Solutions for Abnormal Child Psychology 7th Edition by Mash

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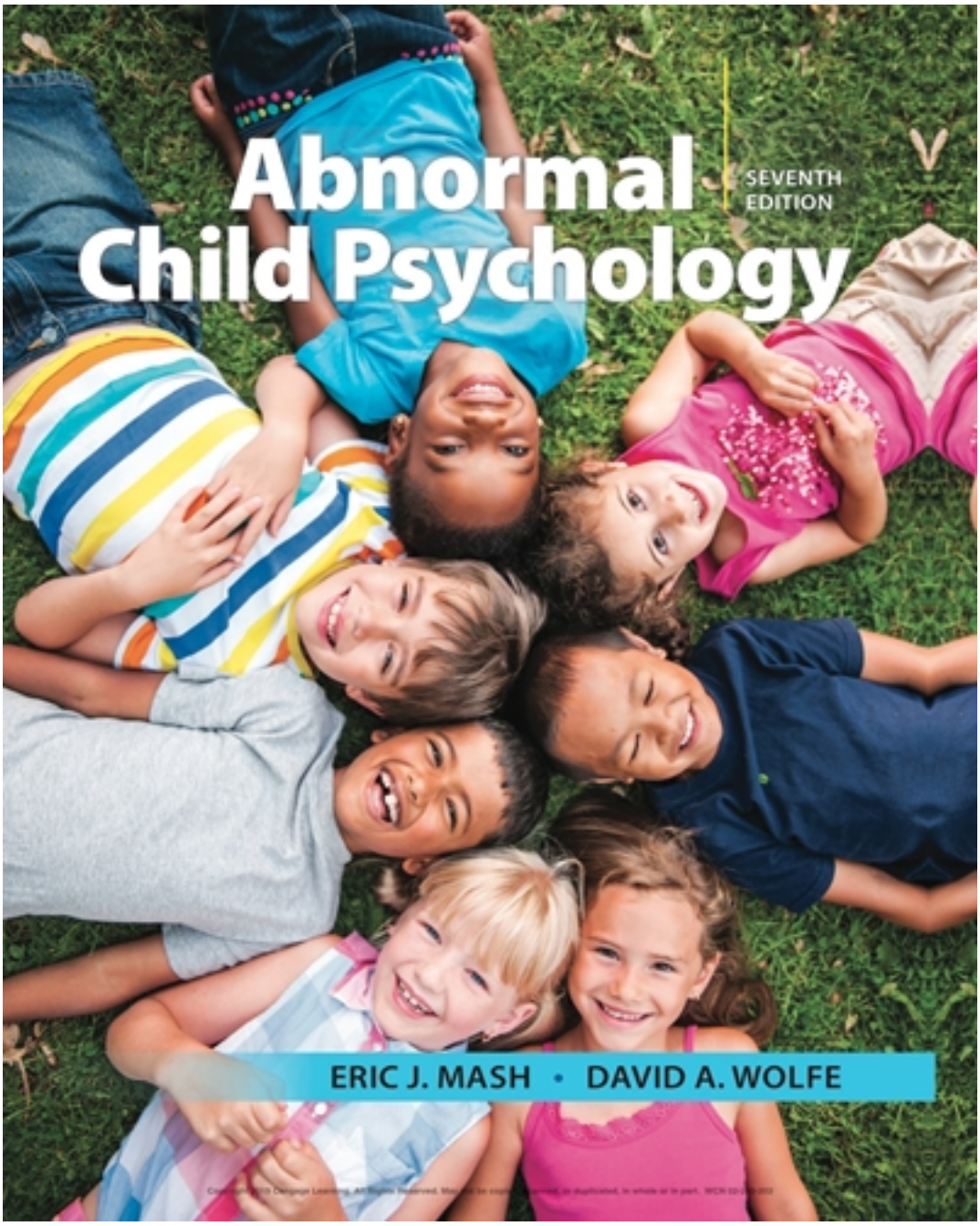


Solutions

2 Theories and Causes

Chapter Summary:

There are many factors and processes, which may influence child and family disturbances, including biological, psychological, familial, and cultural. The study of the etiology of childhood disorders is a consideration of how different variables interact to produce a particular outcome. An integrative approach allows for many different theories and models to contribute insights into human behavior. The developmental psychopathology perspective provides a general framework of studying childhood disorders and emphasizes the role of developmental processes, and the influence of multiple, interrelated events in guiding both abnormal and normal development. Importantly, the developmental psychopathology perspective stresses that an understanding of normal development is necessary in order to appropriately understand abnormal development. Biological perspectives examine how children's brain development is influenced by genetics, neuroanatomy, and maturation rates. Brain development and environmental experiences interact as a child's brain structure develops, with development continuing throughout a person's lifetime. Neural plasticity, genetics, brain structures, the endocrine system, and neurotransmitters all play significant roles in brain function. Psychological perspectives examine emotional, behavioral, and cognitive influences on abnormal behavior. Emotional reactivity and regulation, as well as temperament and personality, play a role in the emotional development of the child. Behavioral and cognitive perspectives emphasize children's learning and interpretation of their environment. Three major approaches that follow behavioral or cognitive–behavioral models include Applied Behavior Analysis (ABA), classical conditioning, and social learning and cognition theories. Family and cultural perspectives view the child's social and environmental situations as influential factors. Knowledge about a child's attachment level and family relationships is essential in understanding behavior. A health promotion view recognizes that many causes interact together within a child's environment, and this perspective is emphasized within the context of understanding abnormal child psychology.

Learning Objectives:

1. To outline three main underlying assumptions of abnormal child psychology
2. To explain why an integrative approach to child psychology is important
3. To define neural plasticity and explain how nature and nurture work together to influence brain functioning

4. To identify some of the structures of the brain and the functions that they perform

5. To name some of the major neurotransmitters and describe their functions and roles in psychopathology

6. To consider how emotions can influence abnormal behavior

7. To describe the dimensions of temperament that may lead to abnormal development

8. To compare and contrast some of the major behavioral and cognitive theories of abnormal child psychology

9. To describe how attachment and family systems influence children's development

10. To explain the health promotion view of child development

Chapter Outline:

I. What is Causing Jorge's Problems?

- The case of Jorge is presented. He is having trouble with schoolwork.
- To find biological influences, one might start with taking a pre- and post-natal history.
- Emotional influences could include emotional regulation issues.
- Cognitive and behavioral problems could also contribute, and regulating Jorge's environment could help mitigate these influences.
- Finally, family and community issues could also play a role in Jorge's problems.

