Child Psychopathology 8th edition Mash Solutions Manual

SKU: 9780357796580-SOLUTIONS

Solution and Answer Guide

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Section Review Answers

Chapter 1

Section 1.1

1. What was John Locke's perspective on how children should be treated?

   Solution

   Locke believed in individual rights, and he expressed the novel opinion that children should be raised with thought and care instead of indifference and harsh treatment.

2. List the interactive systems that impact child development, according to the Ecological Systems Theory.

   Solution

   The interactive systems that impact child development, according to the Ecological Systems Theory, are the microsystem, mesosystem, exosystem, macrosystem, and the chronosystem.

3. Identify two of the new principles of learning that were introduced during the rise of behaviorism in the 1900s.

   Solution

   Two new principles of learning that were introduced during the rise of behaviorism were classical conditioning and operant conditioning.

Section 1.2

1. True or False: The primary reason for defining psychological disorders is to allow professionals to efficiently use labels to describe individuals.

   Solution

   False: Terms used to describe psychopathology are meant to define behavior, not to be used as labels to describe individuals.

2. Define the study of psychological disorders.

   Solution

   The study of psychological disorders involves attempts to describe the mental health concerns, to understand contributing causes, and to treat or prevent them.

3. Describe the difference between multifinality and equifinality.

   Solution

   Developmental pathways help describe the course and nature of child development; multifinality means that various outcomes may stem from similar beginnings, whereas equifinality means that similar outcomes stem from different early experiences.

Section 1.3

1. List at least three factors that can disrupt a child's healthy development.

   Solution

   Risk factors that may disrupt a child's healthy development include low-resourced communities and schools, community violence, lack of access to proper healthcare and nutrition, chronic poverty/socioeconomic

marginalization, interactions with oppressive systems, serious caregiving deficits, parental mental illness, divorce, homelessness, and racism.

2. Define resiliency.

   Solution

   Resiliency is defined as the process and outcome of effectively adapting to challenging life experiences.

Section 1.4

1. N/A

   Solution

   N/A

2. N/A

   Solution

   N/A

Section 1.5

1. List at least two factors that impact children who are disproportionately affected by mental health concerns.

   Solution

   Children who experience more social and economic disadvantage or inequality and children exposed to more violent, inadequate, or chronically stressful environments are disproportionately impacted with mental health concerns.

2. Define ACEs and how they impact a child's physical development.

   Solution

   ACEs, or adverse childhood experiences, are events and experiences that occur during childhood that negatively impact a child's development and create vulnerabilities for development of chronic health problems, substance abuse, and mental illness later in life.

CHAPTER 2

Section 2.1

1. Identify at least three systems that impact child development, according to the ecological perspective.

   Solution

Within the ecological perspective (Bronfenbrenner, 1979), child development is impacted by multiple systems, such as home, neighborhood, and school. Biological factors include genetic and neurobiological contributors, among others.

2. In the cognitive model, what is the primary factor that impacts a child's emotional or behavioral response?

Solution

In the cognitive model, people's emotions and behaviors are affected by their perceptions of events; thus, it is not the situation itself that leads to how people respond emotionally, but rather, it is the way they perceive or interpret the situation.

3. Describe an example of a biological factor in child development.

Solution

Fears and anxiety are examples of biological factors that influence development. They are affected by levels of stress hormones circulating in the body—are more likely to have parents who had similar behavioral health concerns during childhood.

Section 2.2

1. What is the purpose of having a theory, or case conceptualization, of human behavior?

Solution

A theory allows us to make educated guesses and predictions about behavior that are based on existing knowledge, and it allows us to explore these possible explanations empirically.

2. Identify the three assumptions of child development.

Solution

Three underlying assumptions about child development are stressed: It is multiply determined, the child and the environment are interdependent, and maladaptive development involves continuities and discontinuities of behavior patterns over time.

3. Define epigenetics.

Solution

Epigenetics is defined as the study of how behaviors and environment can cause changes that affect the way an individual's genes work.

Section 2.3

1. Define adaptational failure.

   Solution

   Adaptational failure is the failure to master or progress in accomplishing specific developmental milestones.

2. Explain how sensitive periods affect child development.

   Solution

   Sensitive periods are windows of time during which environmental influences on development, both good and bad, are enhanced.

