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1. Introduction to Normal and Abnormal Behavior in Children and Adolescents

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#### Chapter Summary

Views of children with mental disorders has changed over the centuries, from harsh treatments in the 17th and 18th centuries, to the belief that children needed moral guidance and support, to a custodial model popular in the early 20th century, to behavioral therapy. Defining the term *psychological disorder* is a difficult task, but it has been broadly defined as a pattern of symptoms associated with features of distress and/or disability, and/or increased risk of further suffering or harm. Recent longitudinal studies have found that by their 21st birthday, 3 out of 5 young adults meet criteria for a well-specified psychiatric disorder. In addition, a significant number of children do not grow out of their childhood difficulties. Childhood poverty is a daily reality for about 1 in 4 children in the United States and 1 in 7 in Canada. Poverty and socioeconomic disadvantage, sex differences, race, ethnicity, culture, child maltreatment and non-accidental trauma, other special issues concerning adolescents and sexual minority youths, and lifespan implications are all factors that influence the changing rates and expression of mental disorders.

**Learning Objectives**

1. To outline some of the critical issues in abnormal child psychology
2. To describe important features that distinguish most child and adolescent disorders
3. To identify key historical breakthroughs in abnormal child psychology
4. To consider how children’s mental health problems were addressed in the past and how this view has changed over time
5. To define the term “psychological disorder” and discuss some of the implications of this definition
6. To explain the purpose of defining psychological disorders
7. To consider some of the factors that influence a child’s development and outcomes
8. To discuss the significance of children’s mental health today
9. To identify some of the key factors that affect rates and expression of children’s mental disorders
10. To examine the main goals for studying psychological disorders in childhood

#### Chapter Outline

Historical Views and Breakthroughs

Historically, children were often ignored or subjected to harsh treatment because of the belief that they would die, were possessed, or were the property of their parents

###### **The Emergence of Social Conscience**

1. In the 17th century, John Locke, an English philosopher and physician, advanced the belief that children should be raised with thought and care, rather than indifference and harsh treatment. He saw the importance of treating children with kindness and understanding and providing them with opportunities for education
2. Jean-Marc Itard undertook one of the first documented efforts to work with a special needs child around the turn of the 19th century, an undertaking that launched a new era of a helping orientation towards children
3. Although not entirely clear, the distinction was made in the latter half of the 19th century between individuals with intellectual disabilities (“imbeciles”) and individuals with psychiatric disorders (“lunatics”)
4. Children with normal cognitive abilities but disturbing behavior were said to be suffering from “moral insanity”
5. Advances in medicine, physiology, and neurology led to a replacement of the moral insanity view by the organic disease model, and the growing influence of philosophies of Locke and others fostered the belief that children needed moral guidance and support
6. **Early Biological Attributions**
7. Early attempts at biological explanations for abnormal behavior were very biased in favor of locating the cause of the problem within the individual
8. The view of mental disorders as being “diseases” meant that they were progressive and irreversible, and resistant to treatment or learning
9. The early educational and humane model for assisting persons with mental disorders returned to a custodial model during the early part of the 20th century, meaning that attitudes towards those with mental disabilities were once again hostile and negative. Many communities chose to prevent the transmission of these mental “diseases” through sterilization and institutionalization.
10. **Early Psychological Attributions**
11. Psychological influences did not emerge until the early 1900s, corresponding with the formulation of a taxonomy of illnesses (diagnostic categorization system)
12. Psychoanalytic theory linked mental disorders to childhood experiences; for the first time the course of mental disorders was not viewed as inevitable
13. Behaviorism laid the foundation for studying conditioning and elimination of children’s fears
14. **Evolving Forms of Treatment**
15. Up until the late 1940s, most children with intellectual or mental disorders were institutionalized
16. Research in the mid 1940s by Rene Spitz revealed the very harmful impact of institutional life on children’s physical and emotional development; within the following 20-year period there was a rapid decline in institutionalization and an increase in foster family and group home placements
17. In the 1950s and 1960s behavior therapy emerged as a systematic approach to treatment of child and family disorders
18. **Progressive Legislation**
19. In countries such as the U.S. and Canada, many laws have been enacted in the past few decades to protect the rights of children with special needs
    1. Individuals with Disabilities Act (IDEA): the US mandates that free and appropriate education be provided for K-12 children with special needs in the least restrictive environment
    2. Each child must be assessed with culturally appropriate tests
    3. Individualized Educational Plan (IEP): each child must have an IEP tailored to his or her needs, and must be re-assessed
20. In 2007, the United Nations General Assembly adopted a new convention and treaty to enact laws and other measures to improve disability rights, and abolish legislation, customs, and practices that discriminate against persons with disabilities