II. Theoretical Foundations

- The study of abnormal child behavior requires an understanding of developmental processes and of individual and situational events that can influence the course and direction of a particular child.
- Theories allow us to predict behavior based on samples of knowledge.
- The study of the etiology of childhood disorders considers how biological, psychological, and environmental processes interact to produce outcomes over time.

A. Developmental Psychopathology Perspective

1. Developmental psychopathology is an approach to describing and studying disorders of childhood and adolescence in a way that stresses the importance of developmental processes and tasks.
2. To understand maladaptive behavior, one must view it in relation to what is considered normative.
3. Abnormal development involves continuities and discontinuities, with both quantitative and qualitative changes in patterns of behavior over time.

B. An Integrative Approach

1. Abnormal child behavior is best studied from a multi-theoretical perspective.

III. Developmental Considerations

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

A. Organization of Development

1. Implies an active, dynamic process of continual change, and transformation.
2. Sensitive periods are windows of time during which environmental influences on development are enhanced.
3. The attempt to understand influences on abnormal child development is made easier by considering the fact that development proceeds in an organized, hierarchical way.

IV. Biological Perspectives

- A neurobiological perspective considers brain and nervous system functions as underlying causes of psychological disorders.

A. Neural Plasticity and the Role of Experience

1. The brain shows neural plasticity (i.e., malleability; use-dependent anatomical differentiation) throughout the course of development.
2. Experience plays a role in brain development, with transaction occurring between ongoing brain development and environmental experiences; these experiences may include early care giving.
3. Maturation of the brain is an organized, hierarchical process with brain structures changing and growing through the life span.
4. As the brain is shaped by early experiences, consequences of traumatic experience may be difficult to change.

B. Genetic Contributions

1. Any trait a child has results from an interaction of environmental and genetic factors.
2. Very few specific genetic causes have been isolated or identified as the underlying cause of child psychopathology.
3. Genes produce tendencies to respond to the environment in certain ways, but do not determine behavior.
4. Behavioral genetics investigates possible connections between genetic predispositions and observed behavior through familial aggregation studies and twin and adoption studies.
5. Molecular genetics offer more direct support for genetic influences on child psychopathology.
6. Molecular genetics methods directly assess the association between variations in DNA sequences and variations in a particular trait or traits.
7. Conclusions from behavioral geneticists are that genetic contributions to psychological disorders come from many genes that each makes relatively small contributions.

C. Neurobiological Contributions

1. Brain Structure and Function: Different areas of the brain regulate different functions and behaviors, with the limbic system, basal ganglia,

cerebral cortex, and frontal lobes of particular interest to researchers of psychopathology.

2. The endocrine system regulates certain processes in the body through the production of hormones; it is closely related to the immune system, and therefore is especially implicated in health- and stress-related disorders.
3. The hypothalamus and pituitary and adrenal glands make up the regulatory system known as the hypothalamic–pituitary–adrenal (HPA) axis, which has been implicated in several disorders, especially anxiety and mood disorders.
4. Neurotransmitters are like biochemical currents of the brain that make connections between different parts of the brain; changes in neurotransmitter activity may make people more or less likely to exhibit certain behaviors. Neurotransmitters most commonly implicated in psychopathology include serotonin, benzodiazepine–GABA, norepinephrine, and dopamine.

V. Psychological Perspectives

A. Emotional Influences

1. Emotions are critical to healthy adaptation in that they serve as internal monitoring and guidance systems that are designed to appraise events as being beneficial or dangerous, as well as provide motivation for action.
2. Children may have difficulties in emotion reactivity or emotion regulation:
   a. Emotion reactivity—individual differences in threshold and intensity of emotional experience, which provides clues to an individual's level of distress and sensitivity to the environment.
   b. Emotion regulation—involves enhancing, maintaining, or inhibiting emotional arousal, often for a particular purpose of goal.
3. Temperament shapes the child's approach to the environment and vice versa. Three primary dimensions of temperament have relevance to the risk of abnormal development: positive affect and approach, fearful or inhibited, and negative affect or irritability.

B. Behavioral and Cognitive Influences

1. Behavioral and cognitive approaches to psychopathology stress the way a child learns behaviors and thought patterns.
2. Most behavioral explanations assume that the child is acting in a situation, and not that behavior is indicative of stable traits.

C. Applied Behavior Analysis (ABA)

1. Applied Behavior Analysis (ABA) explains behavior as a function of its antecedents and consequences (reinforcement and punishment).
2. Classical conditioning explains the acquisition of deviant behavior on the basis of paired associations between previously neutral stimuli and unconditioned stimuli.
3. Social learning considers the influence of cognitive mediators on behavior, as well as the role of affect and the importance of contextual variables in the etiology and maintenance of behaviors.

4. Social cognition relates to how children think about themselves and others, resulting in the formation of mental representations of themselves and others.

VI. Family, Social, and Cultural Perspectives

- Ecological models describe the child's environment as a series of nested and interconnected structures.

A. Infant–Caregiver Attachment

1. Attachment theory emphasizes the evolving infant–caregiver relationship, which helps the infant regulate behavior and emotions, especially under conditions of threat or stress.
2. Children develop internal working models of relationships based on early relationships with caregivers. Four patterns of attachment styles, which are believed to reflect different types of internal working models, have been identified: secure, anxious-avoidant, anxious-resistant, and disorganized.

B. The Family and Peer Context

1. Increasingly, the study of individual factors and the study of the child's context, including family and peer relationships, are being seen as mutually compatible and beneficial to both theory and intervention.
2. Family system theorists study children's behavior in relation to other family members.

Key Terms and Concepts:

adaptational failure
attachment
behavioral genetics
brain circuits
continuity
cortisol
developmental cascades
developmental psychopathology
discontinuity
emotion reactivity
emotion regulation
epigenetic
epinephrine
etiology
family systems
frontal lobes
gene–environment interactions (GXE)
health promotion
hypothalamic–pituitary–adrenal (HPA) axis
interdependent
molecular genetics
neural plasticity

nonshared environment
organization of development
personality disorders
sensitive periods
shared environment
social cognition
social learning
temperament
transaction

Discussion Questions:

1. Should the distinction between abnormal and normal with regard to psychological functioning be considered absolute or on a continuum?
2. What are some examples of traits that appear to change continuously? What about traits that seem to change discontinuously? Which model better describes most of development?
3. Pick a television show or movie in which there are mental health concerns with regard to a child. Discuss the child's problems in the context of various paradigms and how each paradigm may contribute to an understanding of the cause of these problems.
4. The text outlines a variety of approaches to understanding psychological disorders. Which of these approaches seems to be the most valuable to explaining child psychopathology? Which is the least useful? Students are likely to have different opinions, which may spark some interesting discussion.
5. Have students research some of the historical perspectives of child psychopathology and present their findings to the class.
6. What is your opinion on Bronfenbrenner's ecological model? Is there anything missing from the model that you would include or anything you might remove? How might you improve on the way the model is depicted (as shown in your textbook).
7. Have students discuss their opinions on the nature/nurture debate concerning child psychopathology.
8. How do you think family and social influences change over the course of development? Do you think your parents or your peers were more influential on your own development during your child years? During your teen years?
9. Discuss how normal functioning can be informative of abnormal functioning and vice versa.
10. From a family systems perspective, consider what impact it would make on a child who has a different temperament then the rest of the family with whom the child lives with.

