Maladaptive Behavior in Different Life Periods

• **Developmental Psychopathology** is devoted to studying the origins and course of individual maladaptation in the context of normal growth processes.

Maladaptive Behavior in Different Life Periods

• Young children are especially vulnerable to psychological problems because
  • They do not have as complex and realistic a view of themselves and their world as they will have later
  • They have less self-understanding
  • They have not yet developed a stable sense of identity
Maladaptive Behavior in Different Life Periods

• They have not yet developed a clear understanding of what is expected of them and what resources they might have to deal with problems
• Children used to be viewed as miniature adults
• It was not until the second half of the 20th century that a diagnostic classification system focused clearly on the special problems of children

Attention Deficit Disorder (ADD):

• A syndrome characterized by serious and persistent difficulties in the following three specific areas:
  - attention span
  - impulse control
  - hyperactivity (not to the extent that characterizes ADHD).
• ADD is a chronic disorder that can begin in early childhood and extend throughout adulthood.

ADD

• According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1987), there are two types of ADD:
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Undifferentiated Attention Deficit Disorder (UADD).
Undiagnosed ADD

• (ADD without hyperactivity): In this form of ADD, the primary and most significant characteristic is inattentiveness; hyperactivity is not present.
• These children still manifest problems with organization and distractibility, and they may be seen as quiet or passive in nature.

Attention-Deficit Hyperactivity Disorder (ADHD)

• In ADHD, the child shows impulsive, overactive behavior that interferes with his or her ability to accomplish tasks.
• It still remains unclear to what extent the disorder results from environmental or biological factors.

ADHD

• ADHD is the most commonly used diagnosis of childhood disorders and the primary reason for children's referrals to psychological clinics.
• It is estimated to affect between 3% and 5% of school age children, depending on how the disorder is classified (American Psychiatric Association, 1994; Barkley, 1998; Tannock, 1998).
• ADHD is more frequently diagnosed in boys than girls, with ratios from 3:1 to 6:1.
Gender Comorbidity

• Boys: Oppositional defiant disorder (35-60%), Conduct Disorder (35-50%), Anxiety (25-40%), Depression, Learning Disabilities (25%), Personality Disorder, Substance Abuse, and Overanxious Disorder (each at 25%).

• Girls: Mood, Anxiety, and Substance Abuse Disorders.

• Girls are less likely to be identified and treated.

• Separation Anxiety, Phobic Disorder, and Post-Traumatic Stress Disorders (PTSD's) are also associated with ADHD.

History of ADHD

• In 1845, in a children's storybook, Der Struwwelpeter (Unkept Peter), by a German physician, Heinrich Hoffman, the earliest known description of the disorder was published.

• A negative value was attached in nursery rhymes and children stories about "Fidgety Phil, Harry Hurricane, and Tommy Tornado" (Hoffman, 1845).

• Following the 1918 outbreak of influenza encephalitis after World War I, some of the children survivors showed a constellation of behaviors similar to ADHD.

• The disorder proceeded with a medley of different names and suspected causes:
  - "Brain Damage Syndrome" (Still, 1902)
  - "Minimum Brain Dysfunction, Organically Driven" (Kahn & Cohen, 1934)
  - "Organic Behavior Syndrome" (Bradley & Bowen, 1941)
  - "Post Encephalitic Syndrome" (Bender, 1942)
  - "Brain Injury" (Strauss & Lehtinen, 1947), "Minimum Brain Damage Syndrome" (Strauss & Kephart, 1955),
History of ADHD

- "Hyperkinetic Impulse Disorder" (Laufer & Denhoff, 1957).
- "Minimum Brain Dysfunction" (MBD; also known as "Stauss Syndrome"; Clements & Peters, 1962)
- "Hyperactivity" (Werry, 1968)
- "Hyperkinetic Syndrome" (Rutter, Graham, & Yule, 1970)
- "Hyperactive Child Syndrome" (Cantwell, 1975).
- "Attention Deficit Disorder" (American Psychiatric Association, 1980)
- "Attention Deficit Hyperactivity Disorder" (American Psychiatric Association, 1987).