Section 2.4

1. What is neural plasticity?

   Solution

   Neural plasticity, or malleability, means the brain's anatomical differentiation is use-dependent: Nature provides the basic processes, whereas nurture provides the experiences needed to select the most adaptive network of connections, based on the use and function of each.

2. What is epigenetics?

   Solution

   Gene–environment interactions (G×E) explain how the environment shapes our genotype through a process known as "epigenetics."

Section 2.5

1. Identify the three dimensions of temperament.

   Solution

   1. Positive affect and approach. This dimension describes the "easy child," who is generally approachable and adaptive to their environment and possesses the ability to regulate basic functions of eating, sleeping, and elimination relatively smoothly. 2. Fearful or inhibited. This dimension describes the "slow-to-warm-up child," who is cautious in their approach to novel or challenging situations. Such children are more variable in self-regulation and adaptability and may show distress or negativity toward some situations. 3. Negative affect or irritability. This dimension describes the "difficult child," who is predominantly negative or intense in mood, not very adaptable, and arrhythmic. Some children with this temperament show distress when faced with novel or challenging situations, and others are prone to general distress or irritability, including when limitations are placed on them.

2. Explain the role of emotional reactivity and regulation in child development.

   Solution

   Emotion reactivity and regulation are critical aspects of early and subsequent development, affecting the quality of children's social interactions and relationships throughout their life span.

3. List the three major behavioral approaches to child psychopathology.

   Solution

   Three major approaches to child psychopathology, based on principles of learning, are applied behavior analysis, principles of classical conditioning, and social learning and social cognition theories. Social learning and social cognition theories place more significance on cognitive processes than overt behavior.

Section 2.6

1. Define shared vs nonshared environment as it relates to environmental influences.

   Solution

   Shared environment refers to environmental factors that produce similarities in developmental outcomes among siblings in the same family. Nonshared environment, which refers to environmental factors that produce behavioral differences among siblings, can then be calculated by subtracting the MZ twin correlation from 1.0.

2. Define attachment.

   Solution

   Attachment refers to the process of establishing and maintaining an emotional bond with parents or other significant individuals. This process is ongoing, typically beginning between 6 and 12 months of age, and provides infants with a secure, consistent base from which to explore and learn about their world.

3. True/False: The family systems perspective is becoming more mainstream and regarded within the context of child psychopathology.

   Solution

   True: Child psychopathology research has increasingly focused on the role of the family system, the complex relationships within families, and the reciprocal influences among various family subsystems.

CHAPTER 3

Section 3.1

1. Describe one advantage and one disadvantage to the proliferation of podcasts, blogs, and videos on mental health concerns.

   Solution

   One advantage is the overall reduction of stigma. One disadvantage is misinformation.

2. What are common aspects of scientific process?

   Solution

   Scientific consensus, peer-review process, hypothesis testing.

3. True/False: Facilitated communication is pseudoscience.

   Solution

   True. Critics of FC view the method as quackery—no different from a Ouija board.

Section 3.2

1. Outline the multistage research process.

   Solution

   Generate hypotheses, devise an overall plan, select measures, develop research designs and procedures, gather and analyze data, and interpret the results.

2. Describe how the nature and distribution of childhood mental health concerns are addressed through epidemiological research.

   Solution

   Epidemiological research into the incidence and prevalence of childhood disorders and competencies in clinic-referred and community samples.

3. List three common research topics in child psychopathology.

   Solution

   Risk and protective factors and causes, moderating and mediating variables, and interventions for childhood disorders.

Section 3.3

1. List at least three examples of self-report and informant-report methods of assessment.

Solution

Unstructured clinical interviews, structured clinical interviews, and questionnaires.

2. Identify one disadvantage of the observation methods of assessment.

Solution

The child and/or parent/caregiver may change their behavior when being observed

Section 3.4

1. Explain how to distinguish between nonexperimental and experimental research.

Solution

The degree to which the investigator can manipulate the experimental variable, or alternatively, must rely on examining the covariation of variables of interest.

2. Define prospective research.

Solution

A sample is followed over time, with data collected at specified intervals.

Section 3.5

1. Outline the ethical standards and procedures that protect children and families in research studies.

Solution

Informed consent and assent, voluntary participation, confidentiality and anonymity, and nonharmful procedures.