##### **What is Abnormal Behavior in Children and Adolescents?**

1. **Defining Psychological Disorders**
2. Determining the boundaries between what is normal and abnormal is an arbitrary process
3. Psychological disorders have traditionally been defined as patterns of behavioral, cognitive, emotional, or physical symptoms, which are associated with distress and/or disability and/or increased risk for further suffering or harm
4. Due to children’s dependency on others, many childhood problems are better depicted in terms of relationships, rather than problems contained within the individual
5. Labels describe behavior, not people; children have many other non-problematic attributes that should not be overshadowed by global descriptives
6. Problems may be the result of children’s attempts to adapt to abnormal or unusual circumstances
7. **Competence**
8. The study of abnormal child psychology considers not only the degree of maladaptive behavior, but also children’s competence (the ability to successfully adapt in the environment)
9. Successful adaption varies across culture and ethnicity
   1. Traditions, beliefs, languages, and value systems need to be considered when defining a child’s competence
   2. Some children and families face greater obstacles in adapting to their environment (e.g. minorities who cope with racism, prejudice, discrimination, oppression, and segregation)
10. Knowledge of developmental tasks provides a backdrop for determining if there are impairments in developmental progress
11. **Developmental Pathways**
12. Refers to the sequence and timing of particular behaviors, as well as the possible relationships between behaviors over time
13. Two examples of developmental pathways:
14. Multifinality – similar early experiences lead to different outcomes
15. Equifinality – different early experiences lead to a similar outcome
16. With respect to abnormal child psychology, the following must be kept in mind:
17. There are many contributors to disordered outcomes in each child
18. Contributors vary among children who have the disorder
19. Children express features of their disturbances in different ways
20. Pathways leading to particular disorders are numerous and interactive

##### **Risk and Resilience**

1. **Risk Factors**
2. Risk factors are variables that precede negative outcomes of interest, and which increase the probability that the outcomes will occur
3. Typically involves acute, stressful situations, as well as chronic adversity
4. Known risk factors include community violence, parental divorce, chronic poverty, care-giving deficits, parental mental illness, death of a parent, community disasters, homelessness, family breakup, and perinatal stress, especially in absence of compensatory resources
5. **Protective Factors**
6. Protective factors are personal or situational variables that reduce the chances for a child to develop a disorder
7. Resiliency toward a stressful environment and ability to achieve positive outcomes despite significant risk for psychopathology
8. Associated with strong self-confidence, coping skills, ability to avoid risk situations, and ability to fight off or recover from misfortune
9. Resilience is not a universal, fixed attribute - it varies according to the type of stress, its context, and similar factors
10. The concept of resilience suggests that there is no certain pathway leading to a particular outcome; there are protective factors (which reduce the chances of developing a disorder) and vulnerability factors (which increase the chances of developing a disorder) which must be considered as well

