Chapter 1: The Science & Practice of Abnormal Child Psychology

# 1.1 The Prevalence of Childhood Disorders

## How Common are Mental Disorders in Children?

* Approximately 13-15% of youths experience a psychological disorder in any given year; 20% of youths experience a disorder prior to reaching adulthood. The most common disorders among children are ADHD and anxiety disorders.
* Approximately 40% of youths with one disorder have another (comorbid) disorder.
* Approximately 7.5% of school-age children and adolescents are taking at least one psychotropic medication. Although medication can be over-prescribed, most youths with psychological disorders do not receive medication.

## What Factors Influence of Prevalence of Childhood Disorders?

* Adolescents are more likely than children to experience a psychological disorder.
* Boys are more likely to be diagnosed with psychological disorders in early childhood, especially with Autism Spectrum Disorder and ADHD. Girls are more likely to be diagnosed in adolescence, especially with anxiety and depression.
* Children from low-SES families are at greater risk for psychological disorders than children from high-SES families.
* The prevalence of certain disorders, such as ADHD and Autism Spectrum Disorder, is higher among White, non-Latino children than children of other ethnicities. The prevalence of other disorders, especially disruptive disorders, is higher among African-American children.

## Do Most Youths with Mental Disorders Receive Treatment?

* Only about one-half of children with psychological problems receive treatment. White, non-Latino children and youths from higher-SES families are most likely to receive care.
* Barriers to treatment include (1) financial problems, (2) a lack of evidence-based treatment in the community, (3) an absence of well-trained clinicians, and (4) stigma.

# 1.2 What is a “Mental Disorder?”

## How Do We Identify “Abnormal” Behavior in Children?

* Abnormal behavior can be defined in terms of (1) statistical infrequency, (2) associated impairment, (3) associated distress, (4) cultural deviancy, and (5) behavioral rigidity. Each characteristic, however, has limitations.
* Andrew Wakefield proposed that abnormal behavior is characterized by an underlying medical or psychological dysfunction that causes the person harm and/or limits the person’s functioning in some way.

## How Does DSM-5 Define a Mental Disorder?

* The DSM-5 definition of mental disorder reflects Wakefield’s notion of a “harmful dysfunction.” According to DSM-5, a disorder reflects a biological, developmental, or psychological dysfunction that causes distress or disability in the individual.
* DSM-5 adopts a medical approach to disorders. Limitations of this approach include (1) we cannot always identify the underlying cause of children’s disorders, and (2) many childhood disorders are best understood in an interpersonal context rather than within an individual.

## How Does Culture Affect the Identification of Childhood Disorders?

* Children’s ethnicity can affect their likelihood of being identified with a disorder in at least four ways: (1) the cultural values of the child’s family may be different from those of the clinician; (2) immigrant families may experience increased stress due to acculturation; (3) language differences can cause communication problems between the clinician and the family; and (4) minority children are often underrepresented in mental health research.

# 1.3 An Introduction to Developmental Psychopathology

## What is Developmental Psychopathology?

* Developmental psychopathologists believe that development is shaped by multiple factors (e.g., biological, psychological, social), probabilistic rather than predetermined, and transactional (i.e., the result of factors influencing each other over time).
* Developmental psychopathologists view behavior as either adaptive or maladaptive. Thoughts, feelings, and actions that promote children’s competence, and help them meet important developmental tasks, are adaptive.
* Adaptive and maladaptive behaviors can only be understood in the child’s environmental context. A behavior that was adaptive in one situation, or in the past, may be maladaptive in another situation or at another time.

## Are Childhood Disorders Stable over Time?

* Developmental pathways reflect the manner by which children face important developmental tasks over time. Common developmental tasks include establishing a sense of trust (in infancy), developing basic academic competence (in elementary school), and forming close friendships (in adolescence).
* Mastery of early developmental tasks (e.g., trust in infancy) can promote mastery in later developmental tasks (e.g., friendships in adolescence).
* Some disorders, such as autism, show homotypic continuity; they remain relatively stable over time. Most disorders, such as anxiety and mood disorders, show heterotypic continuity; the overt signs and symptoms of the disorder change over time, but the underlying problem remains relatively constant.
* Equifinality occurs when children with different histories show the same outcomes; multifinality occurs when children with the same histories show different outcomes.

## What Determines the Course of Children’s Development?

* Risk factors are influences that interfere with the acquisition of children’s competencies or with their ability to adapt to their surroundings. Protective factors are influences that buffer children from these risks.
* Resilience occurs when children develop behavioral, emotional, and social competencies despite the presence of multiple risk factors.

# 1.4 Integrating Science and Practice

## What is Evidence-Based Practice?

* Evidence-based practice refers to integration of high-quality research and clinical expertise to promote the welfare of children and families, in the context of their characteristics, culture, and preferences for treatment.
* Evidence-based treatments have been shown in high-quality research studies to be efficacious in reducing children’s problems and/or improving their functioning.
* Evidence-based practice is important because it increases the likelihood that clinicians will be helpful to their clients while avoiding harm. Reliance on evidence-based practice is also essential to the scientific practice of psychology, a discipline based on empirical evidence and objective evaluation.

## How Can Students Help Children in an Evidence-Based Manner?

* Students often find themselves providing services to children in need. They can rely on evidence-based practice to guide their work in a scientific and ethical fashion.