2. Describe how researchers ensure that research on child psychopathology meets ethical standards.

Solution

Researchers seek advice from colleagues and have their research evaluated by institutional ethics review committees. The final responsibility for the ethical integrity of any research project is with the investigator.

CHAPTER 4

Section 4.1

1. What are the three factors described in the text that define childhood disorders?

Solution

Age, gender, and culture influence how children's symptoms and behavior are expressed and recognized, and have implications for selecting the most appropriate methods of assessment and treatment.

2. Define cultural humility.

Solution

Cultural humility allows the clinician to be open-minded and curious in understanding the child's experiences, worldview, and the impact of their cultural environment, while also considering the clinician's own biases and assumptions and how they may impact their perception of the child.

Section 4.2

1. Identify at least three methods in a multimethod clinical assessment.

Solution

A multimethod assessment approach emphasizes the importance of obtaining information from different informants in a variety of settings and using a variety of methods that may include interviews, observations, questionnaires, and tests.

2. Compare and contrast unstructured vs semi-structured interviews.

Solution

In unstructured interviews, interviewers use their preferred style and format to pursue various questions in an informal and flexible manner. In contrast, semi-structured interviews include specific questions designed to elicit information in a relatively consistent manner regardless of who is conducting the interview.

Section 4.3

1. Describe one advantage to using DSM-5-TR diagnoses, aka "labels."

Solution

Diagnostic labels can facilitate communication among professionals.

2. What are DSM-5-TR specifiers?

Solution

The DSM-5-TR incorporates the use of specifiers to define more homogeneous subgroupings of individuals with the disorder who share particular features and to communicate information that is relevant to treatment of the disorder.

Section 4.4

1. What is the purpose of a treatment goal?

   Solution

   Treatment goals outline outcomes related to child and family functioning as well as those of societal importance.

2. Define evidence-based practice.

   Solution

   Evidence-based practice is not the blind application of research findings, but rather it involves the use of the best available scientific evidence combined with good individual clinical expertise and provides for consumer choice, preference, and culture.

Section 4.5

1. N/A

   Solution

   N/A

2. N/A.

   Solution

   N/A

CHAPTER 5

Section 5.1

1. How is intellectual disability defined?

   Solution

   Limitations in intelligence, impaired adaptive ability, and onset before age 18.

2. How does redlining impact children's IQ?

   Solution

   Redlining devaluates properties, and thus significantly reduces per-pupil revenues, which, in turn, affects the quality of the education. These factors have been shown to affect IQ score.

3. Identify at least three factors that impact a person's IQ score.

   Solution

   Socioeconomic status, family income, family conflict, acculturation, and quality of education.

Section 5.2

1. According to the DSM-5-TR criteria for intellectual developmental disorder, what are the three core features?

   Solution

   The DSM-5-TR criteria for intellectual developmental disorder consist of deficits in intellectual functioning (confirmed by IQ testing and clinical assessment), deficits in adaptive functioning, and onset of intellectual and adaptive deficits during the developmental period.

2. What are the four levels of impairment severity for intellectual developmental disorder?

   Solution

   DSM-5-TR describes four levels of severity—mild, moderate, severe, or profound—based on adaptive functioning that determines a person's level of needed support.

3. What is a major change in how IQ scores are used in the DSM-5-TR?

   Solution

   IQ scores are no longer used to determine the level of impairment.

4. How common is intellectual developmental disorder?

   Solution

   It occurs in an estimated 1% to 3% of the population.

5. Why does intellectual developmental disorder occur more often among children from lower socioeconomic and minority groups?

   Solution

   Economic disadvantage and discrimination practices often account for these findings.

Section 5.3

1. Describe how children with intellectual developmental disorder versus typically developing children follow developmental stages.

   Solution

Children with intellectual developmental disorder follow developmental stages in the same order as do typically developing children, although they may get frustrated and lose motivation.

2. State if adaptive skills and level of impairment can improve over time for people with intellectual developmental disorder.

   Solution

   Yes, if appropriate training and opportunities are offered.

3. Identify at least three common concerns that can occur with intellectual developmental disorder.

   Solution

   Speech and language issues, emotional and behavioral challenges.

4. Are children with intellectual developmental disorder more likely to have other physical and developmental disabilities, such as cerebral palsy, epilepsy, and emotional and behavioral disorders?