History of ADHD

• There is definition confusion about ADHD primarily because of the changes in diagnostic criteria that have taken place in the past 30 years.
• The disorder and its permutations also have been referred to as:
  - Hyperkinetic Reaction of Childhood (APA, 1968)
  - Attention Deficit Disorder (ADD; APA, 1980)
  - Attention Deficit Disorder with Hyperactivity (ADD/H)
  - Attention Deficit Disorder without Hyperactivity (ADD/WO; APA, 1980)
  - ADHD (APA, 1990)

ADHD

• The essential features of ADHD are persistent patterns of inattention or hyperactivity-impulsivity that are more frequent and severe than typically observed in individuals at a comparable level of development.
• The symptoms must be present before age seven.
• The impairments of the symptoms must be present in at least two settings (home, school [or work], or community).
• There must be clear evidence of interference with developmentally appropriate social, academic, or occupational functioning.
4 Types of ADHD

According to the DSM-IV, there are four types of ADHD. They are based on the following:

• **Attention-Deficit Hyperactivity Disorder, Predominantly Inattentive Type (ADHD/I):** if Criterion A1 is met but Criterion A2 is not met for the past 6 months (ADHD-I is the new diagnostic label for ADD).

• **Attention-Deficit Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type (ADHD/H-I):** if Criterion A2 is met but Criterion A1 is not met for the past 6 months.

• **Attention-Deficit Hyperactivity Disorder, Combined Type (ADHD/C):** if both Criteria A1 and A2 are met for the past 6 months.

• **Attention-Deficit Hyperactivity Disorder Not Otherwise Specified (ADHD/NOS):** this category is for disorders with prominent systems of inattention or hyperactivity-impulsivity that do not meet the criteria for Attention-Deficit Hyperactivity Disorder. (APA, 1994, p. 85)

ADHD

• According to APA (2000), the diagnostic criteria for ADHD are as follows:

• Either (1) or (2):
  – Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with the child’s developmental level:
ADHD

**Inattention**

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen to when spoken to directly
- often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior to failure to understand instructions)

**Inattention**

- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework)
- often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- is often easily distracted by extraneous stimuli
- is often forgetful in daily activities.

(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level

**Hyperactivity**

- often fidgets with hands or feet or squirms in seats
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness
- often has difficulty playing or engaging in leisure activities quietly
- is often “on the go” or often acts as if “driven by a motor”
- often talks excessively.
ADHD

Impulsivity

- often blurts out answers before the questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (e.g., butts into conversation or games)

Numerous Etiologies

- Developmental Disorder of behavioral inhibition that interferes with self-regulation
- Prefrontal lobes are impaired and result in an altered relationship to time, memory, and anticipation.

Diet

- Feingold (1975) toxic or allergic reactions to such food additives as artificial colorings cause more than 60% of ADHD in children.
- Feingold found that when certain foods were removed from their diets, more than 50% demonstrated behavioral improvement.
- However, this is hardly the cause of most ADHD (Conners, 1980).
Sugar

• Sugar-behavior relationship remain inconclusive. A meta-analysis of 16 experimental studies concluded that sugar does not affect children’s behavior or cognitive performance (Wolraich, Wilson, & White, 1995).

Neurotoxins

• Elevated blood lead levels have been implicated as a cause of ADHD symptoms in children (Baloh, Strum, Green, & Gieser, 1975).
• However, other studies have found the association to be weak (Ferguson, Ferguson, Horwood, & Kinzett, 1988; Silva, Hughes, Williams, & Faed, 1988).
• Some research has shown an association between maternal alcohol consumption and smoking during pregnancy and symptoms of ADHD in children born of such pregnancies (Bennett, Wolin, & Reiss, 1988).
• However the causal link is unclear.