##### **The Significance of Mental Health Problems Among Children and Youths**

1. **Mental Health Issues in Children and Adolescents**
2. The majority of children needing mental health services do not receive them due to limited treatment dollars, poor understanding of mental disorders and limited access to intervention
3. By the year 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability throughout the world
4. The demand for children’s mental health services is expected to double over the next decade since the number of professionals in this area is not expected to increase at the required rate
5. **The Changing Picture of Children’s Mental Health**
6. In the past, children with various mental health and educational needs were too often described in global terms, such as “maladjusted”
7. Today, researchers are better able to distinguish among the various disorders, which has given rise to increased and earlier recognition of problems
8. Today, the problems of younger children and teens are also better acknowledged
9. In the past, lack of resources and the low priority given to children’s mental health issues meant that children did not receive appropriate services in a timely manner. Today, this situation is reportedly changing, with greater attention paid to empirically supported prevention and treatment programs.
10. Mental health problems remain unevenly distributed; those from disadvantaged families and neighborhoods, those from abusive/neglectful families, those receiving inadequate care, those born with very low birth weight, and those born to parents with criminal or severe psychiatric histories often have more mental health problems

##### **What Affects Rates and Expression of Mental Disorders? A Look at Some Key Factors**

1. **Poverty and Socioeconomic Disadvantage**

1. About 1 in 4 children in the United States and 1 in 7 in Canada live in poverty and it is especially pronounced among Native American/First Nations and African American children

2. Poverty is associated with greater rates of learning impairments and problems in school achievement, conduct problems, violence, chronic illness, hyperactivity, and emotional disorders

3. Poverty has a significant, but indirect, effect on children’s adjustment, likely due to its association with other negative influences like poor parenting and exposure to numerous daily life stressors

1. **Sex Differences**

1. Sex differences appear negligible in children under the age of 3, but increase with age

2. Boys show higher rates of early onset disorders that involve neuro-developmental impairment (e.g. autism, ADD, conduct and reading problems) and girls show more emotional disorders with onset in adolescence (e.g. depression and eating disorders)

3. Types of childrearing environments also differ for boys and girls, in terms of predicting their resilience to adversity

1. **Race and Ethnicity**

1. Minority children in the U.S. are overrepresented in rates of some disorders

2. Once the effects of SES, gender, age, and referral status are controlled for, very few differences in the rate of children’s psychological disorders emerge in relation to race or ethnicity

3. Significant barriers remain in access, quality and outcomes of care for minority children; misunderstanding and misinterpreting behaviors of minority groups have led to inappropriately placing minorities in the criminal and juvenile system

3. Minority children face multiple disadvantages, including marginalization and poverty and which can result in a sense of alienation, loss of social cohesion, and rejection of norms in the larger society

4. Despite growing ethnic diversity in North America, ethnic representation in research and ethnic-related issues are given little attention

1. **Cultural Issues**

1. The values, beliefs, and practices that characterize an ethno-cultural group contribute to the development and expression of children’s disorders

2. Some underlying processes may be similar across diverse cultures and less susceptible to cultural influences (e.g., those with strong neurobiological bases)

3. Still, social and cultural beliefs and values likely influence meaning given to behaviors, the ways in which they are responded to, their forms of expression, and their outcomes

1. **Child Maltreatment and Non-Accidental Trauma**

1. There are over 1 million substantiated reports of maltreatment in the U.S. each year (over 80,000 in Canada); it is estimated that more than one-third of 10- to 16-year-olds experience physical and/or sexual abuse

2. Many reports of “accidental” injuries to children may be the result of unreported neglect/abuse by parents or siblings

3. The adverse effects of maltreatment are particularly devastating with regard to adjustment at school, with peers, and in future relationships

1. **Special Issues Concerning Adolescents and Sexual Minority Youths**

1. Early- to mid-adolescence is an especially important transitional period for healthy versus problematic adjustment

2. Issues such as substance abuse, sexual behavior, violence, accidental injuries, and mental health problems make adolescence a particularly vulnerable period

3. Sexual minority youth face many challenges that can affect their health and well-being

a. Sexual minority youth are often victimized by their peers and family members and can experience verbal and physical abuse

b. Given the prejudice that often exists in many parts of society lesbian, gay, bisexual, and transgendered (LGBT) youth have higher rates of mental health problems, including depression and suicidal behavior, substance abuse and risky sexual behavior