   Solution

   Yes. Children with intellectual disabilities may also suffer other physical and developmental disabilities that can affect their health and development in pervasive ways. Such disabilities are usually related to the degree of intellectual impairment.

5. Describe the optimal educational and social environment for children with intellectual developmental disorder.

   Solution

   Least restrictive classroom environment, where they are afforded the opportunity to interact with typically developing children and are given stimulating challenges while being provided with accommodations to meet their developmental, and not chronological, age.

Section 5.4

1. What is the two-group approach with regard to causes of intellectual developmental disorder?

   Solution

   Organic and cultural–familial.

2. Identify at least two organic causes.

   Solution

   Genetic and constitutional factors, such as chromosome abnormalities, single-gene conditions, and neurobiological influences.

Instructor Manual

Eric J. Mash, David A. Wolfe, Katherine Nguyen Williams, Child Psychopathology, 2024, 9780357796580; Chapter 1: Introduction to Psychopathology in Children and Adolescents

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Purpose and Perspective of the Chapter

The purpose of this chapter is to look at today's definitions of psychopathology in children and adolescents, examine a historical synopsis of the treatment of children, and explain how the relatively short history of child psychopathology has been strongly influenced by philosophical and societal changes in how adults view and treat children in general.

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Chapter Objectives

The following objectives are addressed in this chapter:

LO 01.01 Summarize the perspective of "childhood" before the 18th century.
LO 01.02 Describe John Locke's view of children.
LO 01.03 Define behaviorism.
LO 01.04 Describe how behaviorism affected the way children were treated.
LO 01.05 Define psychological disorder.
LO 01.06 Define developmental pathway.
LO 01.07 List the three risk factors for the development of psychopathology.
LO 01.08 Identify the three systemic risk factors that influence child psychopathology.
LO 01.09 Define resiliency.
LO 01.10 State whether resilience is binary.
LO 01.11 Describe the plight of children's access to mental health treatment.
LO 01.12 Summarize the two factors leading to children being disproportionately afflicted with mental health concerns.
LO 01.13 Describe whether adverse childhood experiences (ACEs) can have lifelong consequences for the child and for society, such as the development of chronic physical illnesses later in life.
LO 01.14 List the three issues that LGBTQIA+ children and adolescents face that negatively affect their development of mental health concerns.

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What's New in This Chapter

The following elements are improvements in this chapter from the previous edition:

- Inclusion of ecological and cognitive theories of child psychopathology.

- Added coverage of Bronfenbrenner's Ecological Systems Theory.
- Inclusion of explanation on mental disorders and violence along with APA Position Statement.
- Updated prevalence rates for child and adolescent disorders.
- Updated stressors for children and adolescents, including newer developments on social media use and technology.
- Role of implicit bias in diagnostic considerations.
- Inclusion of LGBTQIA+ and the role of stigma in child and adolescent mental health.
- Inclusion of Adverse Childhood Experiences Study (ACES) data.

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CHAPTER OUTLINE

The following outline organizes activities and assessments by chapter (and therefore by topic), so that you can see how all the content relates to the topics covered in the text.

I. Historical Views and Breakthroughs (LO 01.01–01.04)
   a. Historical Views
      - Ancient Greek and Roman societies
        (1) Any person with a physical or mental disorder, or deformity was an economic burden and a social embarrassment.
        (2) They were to be scorned, abandoned, or put to death.
      - Before the eighteenth century
        (1) Children were subjected to harsh treatment and largely ignored.
      - Into the mid-1800s
        (1) Specific laws allowed children with severe developmental disorders to be kept in cages and cellars.
   b. The Emergence of Social Conscience
      - John Locke (1632–1704) believed in individual rights.
        (1) Children should be raised with thought and care instead of indifference and harsh treatment.
      - Jean Marc Itard (nineteenth century)
        (1) Focused on the care, treatment, and training of children with severe developmental delays
      - Leta Hollingworth: distinguished between persons with intellectual disorder and those with mental health concerns

- Benjamin Rush: children were incapable of true adult-like insanity
  (1) Children with typical cognitive abilities but disturbing behavior are experiencing moral insanity (disturbance in personality or character).
- Organic disease model emphasized more humane forms of treatment and replaced the moral insanity view of psychological disorders.
- The view beginning to emerge was that children needed moral guidance and support.