Genetics

• Children with ADHD often have a positive family history.
• Hyperactivity has been found in the parents of hyperactive children four times more often than in controls (Brown, 2000; Gaddes & Edgell, 1994; Hartmann, 1997).
• The characteristics of ADHD and those of the hunter are very similar. Hartmann (1997) suggested that a person with ADHD would make an extraordinarily good hunter.
Genetics

• There is a relatively high concordance for monozygotic twins (Willerman, 1973), and increased incidence of ADHD among biological parents and siblings of ADHD children (Biederman et al., 1992) all suggested some unspecified mode of inheritance for these characteristics.

• Swanson et al. (1998) have been studying the association of the dopamine D4 receptor gene (DRD4) and ADHD. The data from their study provide additional evidence that the DRD4 gene is associated with a refined phenotype of ADHD.

Environmental Factors

• Willes and Lovaas (1977) proposed that ADHD is a deficit in the stimulus control of behavior by parental commands and that it derives from poor child management techniques employed by the parents.

• Neuropsychological research has established that a number of situational and contextual factors affect the severity of ADHD symptoms and influence the ability of children to sustain their attention to task performance, control their impulses to act, regulate the activity level, and produce work consistently (Barkley, 1996).

• These factors include time of day or fatigue, increasing task complexity, extent of restraint demanded for the context, level of stimulation with the setting, schedule of immediate consequences associated with the task, and absence of adult supervision during task performance.

• Fluctuations in the severity of symptoms also have been documented across a variety of school contexts, though it is unclear how behaviors symptomatic of ADHD interact with a child’s environment, especially in school (Reid, Maag, & Vasa, 1993).
Assessments for ADHD

- Clinical Interviews
- Behavioral Rating Scales:
  - Behavior Assessment System for Children (BASC), Reynolds & Kamphaus, 1992
  - Child Behavior Checklist, Achenbach, 1991
  - Conners Rating Scale-Revised, Conners, 1996

Treatment for ADHD

- Parent and Teacher Rating Scales
- Behavioral Observations
- Psychological and Psychoeducational Assessments

Treatment for ADHD

- Medications (such as amphetamines)
- Behavior therapy (particularly cognitive-behavioral methods)
- Biofeedback
- Eye Movement Desensitization and Reprocessing (EMDR):
  - Integrates elements of many effective psychotherapies in structured protocols that are designed to maximize treatment effects.
  - These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies.
  - EMDR is an information processing therapy (Shapiro) and uses an eight phase approach.
Famous People w/ ADHD and LD

Famous People w/ ADHD and LD

Oppositional Defiant Disorder
Involves a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months
Conduct Disorder

Involves a persistent, repetitive violation of rules and a disregard for the rights of others
It is a common precursor to Antisocial Personality Disorder

Etiology of Oppositional Defiant Disorder and Conduct Disorder

- Biological factors
- Personal pathology
- Family patterns
- Peer relationships

Treatment for Oppositional Defiant Disorder and Conduct Disorder

- Punitive treatments appear to intensify rather than correct behavior
- Effective treatments tend to focus on
  - The cohesive family model
  - Behavioral techniques
Anxiety Disorders of Childhood and Adolescence

Separation Anxiety Disorder is the most common of childhood anxiety disorders. Child becomes anxious when separated from parent or home.

Anxiety Disorders of Childhood and Adolescence

- Children with separation anxiety disorder exhibit
  - Unrealistic fears
  - Oversensitivity
  - Self-consciousness
  - Nightmares
  - Chronic anxiety

Etiology of Anxiety Disorders of Childhood and Adolescence

- Early family relationships that generate anxiety
- Lack of preventing and developing more adaptive coping skills
Treatment of Anxiety Disorders of Childhood and Adolescence

- Psychopharmacological treatments
- Behavior therapy are common treatment methods

Selective Mutism

- Involves the persistent failure to speak in specific social situations
- In many cases, children with selective mutism also have a diagnosis of Developmental Disorder/Delay

