Childhood and Adolescence

• Adolescence can also be a difficult period
  • Worry is a common experience
  • At least one-fifth of all children and adolescents in North America also experience a diagnosable psychological disorder
    – Boys with disorders outnumber girls, even though most of the adult psychological disorders are more common in women

Childhood Anxiety Disorders

• Anxiety is, to a degree, a normal and common part of childhood
  – dominated by behavioral and somatic symptoms
• Some of these disorders are similar to their adult counterparts, but more often they take on a somewhat different character due to cognitive and other limitations
Separation Anxiety Disorder

- Separation anxiety disorder, one of the most common childhood anxiety disorders, follows this profile and is displayed by 4 to 10% of all children
  - Sufferers feel extreme anxiety, often panic, whenever they are separated from home or a parent
  - A separation anxiety disorder may further take the form of a school phobia or school refusal – a common problem in which children fear going to school and often stay home for a long period

Treatments for Childhood Anxiety Disorders

- Despite the high prevalence of these disorders, around two-thirds of anxious children go untreated
  - Among children who do receive treatment, psychodynamic, behavioral, cognitive, cognitive-behavioral, family, and group therapies, separately or in combination, have been applied most often – each with some degree of success

Major Depressive Disorder

- Around 2% of children and 9% of adolescents currently experience major depressive disorder; as many as 20 percent of adolescents experience at least one depressive episode
  - Depression in the young may be triggered by negative life events (particularly losses), major changes, rejection, or ongoing abuse
Major Depressive Disorder

- Childhood depression is commonly characterized by such symptoms as headaches, stomach pain, irritability, and a disinterest in toys and games
- Clinical depression is much more common among teenagers than among young children
  - Suicidal thoughts and attempts are particularly common

While there is no difference between rates of depression in boys and girls before the age of 13, girls are twice as likely as boys to be depressed by the age of 16

- Several factors have been suggested, including hormonal changes, increased stressors, and increased emotional investment in social and intimate relationships
- Another factor that has received attention is teenage girls’ growing dissatisfaction with their bodies

Bipolar Disorder

- Most theorists believe that the growing numbers of children diagnosed with this disorder reflect not an increase in prevalence but a new diagnostic trend
- Other theorists believe the diagnosis is currently being overapplied to children and adolescents
  - They suggest the label has become a clinical “catchall” that is being applied to almost every explosive, aggressive child
  - The outcome of the debate is important, particularly because the current shift in diagnoses has been accompanied by an increase in the number of children who receive adult medications
  - Few of these drugs have been tested on and approved specifically for use in children
Oppositional Defiant Disorder and Conduct Disorder

- Children consistently displaying extreme hostility and defiance may qualify for a diagnosis of oppositional defiant disorder or conduct disorder
  - This disorder is characterized by repeated arguments with adults, loss of temper, anger, and resentment
  - Children with this disorder ignore adult requests and rules, try to annoy people, and blame others for their mistakes and problems
  - As many as 10% of children qualify for this diagnosis
  - The disorder is more common in boys than girls before puberty, but equal in both sexes after puberty

Conduct Disorder

- Children with conduct disorder, a more severe problem, repeatedly violate the basic rights of others
  - They are often aggressive and may be physically cruel to people and animals
  - Many steal from, threaten, or harm their victims, committing such crimes as shoplifting, forgery, mugging, and armed robbery

Oppositional Defiant Disorder and Conduct Disorder

- Conduct disorder usually begins between 7 and 15 years of age
- As many as 10% of children, three-quarters of them boys, qualify for this diagnosis
- Children with a mild conduct disorder may improve over time, but severe cases frequently continue into adulthood and develop into antisocial personality disorder or other psychological problems
Oppositional Defiant Disorder and Conduct Disorder

- Some clinical theorists believe there are actually several kinds of conduct disorder
- One team distinguishes four patterns:
  - Overt-destructive
  - Overt-nondestructive
  - Covert-destructive
  - Covert-nondestructive
- It may be that the different patterns have different causes

Other researchers distinguish yet another pattern of aggression found in certain cases of conduct disorder – *relational aggression* – in which individuals are socially isolated and primarily display social misdeeds

- Relational aggression is more common among girls than boys

Many children with conduct disorder are suspended from school, placed in foster homes, or incarcerated

- When children between the ages of 8 and 18 break the law, the legal system often labels them *juvenile delinquents*
- More than half of the juveniles who are arrested each year are *recidivists*, meaning they have records of previous arrests
  - Boys are much more involved in juvenile crime than are girls, although rates for girls are on the increase
What Are the Causes of Conduct Disorder?

- Many cases of conduct disorder have been linked to genetic and biological factors, drug abuse, poverty, traumatic events, and exposure to violent peers or community violence.
- They have most often been tied to troubled parent-child relationships, inadequate parenting, family conflict, marital conflict, and family hostility.

How Do Clinicians Treat Conduct Disorder?