c. Early Biological Attributions
- Late nineteenth century: mental disorders were viewed as biological problems.
  (1) Challenged by the prevailing bias that the individual was at fault
- Clifford Beers: sought to prevent psychopathology by raising the standards of care and disseminating reliable information
- This early educational and humane model soon reverted to a custodial model.
  (1) Institutionalize people with intellectual disorders to prevent them from procreating (eugenics) or contaminating others

d. Early Psychological Attributions
- The recognition of psychological influences emerged early in the twentieth century.
- Such recognition allowed researchers to organize and categorize ways of differentiating among various psychological issues.
- Two major theoretical paradigms helped shape these emerging psychological and environmental influences.
  (1) Psychoanalytic theory
  (2) Behaviorism
- Psychoanalytic Theory
  (1) Sigmund Freud: individuals have inborn drives and predispositions that strongly affect their development
    (a) Experiences play a necessary role in psychopathology.
    (b) Children and adults could be helped if provided with the proper environment, therapy, or both.
  (2) Anna Freud: children's symptoms were related more to developmental stages than were those of adults.

(3) Psychoanalytic theory's approach to child psychopathology has had less influence on recent clinical practice and teaching.

- Behaviorism
  - (1) Evidence-based treatments for children, youths, and families can be traced to the rise of behaviorism in the early 1900s.
  - (2) Pavlov's research on classical conditioning
  - (3) Watson's studies on the elimination of children's fears and the theory of emotions
    - (a) Famous study with Little Albert
- EcologicalI and Cognitive Theories
  - (1) Piaget and Vygotsky studies on how children's brains developed in relationship to their environment
    - (a) Piaget: stages of cognitive development
    - (b) Vygotsky: the sociocultural environment and adult instruction
  - (2) Urie Bronfenbrenner: the Ecological Systems Theory
  - (3) Focus is shifting from individual responsibility to focusing on understanding the developmental and systemic considerations.

e. Evolving Forms of Treatment

- 1930 to 1950: psychodynamic approaches prevailed
  - (1) Most children with intellectual or mental disorders were institutionalized.
- Late 1940s: Spitz' studies pointed out the harmful impact of institutional life.
- 1945 to 1965: institutionalization decreased
- By the 1960s: behavior therapy emerged as a systematic approach to treatment of child and family disorders.
- Behavior therapy is currently a prominent form of therapy.

f. Progressive Legislation

- Attitudes have advanced in the humane and egalitarian treatment of children.
- Individuals with Disabilities Education Act (IDEA) requires:
  - (1) Free and appropriate public education for children with special needs in the least restrictive environment
  - (2) Each child must be assessed with culturally appropriate tests.

(3) An individualized education program (IEP) for each child

(PPT Discussion Activity: 5 minutes total)

II. What Is Psychopathology in Children and Adolescents? (LO 01.05–01.07)

a. Defining Psychological Disorders

- A psychological disorder traditionally has been defined as a pattern of behavioral, cognitive, emotional, or physical symptoms shown by:
  (1) Distress
  (2) Disability
  (3) Increased risk for further suffering or harm
- Understanding particular impairments should be balanced with recognizing individual and situational circumstances.
- Labels Describe Behavior, Not People
  (1) Stigmatization is a challenge
    (a) Separate the child from the disorder
    (b) Problems may be the result of children's attempts to adapt to atypical or unusual circumstances.
  (2) According to DSM-5-TR guidelines
    (a) The primary purpose of using terms is to help describe and organize complex features of behavior patterns.

b. Competence

- The ability to successfully adapt in the environment
  (1) Successful adaptation is influenced by culture and ethnicity.
  (2) Children and families in underrepresented ethnic groups
    (a) Must cope with multiple forms of racism, prejudice, discrimination, oppression, and segregation
    (b) All of which significantly influence a child's adaptation and development
- Developmental tasks: areas include knowledge, conduct, and the self-domain

c. Developmental Pathways

- The sequence and timing of particular behaviors as well as the relationships between behaviors over time
- Two types of developmental pathways:
  (1) Multifinality: various outcomes may stem from similar beginnings

(2) Equifinality: similar outcomes stem from different early experiences and developmental pathways **(PPT Knowledge Check Activity: 5 minutes total)**

III. Risk and Resilience (LO 01.08–01.10)

a. Risk factors

- Risk factor: a variable that precedes a negative outcome of interest
- Known risk factors that increase children's vulnerability to psychopathology
  (1) Chronic poverty/socioeconomic marginalization
  (2) Interactions with oppressive systems
  (3) Serious caregiving deficits
  (4) Parental mental illness
  (5) Divorce, homelessness, and racism

b. Resilience

- Protective factor: a personal or situational variables that mitigates a child developing a disorder
- Resilience may vary over time and across situations.
- Resilience is seen in children across cultures.
- Positive cognitive schemas about self, coping skills, and abilities to avoid risky situations may be considered resilient.