Helpful Websites:

http://ornl.gov/sci/techresources/Human_Genome/home.shtml The Human Genome Project website, with basic information about this 15-year project to understand more about our genetic

composition. Easily understood by undergraduates, this website provides FAQs, terms, a search engine, and terrific links to related material.

http://www.med.harvard.edu/AANLIB/home.html The Whole Brain Atlas from Harvard University, with neuroimages of the normal and abnormal brain.

http://faculty.washington.edu/chudler/neurok.html Neuroscience for Kids, a fantastic site for those who are interested in learning about the brain and nervous system. This site is intended for kids, but would certainly be invaluable to those who are not biology or neuroscience majors!

Helpful Videos:

Children of Poverty (1987). Films for the Humanities and Sciences. (26 minutes)
Profiles America's children of poverty and shows the toll on children and mothers of problems finding food and shelter.

Secret of the Wild Child (production year unavailable). PBS Boston (WGBH Boston Video, NOVA). (60 minutes)
Tells the story and rehabilitation of "Genie," a girl who was found at age thirteen and had been imprisoned in her bedroom her entire life.

Society's Problems in Children's Lives (1995). Films for the Humanities and Sciences. (29 minutes)
Looks at how societal issues such as violence, drugs, and divorce are affecting children's lives and how they are coping.

American Adolescence (1999). Films for the Humanities and Sciences. (30 minutes)
Investigates today's teens, the many challenges they face, and their hopes and dreams for the future of American society.

The Brain (1989). Films for the Humanities and Sciences. (23 minutes)
A look at the world of dreams, the nervous system, and nuclear magnetic resonance and electroencephalography.

Classical and Operant Conditioning (1996). Films for the Humanities and Sciences. (56 minutes)
Explains the nature of behaviorism and its important applications in clinical therapy, education, and child rearing.

Cognitive Development: Representation in Three to Five-Year-Old Children (1997). Films for the Humanities and Sciences. (30 minutes)
Discusses a theory of mind that stems from a child's experiential-based understanding of causal relationships. Includes Piaget's theory.

Damage: The Effects of a Troubled Childhood (1997). Films for the Humanities and Sciences. (55 minutes)

Part of the Series: Myths of Childhood: New Perspectives on Nature and Nurture. Investigates the question: Can the roots of adult phobias and anxieties be found in our childhoods?

Do Parents Matter? Judith Harris on the Power of Peers (1999). Films for the Humanities and Sciences. (12 minutes)

Discusses the controversial theory of child development through adaptation of peer groups.

The Development of the Human Brain (1989). Films for the Humanities and Sciences. (40 minutes; $149 purchase price, $75 rental price)

An award-winning program that follows the physiological development of the human brain from conception to the age of eight.

The Mind versus the Brain (1995). Films for the Humanities and Sciences. (27 minutes, $89.95 purchase price)

Recent research into the brain has revealed that many mental disorders previously believed to be the product of environment and experience are actually rooted in biology and chemistry.

Growing the Mind: How the Brain Develops (2000). Films for the Humanities and Sciences. (50 minutes, $174.95 purchase price)

Charts the changes in the human brain as it develops from infancy to adulthood. Addresses the brain's extraordinary adaptability and reorganization.

YouTube

The Brain: Structure and Function (2014)
https://www.youtube.com/watch?v=kMKc8nfPATI

The Long Term Impact of Early Childhood Trauma (2014)
https://www.youtube.com/watch?v=RPrYVMTTxkU&index=3&list=PLrgRdXLg_sQqa8nTNv4XBFoVWsIfuAlyg

Temperament, heredity, and genes | Behavior | MCAT | Khan Academy (2013)
https://www.youtube.com/watch?v=4dcGgUrkttY&list=PLbKSbFnKYVY0VHyyRS2xvdpH3YUQzlbTn

The Chemical Mind—Crash Course Psychology #3(2014)
https://www.youtube.com/watch?v=W4N-7AlzK7s

Child Development Resilience and the Environment: An Ecological Perspective (2017)

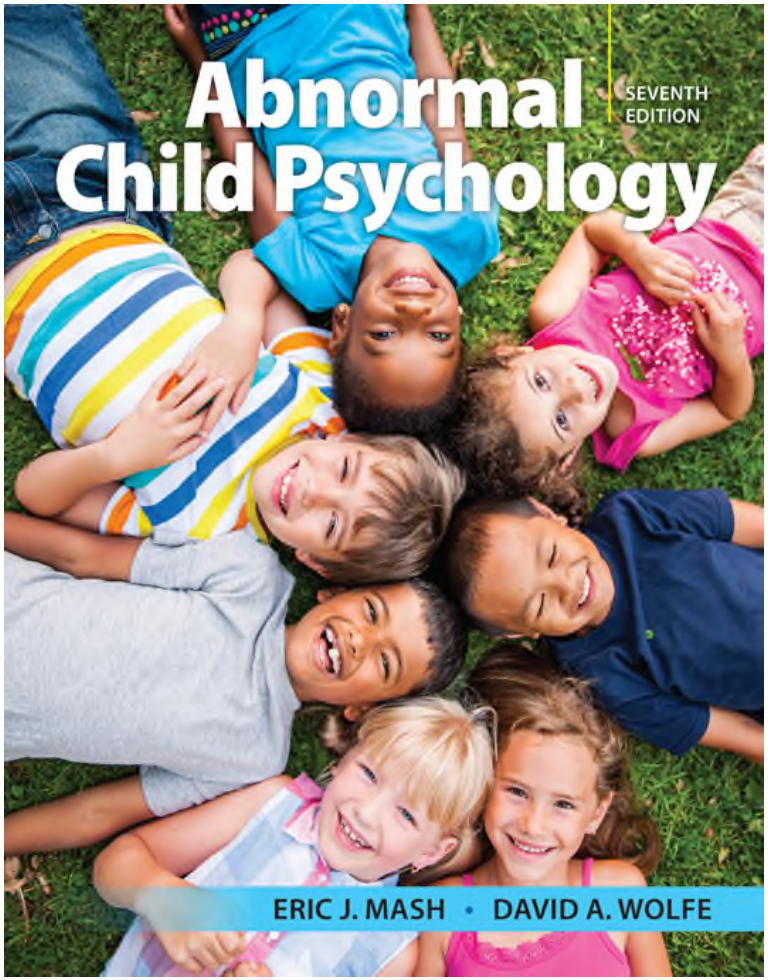
https://www.youtube.com/watch?v=O0hCzxFiW8M

