

47-361: Developmental Psychopathology

Study Guide for Exam III

1. Be able to distinguish major types of depression and anxiety disorders. Know the relative prevalence data. Know the major risk factors, symptoms, and consequences (cognitive, behavioral, and biological). Know relative ages of onset and common comorbidities.
2. What role do central neurobiological influences play in depression and anxiety: frontal region, EEG asymmetry, sympathetic nervous system.
3. What are general differences in anxieties in children compared with anxieties in adults. What are some common childhood fears? How can we differentiate ordinary anxieties from anxiety disorder.
4. Anxiety: Common treatments and most effective approaches.
5. Depression: Sadness vs. flat affect (lack of positive). Relation to suicide; relation of suicide and depression to formal operations. Paradoxical presentation (symptom) and role of regulation (i.e., how depression can evidence as explosive behavior). Depressive attributional style and thought. Loss as the core of depression. Treatments.
6. What is the difference between major depressive disorder and dysthmic disorder? Between major depressive disorder and bipolar disorder?
7. Be able to apply Bronfenbrenner's levels of developmental ecology and bidirectionality to anxiety and depression (think about relation to social contexts like school as we saw evidenced in *The Eye of the Storm*).
8. What is the evidence for genetic contributions—think both direct (genes for development of disorder) and indirect (i.e., temperaments predisposing one to developing the disorder given the right circumstances) to anxiety and depression? Explain relative risk.
9. What is the evidence on medication (tricyclics and SSRIs) as treatment for depression and anxieties in children and adolescents? What is the most successful treatment and how does it apply to prevention efforts?
10. What is the relation of anxiety and depression to gender.
11. What are the major forms of maltreatment: physical, sexual, and emotional abuse and neglect. Know the relative prevalence data and the problems with keeping good reliable data on this problem. How do these differ? To what extent do they co-occur?

12. What are the symptoms of a child who is experiencing some form of maltreatment?

13. Who are the most common perpetrators of each type of maltreatment?

14. What is PTSD and what are the most effective—i.e., what the research supports—treatments for children with PTSD?

15. What is the relation between disassociation and re-enacting the trauma (think about Tasha in the film we observed).

16. Why are psychologists advocating changing the DSM to consider “developmental trauma disorder” rather than childhood PTSD?

17. What are the long term outcomes associated with maltreatment—how often and under what kinds of circumstances do the abused become abusers? Note the problems with retrospective data.

18. How do developmental levels contribute to the impacts of maltreatment: egocentric thought, sense vs. verbal memory, sense of self and standards. How does maltreatment by parent(s) complicate attachment?

19. Be able to apply Bronfenbrenner’s levels of developmental ecology (micro, exo, and macro especially) and bidirectionality to maltreatment. Some examples come from *Scared Silent*, some from cross-national data, and some from comparisons across the United States.

20. Be able to discuss why children with maltreatment histories at risk for self-directed problems such as self-injury, substance abuse, or eating disorder.

21. Re: Eating disorders. Distinguish between anorexia and bulimia. From the video of Jessica, explain her observation that her anorexia “was not about my body.”