IV. The Significance of Behavioral Health Concerns among Children and Adolescents (LO 01.11–01.14)

a. The Changing Picture of Children's Mental Health

- Globally, one in seven 10 to 19-year-olds experience a mental disorder.
- One-fourth of the population (youth) have very few treatment options.
- The demand for mental health services is expected to double over the next decade.
- A better ability to distinguish among disorders has led to increased and earlier recognition of problems.
  (1) Fortunately: increased awareness of younger children's and teens' unique mental health issues
  (2) Unfortunately: limited and fragmented resources **(PPT Reflection Activity: 5 minutes total)**

V. What Affects Rates and Expression of Psychopathology? (LO 01.01–01.14)

a. Poverty and Socioeconomic Disadvantage

- One in five children in the United States and one in eight in Canada live in poverty.

- Native American/First Nations, Latino, and Black children are at greatest risk.
- Children from poor and disadvantaged families are more likely to be diagnosed with
  (1) Conduct disorders, chronic illness, and school issues
  (2) Emotional disorders and cognitive/learning challenges

b. Sex and Gender Differences
- Members of the LGBTQIA+ community face multiple challenges that can affect their health and well-being.
  (1) Biases against other sexual identities
- Children of various genders can express their mental health concerns in different ways.
- Gender is not binary, and many of our youth identify along the spectrum in a fluid manner.
- Sex differences in behavioral concerns increase with age.
- Externalizing and Internalizing Problems
  (1) Externalizing problems
    (a) Higher in boys than girls in preschool and early elementary years and rates converge by age 18
    (b) Exhibited as acting-out behaviors
  (2) Internalizing Problems
    (a) Similar rates in early childhood but higher rates among girls over time
    (b) Include anxiety, depression, somatic symptoms, and withdrawn behavior

c. Race and Ethnicity
- Most cultural anthropologists see race as a socially constructed concept, not biological.
- However, significant barriers remain in access to, and quality and outcomes of, care for children from underrepresented racial and ethnic groups.
- The majority culture has often neglected to incorporate respect for or understanding of the histories, traditions, beliefs, languages, and value systems of culturally diverse groups.
- Marginalization results in a sense of alienation, loss of social cohesion, and rejection of the norms of the larger society.

d. Cultural Issues
- Values, beliefs, and practices that characterize a particular ethnocultural group contribute to development and expression of children's disorders.

(1) Affect how people/institutions react to children's problems
(2) Affect how problems are expressed
(3) Children express their problems differently across cultures.

- It is important that research on child psychopathology not be generalized from one culture to another unless there is support for doing so.

e. Child Maltreatment and Non-Accidental Trauma
- At least one in seven children has experienced child abuse or neglect in 2020 in the United States.
- More than one-third of 10- to 16-year-olds experience physical and/or sexual assaults.
- Adverse childhood experiences (ACEs) are associated with chronic health problems, substance use challenges, and mental illness.
- ACEs negatively impact individuals in areas such as education, job opportunities, and earning potential.

f. Risk Issues Concerning Adolescents
- Early- to mid-adolescence is an important transitional period for healthy adjustment.
- Issues during adolescence
  (1) Substance use, risky sexual behavior, violence, accidental injuries, and mental health problems
- Special needs and problems of adolescents are receiving greater attention.

g. Lifespan Implications
- Impact is most severe when problems go untreated for extended periods of time.
- About 20% of children with the most chronic and serious disorders face life-long difficulties.
  (1) Are least likely to finish school
  (2) Are most likely to have social problems and psychiatric disorders
- Lifelong consequences associated with child psychopathology are costly.