InBrief: The Impact of Early Adversity on Children's Development (2011)
https://www.youtube.com/watch?v=WO-CB2nsqTA&list=PLuKMerO1zya_3krFpcOKgaeB2_2zQgYua&index=16

How TV Affects the Brains of Young Children (2012)
https://www.youtube.com/watch?v=v2SdEpHjrjw

Abnormal Child Psychology

Seventh Edition



Chapter 2

Theories and Causes

What is Causing Jorge's Problems? (1 of 2)

- Children's problems must be considered in relation to multiple levels of influence - individual, family, community, and culture
  - Factors may be contained within the child or at various distances from child's immediate surroundings

What is Causing Jorge's Problems? (2 of 2)

- Possible causes of a child's behavior:
  - Biological influences
  - Emotional influences
  - Behavioral and cognitive influences
  - Family, cultural, and ethnic influences
- Factors in each area impact and interact with the other areas

Jorge's Concerns: Where Do We Intervene?

Theoretical Foundations (1 of 3)

- Defining child abnormality involves:
  - The context of children's ongoing adaptation and development
  - Sorting out the causes of identified problems
- Abnormal behavior studies require:
  - An understanding of development and individual events that can impact a child's life
- Studying normal development informs our theories of abnormal development

Theoretical Foundations (2 of 3)

- Clinical and research activity begins with theoretical formulations for guidance and information
- Theory: a language of science that allows us to assemble and communicate existing knowledge effectively
  - Allows us to make educated guesses and predictions about behavior based on samples of knowledge

Theoretical Foundations (3 of 3)

- Etiology: the study of the causes of childhood disorders
  - Considers how biological, psychological, and environmental processes interact to produce outcomes observed over time
- Multiple, interactive causes help in understanding the complexity of disorders

Developmental Psychopathology Perspective (1 of 2)

- Abnormal development is multiply determined
  - Must look beyond current symptoms
  - Consider developmental pathways and interacting events
- Children and environments are interdependent - transactional view
  - Both children and the environment as active contributors to adaptive and maladaptive behavior

Developmental Psychopathology Perspective (2 of 2)

- Abnormal development involves continuities and discontinuities
  - Continuity - developmental changes are gradual and quantitative; predictive of future behavior patterns
  - Discontinuity - developmental changes are abrupt and qualitative; not predictive of future behavior patterns

Changes, Typical and Atypical: A Developmental Overview

Approximate age (years)	Normal achievements	Common behavior problems	Clinical disorders
0–2 	Eating, sleeping, attachment	Stubbornness, temper, toileting difficulties	Mental retardation, feeding disorders, autistic disorder
2–5 	Language, toileting, self-care skills, self-control, peer relationships	Arguing, demanding attention, disobedience, fears, overactivity, resisting bedtime	Speech and language disorders, problems stemming from child abuse and neglect, some anxiety disorders, such as phobias
6–11 	Academic skills and rules, rule-governed games, simple responsibilities	Arguing, inability to concentrate, self-consciousness, showing off	ADHD, learning disorders, school refusal behavior, conduct problems
12–20 	Relations with opposite sex, personal identity, separation from family, increased responsibilities	Arguing, bragging, anger outbursts, risk-taking	Anorexia, bulimia, delinquency, suicide attempts, drug and alcohol abuse, schizophrenia, depression

An Integrative Approach

- No single theoretical orientation explains various behaviors or disorders
  - Models considering more than one primary cause are still limited by the boundaries of their discipline or orientation
- Abnormal child behavior is best studied from a multi-theoretical perspective
- Knowledge increases through research

Developmental Considerations

- Adaptational failure: unsuccessful progress in developmental milestones
  - Children with psychological disorders differ from their peers in some aspect of normal development
  - Several causes are involved operating in dynamic and interactive ways

Organization of Development

- Early patterns of adaptation evolve with structure over time
- Sensitive periods: times during which environmental influences on development are enhanced
- Development is a process of increasing differentiation and integration
  - Current abilities or limitations are influenced by prior accomplishments

Biological Perspectives (1 of 2)

- Neurobiological perspective
  - The brain is seen as the underlying cause of psychological disorders
  - The fetal brain develops from all-purpose cells into a complex organ
  - Neurons with axons develop
  - Synapses (axonal connections) form

Biological Perspectives (2 of 2)

- Prenatal development by the fifth month
  - Most axons have reached their general destination
- During early childhood
  - Synapses multiply; then selective *pruning* reduces the number of connections
- Throughout life, the brain's microanatomy is constantly redefined

Neural Plasticity and the Role of Experience (1 of 3)

- Neural plasticity: the brain's anatomical differentiation is use-dependent
  - Nature and nurture both contribute
- Experience plays a critical role in brain development,
  - Examples of environmental experiences: prenatal environment; childhood illness and diet; and early caregiving, including maltreatment, inadequate stimulation, and attachment

Neural Plasticity and the Role of Experience (2 of 3)

- Maturation of the brain
  - Areas governing basic sensory and motor skills mature during the first 3 years of life
  - Perceptual and instinctive centers are strongly affected by early childhood experiences
  - Prefrontal cortex and cerebellum are not rewired until 5 to 7 years old
  - Major restructuring occurs from ages 9 to 11 due to pubertal development and again in adolescence

Neural Plasticity and the Role of Experience (3 of 3)

- Consequences of traumatic experience may be difficult to change
  - Problems occurring at a younger age are associated with more severe organic disorders and complications
  - Safeguards are important in reducing the risk of complications and lifelong disabilities
    - Examples: proper prenatal care, proper nutrition, and avoidance of tobacco or alcohol during pregnancy

Genetic Contributions (1 of 3)

- Genes contain genetic information from each parent
  - Genetic influences may be expressed early in development or show up years later
- Expression of genetic influences
  - Malleable and responsive to social environment
- Rarely is one gene the single cause of a disorder