Childhood Depression

- Depression in children and adolescents occurs with high frequency
- Causal factors include
  - Biological factors
  - Learning factors
Treatment of Childhood Depression

- Antidepressant medications
- Supportive emotional environment for children to learn more adaptive coping strategies and emotional expression
- Cognitive-Behavioral Therapy
- Individual, Group, Family Therapy
- Play Therapy

Disorders of Elimination

- **Enuresis** is described as bedwetting that is not organically caused
- **Encopresis** Children over 4 who have not learned appropriate toileting for bowel movements
- Nocturnal
- Diurnal

Tourette’s Syndrome

- Neurological (brain) condition that usually begins in childhood.
- It causes a child to make sounds or words (vocal tics) and body movements (motor tics) that are beyond his or her control
- Tics (persistent, intermittent muscle twitches or spasms, usually limited to a localized muscle group)
- Motor tics usually begin between ages 3 and 8.
Tourette’s Syndrome

- Vocal tics can begin as early as age 3, but they usually develop a few years after motor tics.
- Occur most frequently between the ages of 2 and 14
- Tics generally are at their worst at age 12. In most children, tics go away or decrease quite a bit in the teen years.
- Tics can continue into adulthood.

Etiology of Tourette’s Syndrome

- Genetic component. The exact gene or genes have not been identified.
- Other things that may increase a person’s risk for developing tics or TS include having:
  - A mother who suffered from severe nausea and vomiting during the first trimester of pregnancy, was under severe stress during her pregnancy, or drank a lot of coffee, smoked cigarettes, or drank alcohol during her pregnancy.
  - Insufficient oxygen or blood supply during birth.

- An abnormal evaluation immediately after birth (low Apgar scores).
- A low birth weight and signs of brain injury or an enlarged section of the brain.
- Other things that can affect tic development include:
  - Male hormones. Some research suggests that exposure to male hormones, such as testosterone, before the baby is born may play a role. But it is not clear what role they play.
  - Streptococcal infection, which may make tics worse in children with tics. A streptococcal infection may also cause children who have not had tics to suddenly develop them.
Treatment for Tourette's Syndrome

- Focuses on managing tics
- Helping child and others cope with the tics.
- Educating child, parent and teachers about TS
- Creating supportive home and school environments where tics are accepted and accommodated.
- Counseling may be helpful.

Medications

- There is no cure

Pervasive Developmental Disorders

- A group of severely disabling conditions that are among the most difficult to understand and treat
- They include the inability to interact socially, to communicate verbally and nonverbally, and to use their imagination.

Pervasive Developmental Disorders

- **Autistic Disorder**: Most common, puzzling, and disabling of the pervasive developmental disorders
  - Child has impaired social interactions and communications, and develops stereotyped behaviors and interests
- **Asperger's Disorder**: is a severe and sustained impairment in social interaction
  - Very similar to Autism, except they do not have delayed or impaired language
Asperger’s Syndrome

• A developmental disorder in which people have severe difficulties understanding how to interact socially.
• People with Asperger’s syndrome have some traits of autism, especially weak social skills and a preference for sameness and routine.

Asperger’s Syndrome

• But unlike those with autism, children with Asperger’s syndrome usually start to talk around 2 years of age (the age at which speech normally develops).
• They have normal to above-normal intelligence.
• As many as 3 out of every 10,000 people have Asperger’s Syndrome.

Etiology of Asperger’s Syndrome

• The exact cause is not known.
• It tends to run in families, suggesting a genetic link
• Scientists have not discovered a distinct genetic marker
Symptoms of Asperger's Syndrome

• Good to excellent vocabulary
• May have difficulties with accent, tone, and pitch, which can make their speech sometimes odd or difficult to understand.
• Lack the social instincts and practical skills needed when relating to others.
• May not recognize verbal and nonverbal cues or understand social norms, such as taking turns talking or grasping the concept of personal space.
• May have difficulty expressing their own feelings and perceiving others’ feelings.