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Additional Discussion Questions

The following are discussion questions that do not appear in the text, PPTs, or courseware. They are for you to use as you wish. You can assign these questions several ways: in a discussion forum in your LMS; as whole-class discussions in person; or as a partner or group activity in class.

1. Summarize two factors leading to children being disproportionately afflicted with mental health concerns. (LO 01.12, 15 minutes)

   Sample answer: A child's biological sex, racial and ethnic background, and cultural surroundings are all important contributors to the manner in which their mental health concerns as they are expressed to and recognized by others.

2. What are some of the difficulties in defining psychological disorders? What are some of the advantages of doing so? (LO 01.05, 15 minutes)

   Sample answer: A difficulty in defining psychological disorders, despite advances in defining psychopathology and vast improvements in the diagnostic and classification systems, is that ambiguity remains, especially in defining a particular child's maladaptive dysfunction. An advantage of defining psychological disorders is that the definitions can be used to classify and diagnose mental disorders, according to guidelines, such as those in the DSM-5-TR.

3. The ways in which we describe behavior has implications for the child being described. How can we describe behavior in a sensitive and non-stigmatizing manner? (LO 01.7, 15 minutes)

   Sample answer: It is important to keep in mind that terms used to describe psychopathology do not describe people; they only describe patterns of behavior that may or may not occur in certain circumstances. We must be careful to avoid the common mistake of identifying the person with the disorder, as reflected in expressions such as "anxious child" or "autistic child." The field of child and adult mental health is often challenged by stigma, which refers to a cluster of negative attitudes and beliefs that motivates fear, rejection, avoidance, and discrimination with respect to people with mental illnesses.

4. Children's competence and their ability to adapt to the environment always need to be considered when assessing maladaptive behaviors. How can

culture, ethnicity, and SES significantly impact how we define a child's competency? (LO 01.13, 15 minutes)

Sample answer: Successful adaptation varies across cultures and ethnicities, so it is important that the traditions, beliefs, languages, and value systems of a particular culture be taken into account when defining a child's competence. Similarly, some children face greater obstacles than others in their efforts to adapt to their environment. Ethnic minority children and families, as well as those with socioeconomic disadvantages, must cope with multiple forms of racism, prejudice, discrimination, oppression, and segregation, all of which significantly influence a child's adaptation and development.

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Case Studies

The following are case studies developed by Cengage but not included in the text, PPTs, or courseware—they are for you to use if you wish.

Resilience in Late Bloomers

Dr. Michael Maddaus started life down a difficult path. As a child, due to his mother being a person experiencing alcohol use disorder, Maddaus was moved from foster home to foster home. These events contributed to his low self-esteem and were risk factors that elevated the chances he would continue down a difficult path in life. As a teenager, he was arrested multiple times and he determined that he needed to get his life on track. Like many others, Maddaus turned his life around in his late teens and early twenties when he joined the U.S. Navy and eventually finished the education he needed to become a thoracic surgeon.

Student questions:

1. Dr. Michael Maddaus experienced difficulties in his early life. The elements associated with an increased vulnerability to psychological disorders are collectively called _____.(*Answer: risk factors*)
2. Dr. Michael Maddaus describes a childhood in which he experienced _____. (*Answer: low self-esteem*)
3. According to Dr. Maddaus' account, as a late bloomer, he turned his life around in his _____. (*Answer: late teens and early twenties*)