Genetic Contributions (2 of 3)

- The nature of genes
  - A gene is a stretch of DNA
    - Produces a protein
  - Proteins produce tendencies to respond to the environment in certain ways
    - Gene-environment interaction (GxE)
- Behavioral genetics investigates connections between genetic predisposition and observed behavior

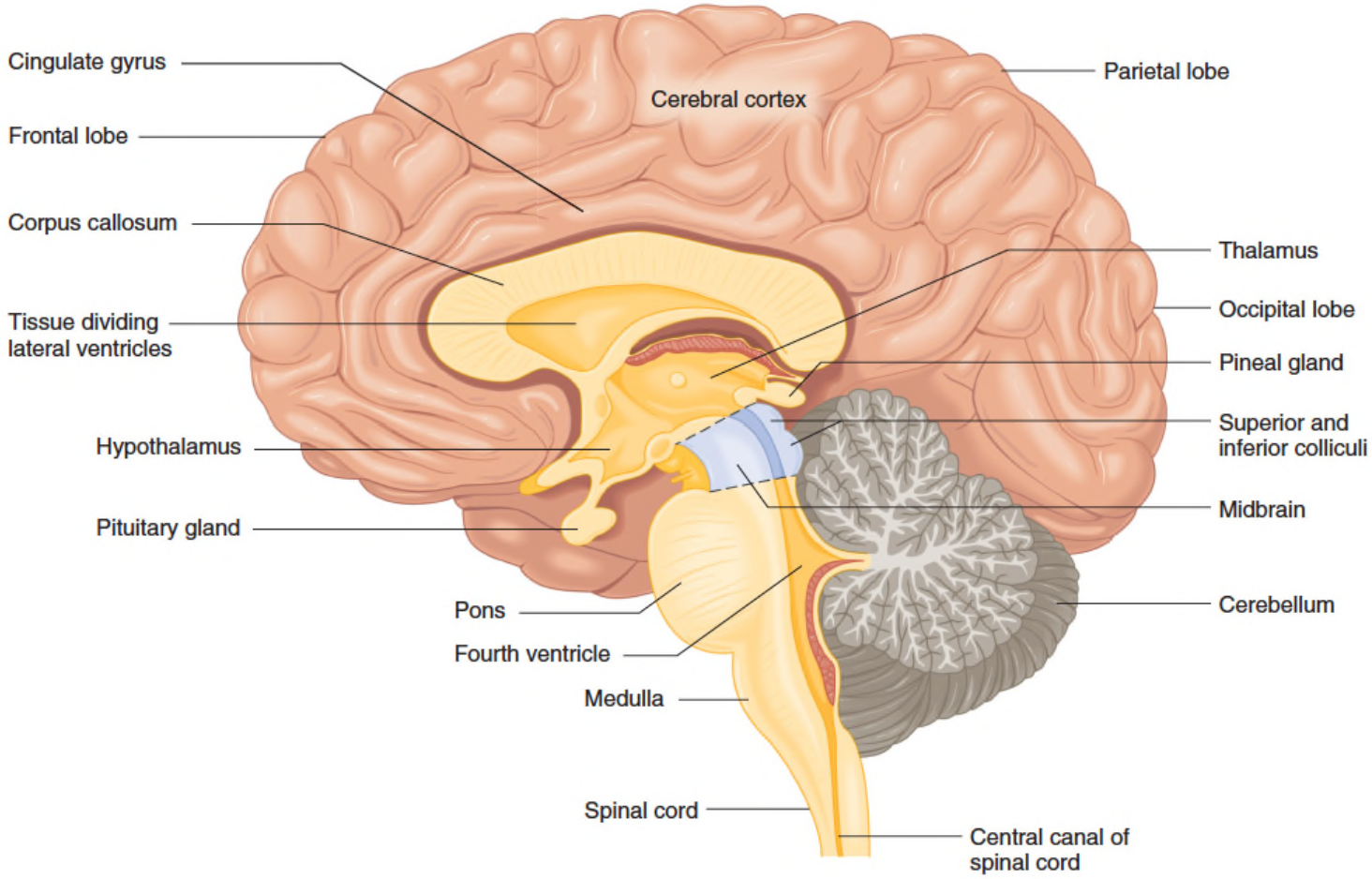
Genetic Contributions (3 of 3)

- Molecular genetics
  - Used to identify specific genes for childhood disorders
  - Long-term goal is to determine how genetic mutations alter how genes function
- Genetic influences are probabilistic, not deterministic
- Most forms of abnormal behavior are polygenic

