "Incorrect" with a red 'X' icon. The feedback text says: "You incorrectly answered B. The correct answer is A." The question text is: "Sigmund Freud's hierarchy of threats during early childhood are experienced in which of the following sequences?". The options are: A. Helplessness, separation, castration anxiety, punishment by guilt. B. Separation, helplessness, annihilation, castration anxiety. C. Annihilation, separation, castration anxiety, punishment by guilt. D. Separation, helplessness, punishment by guilt, castration anxiety. E. Helplessness, separation, annihilation, punishment by guilt. The correct answer, A, is highlighted in yellow. Below the question is an "Explanation" section. It starts with "(see in Chapter 2)". The text explains that according to Freud's (1926/1959) formulation, helplessness is the first signal of danger, followed by separation (occurring between 7 and 24 months), then castration anxiety (or body integrity anxiety) from the third through the sixth years, and finally, danger of punishment by guilt. A reference is provided: "Freud S: Inhibitions, symptoms and anxiety (1926), in The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol 20. Translated and edited by Strachey J. London, Hogarth Press, 1959, pp 75-175". At the bottom of the question area is a green button labeled "GO TO NEXT QUESTION". Below the question area is a grey box with the text "See all PsychiatryOnline content on:" followed by a link to "child development".

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Normal Child and Adolescent Development

Question 1 of 10

✘ Incorrect
You incorrectly answered B. The correct answer is A.

Sigmund Freud's hierarchy of threats during early childhood are experienced in which of the following sequences?

A. Helplessness, separation, castration anxiety, punishment by guilt.

B. Separation, helplessness, annihilation, castration anxiety.
C. Annihilation, separation, castration anxiety, punishment by guilt.
D. Separation, helplessness, punishment by guilt, castration anxiety.
E. Helplessness, separation, annihilation, punishment by guilt.

Explanation
(see in [Chapter 2](#)). According to Freud's (1926/1959) formulation, *helplessness* is the first signal of danger. *Separation*, occurring somewhere between 7 and 24 months, follows, and then *castration anxiety* (or body integrity anxiety) takes over from the third through the sixth years. Finally, danger of *punishment by guilt* ensues from an internalized value system embodied in the superego, which is an agency of the tripartite mind of the new structural model.

Freud S: Inhibitions, symptoms and anxiety (1926), in The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol 20. Translated and edited by Strachey J. London, Hogarth Press, 1959, pp 75-175

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After listening to several examples of similar behavior in the patient's life story, the psychiatrist offers the observation "When you can't perform up to your own high standards, you appear to act to try to please someone else." This response by the psychiatrist is an example of

- A. Reflection.
- B. Interpretation.
- C. Transition.
- D. Self-disclosure.
- E. Facilitation.

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May 9
June 13

July 11
August 8
September 12
October 10
November 14
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