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Additional Resources

External Videos

- **Life's First Feelings** (production year unavailable). PBS Boston (WGBH Boston Video). (60 minutes) Looks at early emotional development and presents examples of groundbreaking clinical work and research by such investigators as Tronick, Izard, Campos, Lewis, Kagan, Radtke-Yarrow, Greenspan, in addressing such topics as social referencing, universal emotional expressions, emotion dysregulation, shyness and inhibition, and early intervention. Excellent overview of issues and methods used in studying developmental psychopathology during the early years.
- **Behavior Disorders of Childhood** (1992). Alvin H. Perlmutter Inc. in association with Toby Levine Communications, distributed by Magic Lantern Communication. (60 minutes) "Almost all parents worry whether or not their child's behavior is typical. This program visits families of youngsters with attention-deficit hyperactivity disorder, conduct disorder, separation anxiety disorder, and autism. In addition, experts in child development and psychology discuss how to differentiate atypical behavior from developmental stages."
- **Child Development** (1997). Films for the Humanities and Sciences. (60 minutes) "This program examines a range of the major subjects categorized under the rubric of child development, with one- to five-minute segments per subject. Topics covered include: Genetic Counseling and Prenatal Testing, Fetal Alcohol Syndrome, Prepared Childbirth, Reflexes of Newborns, Learning in Infants, Temperament, Physical Abuse of Children, Learning Disabilities, Sexual Abuse of Children, and Teen Suicide."
- **Kids in Crisis** (production year unavailable). International Film Bureau, Inc. (59 minutes) Examines escalating incidence of mental illness among teens. Contains candid interviews with kids, parents, etc., and looks at care available at psychiatric hospitals.
- **The Impact of Violence on Children** (1995). Films for the Humanities and Sciences. (28 minutes) A video examining the sources of violence that affect children, including school, home, and the streets.
- **Family Violence: Breaking the Chain** (production year unavailable). Films for the Humanities and Sciences. (25 minutes) Describes the effects of family violence on those who are abused, as well as the abusers themselves. Discusses breaking the pattern of violence in relationships and considers breaking the cycle of inter-generational violence.

- **Types and Symptoms of Childhood Psychiatric Disorders** (2014). (3:54) A general discussion of some different categories of childhood psychopathology diagnoses.
- **The Stigma of Raising a Mentally Ill Child** (2014). (6:16) An extension of a 60 minute segment that addresses the difficulties that parents have when their child has a psychological disorder. Notes how the stigma of this situation can make it more difficult for parents to seek treatment and find acceptance in their communities.
- **Children of Darkness** (1983/2013). (57:16) This documentary was originally published in 1983, and was posted to YouTube in 2013. *Children of Darkness* is an Oscar-nominated 1983 documentary film produced and written by Richard Kotuk and Ara Chekmayan. It explored the topic of juvenile psychiatry—an acute lack of mental health care in America for seriously emotionally disturbed youth.
- **What Trauma Taught Me About Resilience** Charles Hunt explains how resilience is one of the most important traits to have, is critical to happiness and success, and can be learned.
- **Raising Non-Violent Children in Violent Times** (2000). Films for the Humanities and Sciences. (18 minutes) Examines the reasons why adolescents become violent and offers parenting strategies that may be used to counteract violent behavior early in a child's development. Risk factors are discussed by experts in the field, and adolescents describe how violence has affected their lives.

Internet Resources

- **PsychCentral**, Fantastic site with a great deal of information about mental health. Includes articles and essays, book reviews, live chats, discussion forums, and great links to mental health resources.
- **Minnesota Parent Training and Information Center**, The mission of the PACER Center is to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents. The website includes links to other resources and relevant publications.
- **MentalHealth.gov**, An award-winning site provided by the Center for Mental Health Services. Information is intended to suit a wide range of people, including users of mental health services and their families, the general public, policy makers, and mental health services providers.
- **National Federation of Families for Children's Mental Illness,** A parent-run organization with links to various publications and other relevant websites

(including advocacy organizations, federal agencies, information clearinghouses, professional organizations, and research).

- **Children's Defense Fund**, A non-profit organization whose mission is to "leave no child behind" and provide children with a healthy, fair, safe, and moral start in life. The organization advocates for the needs of poor children, minority children, and children with disabilities.
- **American Psychological Association**, Provides a variety of psychology-related information geared toward psychologists, the public, and students.
- **American Academy of Child and Adolescent Psychiatry**, Includes facts, links to resources, press releases, publications, research, and more. This site is intended to assist parents and families in understanding mental disorders and problems affecting children and adolescents, but there is also a lot of information that would be of interest to students and professionals, including information about training, job opportunities, and research publications.
- **About Our Kids,** Provides perhaps the very best overview of childhood disorders and related matters. Includes warning signs, facts and information, overviews of treatment approaches, research, current news, a special series of articles and manuals for parents, teachers, and professionals, and much more. Prepared by the New York University Child Study Center.
- **The Wakefield Resilience Framework,** The Resilience Framework supports professionals to help children develop healthy skills that are transferable throughout the course of life.

Primary Sources

- Watson, J. (reprint 1997). Behaviorism. Routledge.

External Audio Resources

- **Resilience Rising Podcast**, Jen Scotney and guests discuss what resilience is, how we develop it, and why we need it. This podcast is here to explore all things resilience.

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