Structures of the Human Brain

TOM BARRICK, CHRIS CLARK, SGHMS/Science Source

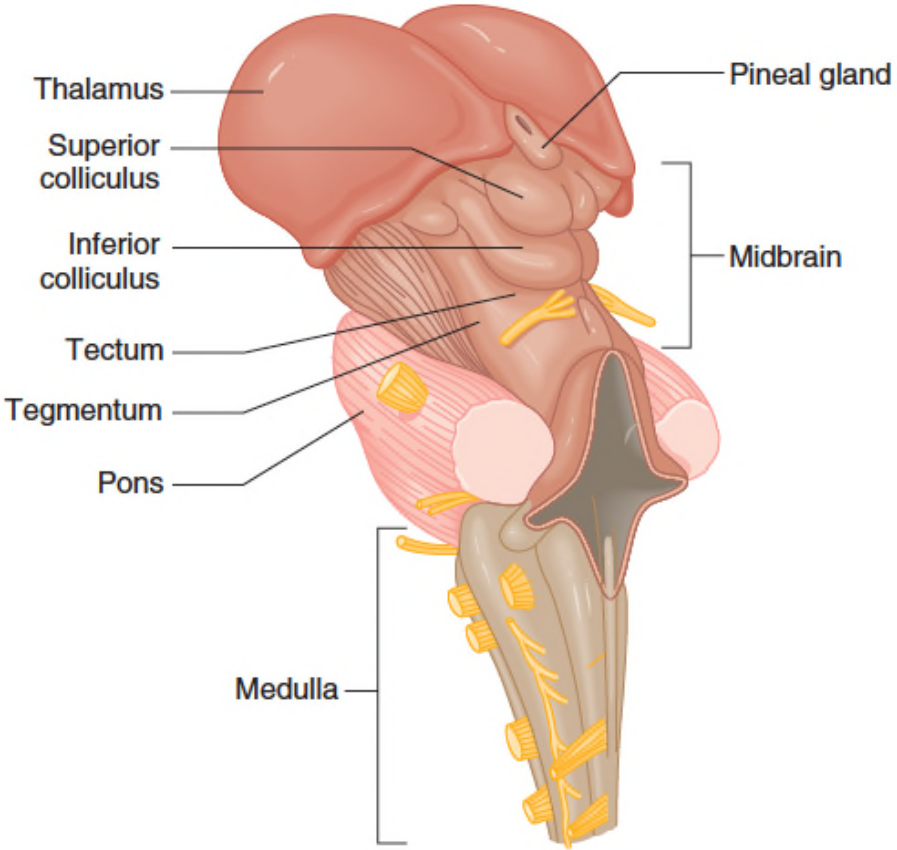
Gross Structures of the Human Brain



Neurobiological Contributions

- Brain structure and function:
  - The brain stem handles most of the autonomic functions necessary to stay alive
    - Hindbrain (medulla, pons, and cerebellum) - provides regulation of autonomic activities
    - Midbrain - coordinates movement with sensory input; contains reticular activating system (RAS)
    - Diencephalon (thalamus and hypothalamus)
      - Regulates behavior and emotion
      - Functions primarily as a relay between the forebrain and the lower areas of brain stem

The Brainstem



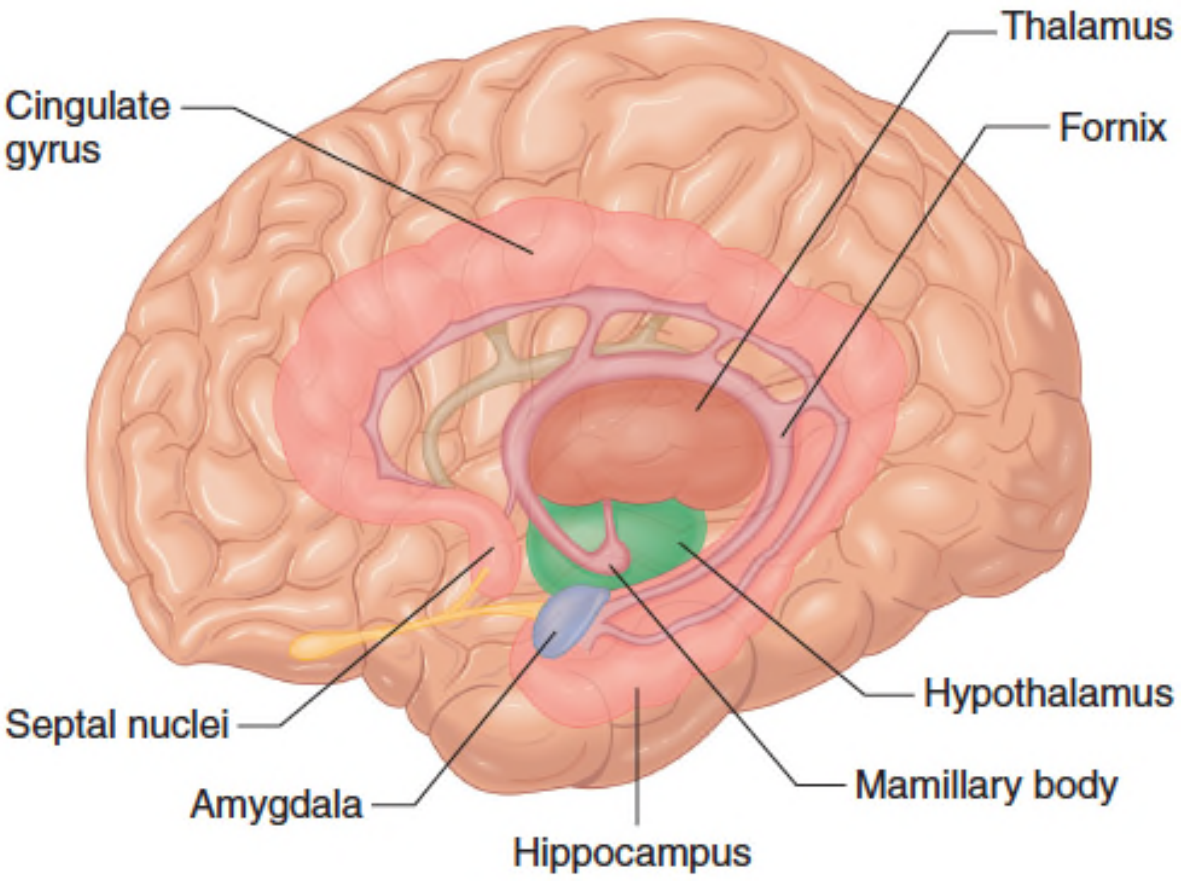
Brain Structure and Function

- Forebrain has highly specialized functions
  - Limbic system
    - Regulates emotional experiences and expressions; plays a significant role in learning and impulse control
    - Regulates basic drives of sex, aggression, hunger, and thirst

Forebrain (1 of 2)

- Basal ganglia
  - Regulates, organizes, and filters information related to cognition, emotions, mood and motor function
  - Is associated with ADHD, motor behaviors (e.g., tics and tremors), and OCD