- Because aggressive behaviors become more locked in with age, treatments for conduct disorder are generally most effective with children younger than 13.
- A number of interventions have been developed but no one of them alone is the answer for this difficult problem.
  - Today’s clinicians are increasingly combining several approaches into a wide-ranging treatment program.

Sociocultural Treatments

- Given the importance of family factors in conduct disorder, therapists often use family interventions.
  - One such approach is parent-child interaction therapy.
  - When children reach school age, therapists often use a family intervention called parent management training.
  - These treatments often have achieved a measure of success.
Sociocultural Treatments

- Other sociocultural approaches, such as residential treatment in the community and programs at school, have also helped some children improve
  - One such approach is treatment foster care
- In contrast to these other approaches, institutionalization in juvenile training centers has not met with much success and may, in fact, strengthen delinquent behavior

Child-Focused Treatments

- Treatments that focus primarily on the child with conduct disorder, particularly cognitive-behavioral interventions, have achieved some success in recent years
  - In problem-solving skills training, therapists combine modeling, practice, role-playing, and systematic rewards
  - Also anger management and drug therapy available

Prevention

- It may be that the greatest hope for reducing the problem of conduct disorder lies in prevention programs that begin in early childhood
  - These programs try to change unfavorable social conditions before a conduct disorder is able to develop
  - All such approaches work best when they educate and involve the family
Attention-Deficit/Hyperactivity Disorder

- Children who display attention-deficit/hyperactivity disorder (ADHD) have great difficulty attending to tasks, behave overactively and impulsively, or both.
- The primary symptoms of ADHD may feed into one another, but in many cases one of the symptoms stands out more than the other.

- About half the children with ADHD also have:
  - Learning or communication problems
  - Poor school performance
  - Difficulty interacting with other children
  - Misbehavior, often serious
  - Mood or anxiety problems

What Are the Causes of ADHD?

- ADHD is a difficult disorder to assess.
- Clinicians generally consider ADHD to have several interacting causes, including:
  - Biological causes and abnormalities in the frontal-striatal regions of the brain
  - High levels of stress
  - Family dysfunctioning
How Is ADHD Treated?

- About 80% of all children and adolescents with ADHD receive treatment.
- There is, however, heated disagreement about the most effective treatment for ADHD.
  - The most commonly applied approaches are drug therapy, behavioral therapy, or a combination.
  - Millions of children and adults with ADHD are currently treated with methylphenidate (Ritalin), a stimulant drug that has been available for decades.

Multicultural Factors and ADHD

- Race seems to come into play with regard to ADHD.
  - A number of studies indicate that African American and Hispanic American children with significant attention and activity problems are less likely than white American children to be assessed for ADHD, receive an ADHD diagnosis, or undergo treatment for the disorder.
  - Those who do receive a diagnosis are less likely than white children to be treated with the interventions that seem to be of most help, including the promising (but more expensive) long-acting stimulant drugs.

Multicultural Factors and ADHD

- In part, racial differences in diagnosis and treatment are tied to economic factors.
- Some clinical theorists further believe that social bias and stereotyping may contribute to the racial differences seen in diagnosis and treatment.
  - Underdiagnosed and undertreated.
Elimination Disorders

- Children with elimination disorders repeatedly urinate (Enuresis) or pass feces (Encopresis) in their clothes, in bed, or on the floor
- They have already reached an age at which they are expected to control these bodily functions
  - These symptoms are not caused by physical illness

Long-Term Disorders That Begin in Childhood

- Two groups of disorders that emerge during childhood are likely to continue unchanged throughout a person’s life:
  - Pervasive developmental disorders
  - Mental retardation
- Clinicians have developed a range of treatment approaches that can make a major difference in the lives of people with these problems

Pervasive Developmental Disorders

- Pervasive developmental disorders are a group of disorders marked by impaired social interactions, unusual communications, and inappropriate responses to stimuli in the environment
- The group includes autistic disorder, Asperger’s disorder, Rett’s disorder, and childhood disintegrative disorder
  - Patterns are similar in many ways, they do differ in the degree of social impairment sufferers experience
Autistic Disorder

• The central feature of autism is the individual's lack of responsiveness, including extreme aloofness and lack of interest in people
• Language and communication problems take various forms
• Autism is also marked by limited imaginative play and very repetitive and rigid behavior
• The motor movements of people with autism may be unusual
• Children may at times seem overstimulated and/or understimulated by their environments

Asperger’s Disorder

• Those with Asperger’s disorder (or syndrome) experience the kinds of social deficits, impairments in expressiveness, idiosyncratic interests, and restricted and repetitive behaviors that characterize individuals with autism, but at the same time they often have normal intellectual, adaptive, and language skills

Asperger’s Disorder

• Clinical research suggests that there may be several subtypes of Asperger’s disorder, each having a particular set of symptoms, including:
  – Rule boys
  – Logic boys
  – Emotion boys
What Are the Causes of Pervasive Developmental Disorders?

