Abnormal Psychology Chapter Fifteen Notes

Introduction (page 523)

- Great progress has been made in providing treatment for disturbed children, but facilities are still inadequate to the task, and most children with mental health problems do not receive psychological attention

Maladaptive Behavior in Different Life Periods (page 524-525)

- **Developmental psychopathology→** devoted to studying the origins and course of individual maladaptation in the context of normal growth processes
- Cannot consider a child's behavior abnormal without determining whether the behavior in question is appropriate for the child's age
- Varying Clinical Pictures
    - Long term risk of suicide is 1.1 percent, with girls more likely than boys to commit suicide
    - Difficult family relationships are the leading cause of suicidal behavior ; being bullied is another factor that has been found to be associated
- Special Psychological Vulnerabilities of Young Children
    - Young children are especially vulnerable to psychological problems
    - When evaluating the presence or extent of mental health problems in children and adolescents, need to consider: they have less self-understanding/haven't developed a stable sense of identity, have more difficulty than adults in coping with stressful events, limited perspectives lead them to use unrealistic concepts to explain events, more dependent on other people when compared to adults, lack of experience in dealing with adversity can make manageable problems seem undefeatable
- The Classification of Childhood and Adolescent Disorders
    - Childhood disorders first recognized in formal, specific system in 1952 with only two categories of childhood schizophrenia and adjustment reaction of childhood; 1968 revised to have several additional categories
    - Early systems was flawed in that that the same classification system that had been developed for adults was used for children, they ignored the fact that in childhood disorders, environmental factors play an important part in the expression of symptoms and symptoms were not considered with respect to a child's developmental level

Common Disorders of Childhood (page 525-532)

- Attention-Deficit/Hyperactivity Disorder
    - **ADHD→** characterized by difficulties that interfere with effective task-oriented behavior in children – particularly impulsivity, excessive or exaggerated motor activity such as aimless or haphazard running or fidgeting, and difficulties sustaining attention
    - Children with ADHD are often lower in intelligence (7 to 15 IQ points below average)
    - Talk incessantly and socially intrusive and immature
    - Many children with it show deficits on neuropsychological testing that are related to poor academic functioning
    - Social problems

- Most frequently diagnosed mental health condition in America
- Occurs most frequently among preadolescent boys; six to nine times more prevalent among boys than among girls
- Occurs with greatest frequency before age 8 and tends to become less frequent and to involve briefer episodes thereafter
- Often comorbid with other disorders such as oppositional defiant disorder
- Caused by genetic and social environmental precursors (learning and temperament appear to be likely factors)
- Treated most often with Ritalin (amphetamine) which have a quieting effect on children even though it has the opposite effect on adults
    - Side effects: decreased blood flow to the brain, disruption of growth hormone, psychotic symptoms and others
- Other medications for ADHD: pemoline, Strattera, and Adderall
    - Some authorities prefer using psychological interventions in conjunction with medications

- Oppositional Defiant Disorder and Conduct Disorder
    - Oppositional- usually apparent by age 8 and full-blown by middle school; conduct – apparent by age 9
    - **ODD→** essential feature is a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months (lifetime prevalence 11.2% for boys, 9.2% for girls)
    - **Conduct disorder→** involves persistent, repetitive violation of rules and a disregard for the rights of others
        - Causal factors: genetics, links to antisocial personality disorder, psychosocial factors
        - Treatment focuses on dysfunctional family patterns and finding ways to alter the child's aggressive or otherwise maladaptive behaviors; behavior therapy techniques and biologically based treatments

<u>Anxiety and Depression in Children and Adolescents</u> (page 532-538)

- Anxiety Disorders of Childhood and Adolescence
    - Children with anxiety disorder tend to show many of the following characteristics: oversensitivity, unrealistic fears, shyness, pervasive feelings of inadequacy, sleep disturbances, and fear of school
    - Often comorbid with depressive disorders or may be influential in later depression
    - 5 to 10% of children have anxiety disorders; more girls than boys
    - 3.3% of adolescences experience panic attacks
    - Separation anxiety disorder: most common, occurs in 2 to 41% of children; exhibit unrealistic fears, oversensitivity, self-consciousness, nightmares, chronic anxiety, are apprehensive to new situations, and tend to be immature for their age. Essential feature is excessive anxiety about separation from major attachment figures (in many cases, a clear psychosocial stressor can be identified)
        - More common in girls
        - A lot go on to have other anxiety based disorders like phobia and OCD
    - Social and cultural factors as causal factors
    - Indifferent or detached parents foster anxiety in their children

    - Usually children "grow out of" anxiety disorder
    - Fluoxetine used as treatment as well as behavior therapy procedures
- Childhood Depression and Bipolar Disorder
    - Includes behaviors such as withdrawal, crying, avoidance of eye contact, physical complaints, poor appetite, and aggressive behavior and in some cases suicide
    - Association between somatic illness and childhood depressive illness
    - Classified according to essentially the same DSM diagnostic criteria used for adults
    - Irritability is often found to be a major symptom
    - Prevalence rates: under 13 = 2.8% and ages 13 to 18 = 5.6 % (girls 5.9%, boys 4.6%)
    - 7 to 10% of adolescents have made a suicide attempt
    - Frequently comorbid with ADHD
    - Association between parental depression and behavioral and mood problems in children
    - Exposure to alcohol in the neonate may link to depression
    - Learning maladaptive behaviors appears to be important in childhood depressive disorders
    - Mothers who are depressed may transmit their depression to their children by their lack of responsiveness to the children as a result of their own depression
    - Treatments: medications used for adults (particularly suicidal adolescents; only moderately helpful and have side effects such as headaches, insomnia, and nausea) and psychological therapy (play therapy for young children)

<u>Symptom Disorders: Enuresis, Encopresis, Sleepwalking, and Tics</u> (page 538-541)

- Functional Enuresis
    - **Enuresis**→ habitual involuntary discharge of urine, usually at night, after the age of expected continence (age 5)
        - Primary functional enuresis have never been able to control bladder
        - Secondary functional enuresis have been able to control bladder for at least a year but have regressed
    - Four to five million children and adolescences suffer in United States
    - 5 to 10% prevalence among 5 year olds, 3 to 5% among 10 year olds and 1.1% among children 15 or older
    - May result from a variety of organic conditions, such as disturbed cerebral control of the bladder, neurological dysfunction, medication side effects, or having a small functional bladder capacity and a weak urethral sphincter
    - May result from faulty learning, personal immaturity, disturbed family interactions, stressful events, or wanting attention
    - Medications and conditioning procedures used as treatment
    - Tends to decrease significantly with age, with or without treatment
- Encopresis
    - **Encopresis**→ a symptom disorder of children who have not yet learned appropriate toileting for bowel movements after age 4
    - Present in 1% of 5 year olds