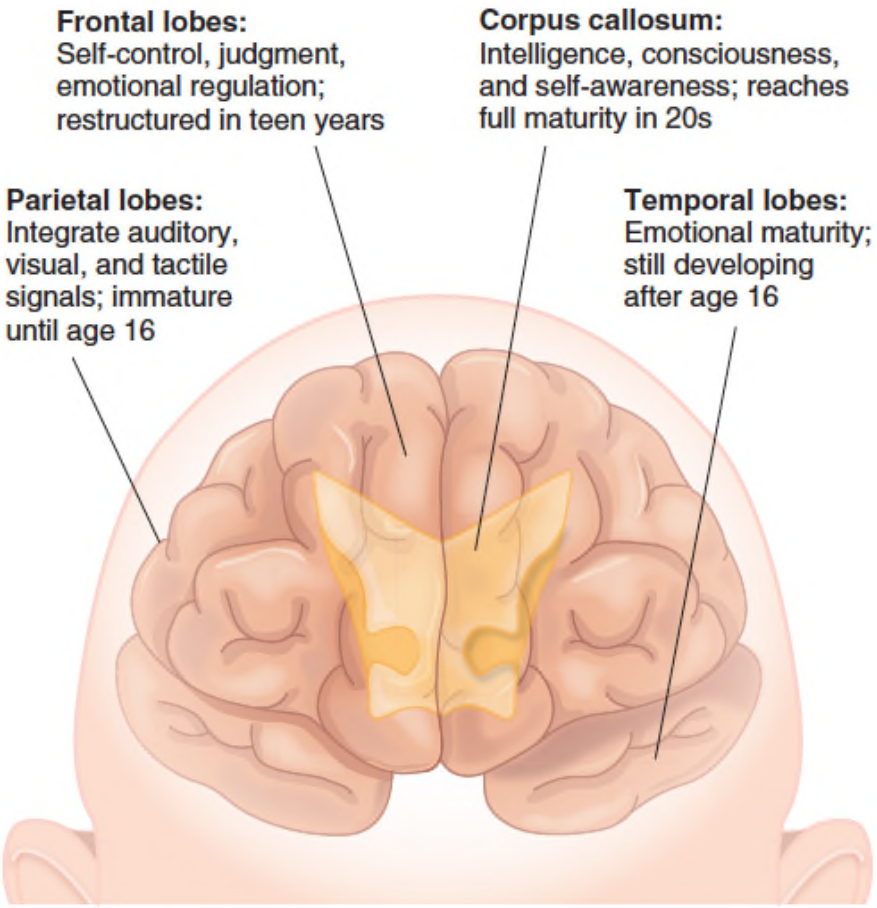
The Limbic System



Forebrain (2 of 2)

- Cerebral cortex: forebrain's largest part
  - Allows us to plan, reason, and create
  - Is divided into:
    - Left hemisphere (cognitive processes, e.g., verbal)
    - Right hemisphere (social perception and creativity)
- New growth and restructuring during adolescence results in further maturation
- Frontal lobes important for thinking and reasoning abilities

The Lobes of the Brain and Their Functions



Neurobiological Contributions (1 of 2)

- The endocrine system is linked to anxiety and mood disorders
  - Endocrine glands produce hormones
    - Adrenal glands produce epinephrine and cortisol
    - Thyroid gland produces thyroxine
    - Pituitary gland produces regulatory hormones, e.g., estrogen and testosterone
    - Hypothalamic-pituitary-adrenal (HPA) axis – linked in several disorders, especially anxiety and mood disorders

Neurobiological Contributions (2 of 2)

- Neurotransmitters make biochemical connections
  - Neurons more sensitive to a particular neurotransmitter cluster together and form brain circuits
  - Neurotransmitters involved in psychopathology include serotonin, benzodiazepine-GABA, norepinephrine, and dopamine
    - Psychoactive drugs are used in treatments

Major Neurotransmitters (1 of 2)

TABLE 2.1 Major Neurotransmitters and Their Implicated Roles in Psychopathology

Neurotransmitter	Normal Functions	Implicated Role in Psychopathology
Benzodiazephine-GABA	Reduces arousal and moderates emotional responses, such as anger, hostility, and aggression Is linked to feelings of anxiety and discomfort	Anxiety disorder
Dopamine	May act as a switch that turns on various brain circuits, allowing other neurotransmitters to inhibit or facilitate emotions or behaviour Is involved in exploratory, extroverted, and pleasure	Schizophrenia Mood disorders Attention-deficit/hyperactivity disorder (ADHD)

Major Neurotransmitters (2 of 2)

TABLE 2.1 Major Neurotransmitters and Their Implicated Roles in Psychopathology

Neurotransmitter	Normal Functions	Implicated Role in Psychopathology
Norepinephrine	Facilitates or controls emergency reactions and alarm responses Plays a role in emotional and behavioral regulation	Not directly involved in specific disorders (acts generally to regulate or modulate behavioral tendencies)
Serotonin	Plays a role in information and motor coordination Inhibits children's tendency to explore their surroundings Moderates and regulates a number of critical behaviours, such as eating, sleeping, and expressing wanger	Regulatory problems, such as eating and sleep disorders Obsessive-compulsive disorder Schizophrenia and mood disorders

Psychological Perspectives

- Psychological perspectives have value in explaining the development of psychopathology
  - Transactions must be considered
- Emotions play a role in establishing an infants ability to adapt to new surroundings
- Behavioral and cognitive processes assist a young child in making sense of the world

Emotional Influences (1 of 3)

- Emotions and affective expression
  - Are core elements of human psychological experience
  - Are a central feature of infant activity and regulation
  - Tell us what to pay attention to/what to ignore
  - Affect quality of social interactions and relationships
  - Are important for internal monitoring and guidance

Emotional Influences (2 of 3)

- Emotion reactivity and regulation
  - Emotion reactivity: individual differences in the threshold and intensity of emotional experience
  - Emotion regulation involves enhancing, maintaining, or inhibiting emotional arousal
  - Important signals of normal and abnormal development
    - Child-caregiver relationship plays a critical role; authoritative parents establish limits

Emotional Influences (3 of 3)

- Temperament and early personality styles
  - Temperament: an organized style of behavior that appears early in development
    - Shapes an individual's approach to his or her environment and vice versa
  - Three primary dimensions
    - Positive affect and approach
    - Fearful or inhibited
    - Negative affect or irritability

Temperament and Early Personality Styles

- Early infant temperament may be linked to psychopathology or risk conditions
- Empirical evidence links early behavioral styles to adult personality characteristics
- Self-regulation: a balance between emotional reactivity and self-control
  - The best formula for healthy, normal adjustment

Behavioral and Cognitive Influences (1 of 2)

- Applied Behavior Analysis (ABA):
  - Explains behavior as a function of its antecedents and consequences
  - Four primary operant learning principles:
    - Positive and negative reinforcement, extinction, and punishment
- Classical conditioning
  - Involves paired associations between previously neutral stimuli and unconditioned stimuli

Behavioral and Cognitive Influences (2 of 2)

- Cognitive theorists focus on how thought patterns develop over time
  - How they relate to behavioral strategies
- Social learning and cognition
  - Social learning explanations consider overt behaviors and the role of possible cognitive mediators
  - Social cognition relates to how children think about themselves and others