- Much more research has been conducted on autism than on Asperger’s disorder or other pervasive developmental disorders
- Currently, many clinicians and researchers believe that the other disorders are caused by factors similar to those responsible for autism

What Are the Causes of Pervasive Developmental Disorders?

- A variety of explanations for autism have been offered
  - Sociocultural explanations are now seen as having been overemphasized
  - Recent work in the psychological and biological spheres has persuaded clinical theorists that cognitive limitations and brain abnormalities are the primary causes of the disorder

What Are the Causes of Pervasive Developmental Disorders?

- Sociocultural causes
  - Theorists initially thought that family dysfunction and social stress were the primary causes of autism
  - Some clinicians have proposed a high degree of social and environmental stress as a factor, a theory also unsupported by research
What Are the Causes of Pervasive Developmental Disorders?

- Psychological causes
  - According to certain theorists, people with autism have a central perceptual or cognitive disturbance

- Biological causes
  - While a detailed biological explanation for autism has not yet been developed, promising leads have been uncovered
    - examination of relatives keeps suggesting a genetic factor in the disorder
    - prenatal difficulties or birth complications
    - identified specific biological abnormalities

How Do Clinicians and Educators Treat Pervasive Developmental Disorders?

- cognitive-behavioral therapy
- communication training
- parent training
- community integration
  - In addition, psychotropic drugs and certain vitamins have sometimes helped when combined with other approaches

Mental Retardation

- According to the DSM-IV-TR, people should receive a diagnosis of mental retardation when they display general intellectual functioning that is well below average, in combination with poor adaptive behavior
  - IQ must be 70 or lower
  - The person must have difficulty in such areas as communication, home living, self-direction, work, or safety
- Symptoms must appear before age 18
What Are the Features of Mental Retardation?

• The most consistent sign of mental retardation is that the person learns very slowly.
• Other areas of difficulty are attention, short-term memory, planning, and language.
  • Those who are institutionalized with mental retardation are particularly likely to have these limitations.

What Are the Features of Mental Retardation?

• The DSM-IV-TR describes four levels of mental retardation:
  • Mild (IQ 50–70)
  • Moderate (IQ 35–49)
  • Severe (IQ 20–34)
  • Profound (IQ below 20)
• In contrast, the American Association of Mental Retardation prefers to distinguish different kinds of mental retardation according to the level of support the person needs in various aspects of his or her life: intermittent, limited, extensive, or pervasive.

Mild Retardation

• Approximately 80% to 85% of all people with mental retardation fall into the category of mild retardation (IQ 50–70).
  • They are sometimes called “educably retarded” because they can benefit from schooling.
  • Interestingly, intellectual performance seems to improve with age.
    • Their jobs tend to be unskilled or semiskilled.
Mild Retardation

• Research has linked mild mental retardation mainly to sociocultural and psychological causes, particularly:
  – Poor and unstimulating environments
  – Inadequate parent-child interactions
  – Insufficient early learning experiences

Mild Retardation

• Although these factors seem to be the leading causes of mild mental retardation, at least some biological factors may also be operating
  – Studies have linked mothers’ moderate drinking, drug use, or malnutrition during pregnancy to cases of mild retardation

Moderate, Severe, and Profound Retardation

• Approximately 10% of persons with mental retardation function at a level of moderate retardation (IQ 35–49)
  • They can care for themselves, benefit from vocational training, and can work in unskilled or semiskilled jobs
• Approximately 3% to 4% of persons with mental retardation display severe retardation (IQ 20–34)
  • They usually require careful supervision and can perform only basic work tasks
  • They are rarely able to live independently
Moderate, Severe, and Profound Retardation

- About 1% to 2% of persons with mental retardation fall into the category of profound retardation (IQ below 20)
  - With training they may learn or improve basic skills but they need a very structured environment
- Severe and profound levels of mental retardation often appear as part of larger syndromes that include severe physical handicaps

What Are the Causes of Mental Retardation?

- The primary causes of moderate, severe, and profound retardation are biological, although people who function at these levels are also greatly affected by their family and social environment
  - Chromosomal causes
  - Metabolic causes
  - Prenatal and birth-related causes
  - Childhood problems

Interventions for People with Mental Retardation

- The quality of life attained by people with mental retardation depends largely on sociocultural factors
  - Thus, intervention programs try to provide comfortable and stimulating residences, social and economic opportunities, and a proper education
Interventions for People with Mental Retardation

• What is the proper residence?
  – Until recently, parents of children with mental retardation would send them to live in public institutions – state schools – as early as possible
  – Most people with mental retardation, including almost all with mild mental retardation, now spend their adult lives either in the family home or in a community residence

• When is therapy needed?
  • People with mental retardation sometimes experience emotional and behavioral problems
    • Around 30% or more have a diagnosable psychological disorder other than mental retardation
    • Some suffer from low self-esteem, interpersonal problems, and adjustment difficulties
  • These problems are helped to some degree by individual or group therapy
    • Psychotropic medication is sometimes prescribed