Symptoms of Asperger's Syndrome

• Make efforts to establish friendships, but they may have difficulty making friends because of their social awkwardness.
• Limited and very focused interests.
• Most comfortable with fixed routines and dislike change.
• May lack coordination, exhibit unusual facial expressions, body postures, and gestures, and be somewhat clumsy.

Treatment for Asperger's Syndrome

• Many have trouble with fine motor skills, such as handwriting.
• Severe trouble in social situations.
• Should be tailored to meet individual needs.
• Communication and social skills training is usually recommended.
Treatment for Asperger's Syndrome

- Behavior management, in which good behavior is rewarded, can help change problem behaviors, such as interrupting and dominating conversations.
- Medications for Asperger's syndrome are generally avoided, especially in young children, but may be recommended for specific symptoms, such as depression.

- Medication for depression may be recommended for adolescents with Asperger's syndrome.
- Federal law requires public schools to provide appropriate educational services for people with Asperger's between the ages of 3 and 21.
- Contact your local school district to find out which services are available.

Autism

- Autism involves a wide range of problematic behaviors including
  - A social deficit
  - An absence of speech
  - Self-stimulation
  - Impaired intellectual ability
  - A preoccupation with maintaining sameness
Etiology of Autism

• The precise causes of autism are unknown
• Most investigators agree that a fundamental disturbance of the central nervous system is involved

Treatment for Autism

• It has not been possible to normalize the behavior of children diagnosed with Autism through treatment
• Newer instructional and behavior modification techniques have been helpful in improving the ability of less severely impaired autistic children to function

Learning Disorders

• The diagnosis of Learning Disorder is restricted to those cases in which:
  - There is clear impairment in school performance or in daily living activities
  - The impairment is not due to Mental Retardation or to a Pervasive Developmental Disorder such as Autism
• Dyslexia: Problems in word recognition and reading comprehension
Learning Disorders

- Reading Disorder
- Mathemetic Disorder
- Disorder of Written Expression
- Learning Disorder NOS
- Academic Problem

Etiology of Learning Disorders

- Learning disabilities are possibly the products of subtle central nervous system impairments

Mental Retardation

- The APA defines mental retardation as "significantly subaverage general intellectual functioning ... that is accompanied by significant limitations in adaptive functioning"

CODED ON AXIS II
Levels of Retardation

- Includes IQ ranges from:
  - 50-70  Mildly Mentally Retarded
  - 35-49  Moderate
  - 20-34  Severe
  - Below 20  Profound

Borderline Intellectual Functioning

- IQ 71-84
- CODED AS A V-CODE

Causes of Mental Retardation

- Deprived environments
- Infectious diseases and toxic agents
- Physical trauma (trauma)
- Malnutrition and other biological factors
- Radiation
- Cause is often unknown
Causes of Mental Retardation

- Genetic-chromosomal factors
  - Down’s Syndrome
  - Fragile X Syndrome
    - Only affects males
  - Fetal Alcohol Syndrome
  - Phenylketonuria
  - Cranial anomalies
    - Macrocephaly
    - Microcephaly
    - Hydrocephaly

Treatment, Outcomes, and Prevention

- Treatment methods include
  - Institutionalization (usually a last resort)
  - Education
  - Mainstreaming

Special Education

- Individuals with Disabilities Act
  - Guarantees free, appropriate public education to children with disabilities in the U.S.
  - Intellectual and physical disabilities
- Individualized Education Programs (IEPs) often developed
  - Written statement that establishes learning goals and teaching methods
Special Education

- Emphasizes mainstreaming or inclusion
- Integration of children with special needs into regular classrooms whenever appropriate
- Benefits students with and without disabilities

Child Advocacy Programs

- Child advocacy programs have made important gains toward bettering conditions for mentally disabled children
- A great deal of confusion, inconsistency, and uncertainty still persists in the movement as a whole