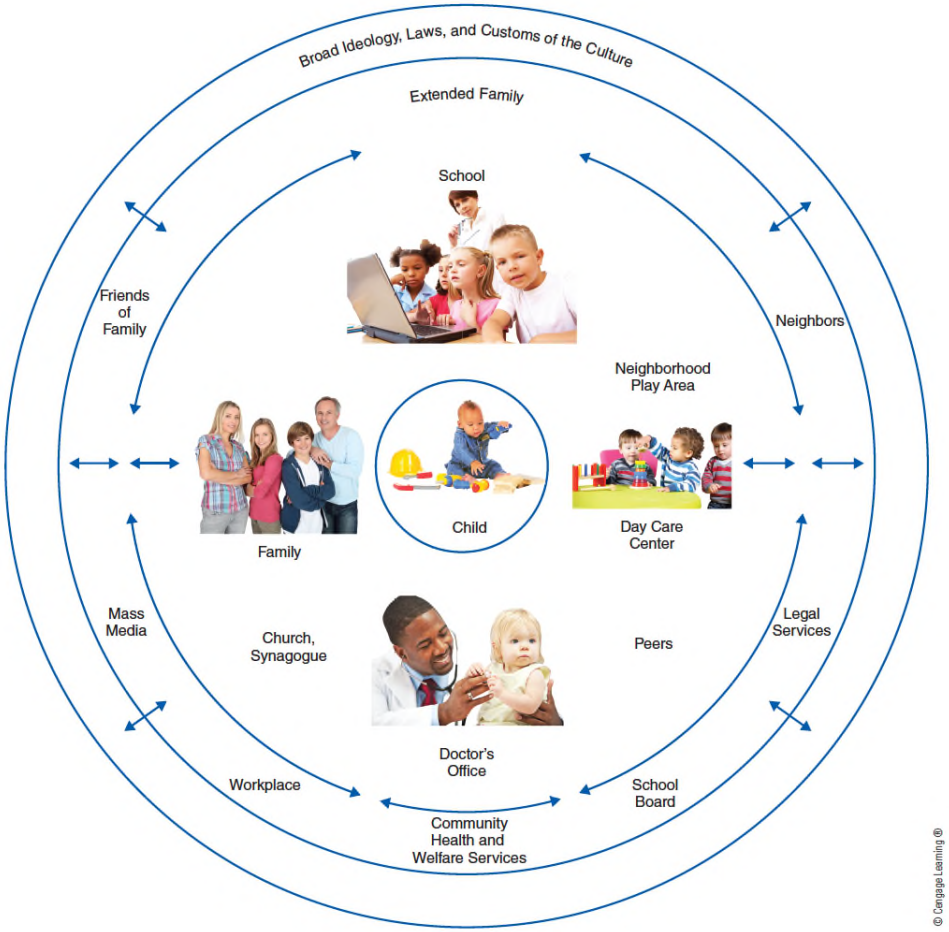
Family, Social, and Cultural Perspectives (1 of 2)

- Social and environmental contexts
  - Proximal (close by) and distal (further removed) events
  - Shared/nonshared environments
    - Shared environment: environmental factors that produce similarities in developmental outcomes among siblings in the same family
    - Non-shared environment: environmental factors that produce behavioral differences among siblings in the same family

Family, Social, and Cultural Perspectives (2 of 2)

- Bronfenbrenner's ecological model
  - The child's environment is a series of nested and interconnected structures with the child at the center

An Ecological Model of Environmental Influences



Infant-Caregiver Attachment (1 of 2)

- Attachment: the process of establishing and maintaining an emotional bond with parents or other significant individuals
  - An ongoing process beginning between 6-12 months of age
    - Provides infants with a secure, consistent base
  - An internal working model of relationships comes from a child's initial crucial relationship
    - Carried forward into later relationships

Infant-Caregiver Attachment (2 of 2)

- Four patterns of attachment
  - Secure
  - Insecure – anxious-avoidant
  - Insecure – anxious-resistant
  - Disorganized, disoriented (not an organized strategy)
- Insecure attachments are implicated in a number of childhood disorders

Types of Attachments (1 of 2)

TABLE 2.2 Types of Attachment and Their Relation to Disordered Outcomes

Type of Attachment	Description during Strange Situation[1]	Possible Influence on Relationships	Possible Disordered Outcomes
Secure	Infant readily separates from caregiver and likes to explore. When wary of a stranger or distressed by separation, the infant seeks contact and proximity with caregiver; the infant then returns to exploration and play after contact.	Individuals with secure attachment histories tend to seek out and make effective use of supportive relationships.	Although individuals with secure attachments may suffer psychological distress, their relationship strategy serves a protective function against disordered outcomes.
Insecure *Anxious, avoidant type*	Infant engages in exploration, but with little affective interaction with caregiver. Infant shows little wariness of strangers, and generally is upset only if left alone. As stress increases, avoidance increases.	As children and adults, individuals with an insecure, *avoidant pattern of early* attachment tend to mask emotional expression. They often believe they are vul-nerable to hurt, and others are not to be trusted.	Conduct disorders; aggressive behavior; depressive symptoms (usually as a result of failure of self-reliant image).

Types of Attachments (2 of 2)

Type of Attachment	Description during Strange Situation[1]	Possible Influence on Relationships	Possible Disordered Outcomes
Insecure *Anxious, resistant type*	Infant shows disinterest in or resistance to exploration and play, and is wary of novel situations or strangers. Infant has difficulty settling when reunited with caregiver, and may mix active contact-seeking with crying and fussiness.	As children and adults, individuals with an *insecure, resistant* pattern of early attachment have difficulties managing anxiety. They tend to exaggerate emotions and maintain negative beliefs about the self.	Phobias; anxiety; psychosomatic symptoms; depression.
Disorganized, disoriented type (not an organized strategy)	Infant lacks a coherent strategy of attachment. Appears disorganized when faced with a novel situation and has no consistent pattern of regulating emotions.	Individuals with disorganized, disoriented style show an inability to form close attachments to others; may show indiscriminate friendliness (little selective attachment).	No consensus, but generally a wide range of personality disorders (van Ijzendoorn et al., 1999).

The Family and Peer Context (1 of 4)

- Child psychopathology research has increasingly focused on the role of:
  - The family system
  - The complex relationships within families
  - The reciprocal influences among various family subsystems

The Family and Peer Context (2 of 4)

- There is a need to consider the processes that occur within disturbed families
  - Subsystems receiving most attention involve roles of mother-child and the marital couple
  - Less attention is given to roles of siblings and fathers

The Family and Peer Context (3 of 4)

- Family systems theorists argue that:
  - Understanding or predicting the behavior of a particular family member cannot be done in isolation from other family members
- The study of individual factors alongside the child's context are mutually compatible and beneficial to both theory and intervention

The Family and Peer Context (4 of 4)

- How the family deals with typical and atypical stress ▸ crucial to a child's adjustment and adaptation
  - The outcome of stressful events depends on:
    - The nature and severity of stress; the level of family functioning prior to the stress; and the family's coping skills and resources
  - Major family and individual issues interfere with consistent and predictable child care and basic needs

Looking Ahead

- Understanding of healthy, normal development has evolved toward a more health-promoting orientation recognizing:
  - The multicausal and interactive nature of many psychological disorders
  - The importance of contextual factors
  - The importance of balancing the individual's abilities with the challenges and risks of their environments