1. **Lifespan Implications**

1. Unfortunately, about 20% of children (those with the most chronic and serious disorders) will experience significant difficulties throughout their lives

1. When provided with circumstances and opportunities that promote healthy adaptation and competence, children can often overcome major impediments

#### Key Terms and Concepts

competence

developmental pathway

developmental tasks

equifinality

externalizing problems

internalizing problems

multifinality

nosologies

protective factor

psychological disorder

resilience

risk factor

stigma

#### Discussion Questions

1. One of the elements of mental disorders is that they are maladaptive. How well does this element "fit" with childhood disorders? What are some instances when problematic behavior may be the result of attempts to adapt to abnormal or unusual circumstances?
2. Should we be “diagnosing” children with psychological disorders? What are some of the advantages and disadvantages of diagnosing children?
3. What are some reasons that children may be under diagnosed? Outline some of the major child factors, parent/teacher factors, and societal factors.
4. Many people have personal beliefs about what influences thinking and behavior. Have students discuss their beliefs about what underlies psychological problems, particularly psychological problems in children. What do they believe is necessary for healthy adjustment?
5. What are some of the difficulties in defining psychological disorders? What are some of the advantages of doing so?
6. 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?
7. It is possible for the same event or condition to function as both a protective and a risk factor, depending on the context of the situation? Discuss some instances in which one event could act as both a protective and a vulnerability factor.
8. Given that IDEA mandates that children with special needs be placed in the least restrictive environment, should special education classrooms exist at all, or should all students be placed in regular education classrooms with appropriate supports for children who need it? What are the implications of both?
9. Children’s competence and their ability to adapt to the environment always need to be considered when assessing maladaptive behaviors. Discuss how culture, ethnicity, and SES can significantly impact how we define a child’s competency.

**Helpful Websites**

[**http://www.aboutourkids.org/**](http://www.aboutourkids.org/) 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 article and manuals for parents, teachers, and professionals, and much more. Prepared by the New York University Child Study Center.

[**http://www.aacap.org**](http://www.aacap.org)**/** Webpage for the 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.

[**http://www.apa.org/**](http://www.apa.org/) Homepage for the American Psychological Association. Provides a variety of psychology-related information geared toward psychologists, the public, and students.

[**http://www.childrensdefense.org/**](http://www.childrensdefense.org/) 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.

[**http://www.ffcmh.org/**](http://ffcmh.org/) The 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).

[**http://www.mentalhealth.gov/**](http://www.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.

[**http://www.pacer.org/**](http://www.pacer.org/)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.

[**http://psychcentral.com/**](http://psychcentral.com/) 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.

#### Helpful Videos

#### DVD and Film

***Life’s First Feelings*** (production year unavailable). PBS Boston (WGBH Boston Video). (60 minutes)

Looks at early emotional development and presents examples of ground breaking 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 (http://www.filmo.com/mlc.htm). (60 minutes)

“Almost all parents worry whether or not their child's behavior is normal. 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 abnormal 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.

***Family in Crisis*** (production year unavailable). Films for the Humanities and Sciences. (28 minutes)

“This specially adapted Phil Donahue program centers on the plight of poor children growing-up in single-parent households. Senator Daniel Patrick Moynahan (NY) and Dr. Joyce Ladner, Howard University sociologist, examine the problems of children who are growing up without fathers and the cycle of poverty that especially affects minority families.”

***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.

***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.

#### Helpful YouTube Videos

***Types and Symptoms of Childhood Psychiatric Disorders*** (2014). (3:54)

<https://www.youtube.com/watch?v=8hEV-dg46HY>

A general discussion of some different categories of childhood psychopathology diagnoses.

***The Stigma of Raising a Mentally Ill Child*** (2014). (6:16)

<https://www.youtube.com/watch?v=nlCPlrULSGA>

An extension of a 60 Minutes 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)

<https://www.youtube.com/watch?v=tTCSfx47R1w>

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.