

47.361 Developmental Psychopathology
Study Guide for Exam I
Spring 2010

Be able to identify and discuss each of these concepts. Know what they are and how they relate to problems and issues among children and adolescents.

Conceptual framework

- Bronfenbrenner Microsystem, exosystem, macrosystem, mesosystem, chronosystem. Be able to identify all of these and how they might interact with children's problems and issues
- Child first, disability second; child first language (child with disability v. disabled child)
- Theoretical assumptions: interdependence of child and environment (including genes and environment), continuities & discontinuities; stage theory implications

History & Theory

- Evolution of thought about psychological problems or disabilities
- Roles of infant mortality, religion, child = property view
- Biological/disease model
- Psychoanalytic and behavioral influence
- Major theoretical models and implications for developmental psychopathology—e.g., implications of stage theories (such as Erikson) for treatment v. implications of learning (behavioral) theories.

Definitions

- Define psychological disorder: distress, interfere with functioning, risk further suffering or harm
- Developmental pathways: Equifinality and multifinality
- Risk (including concept of *relative* risk—i.e., might not be a high risk in an absolute sense but relative to risk in general population, it is significantly increased. Example; risk=5%--that is not large in an absolute sense but if the risk in the general population is only 0.01%, it is 500x the typical risk), and resilience
- Disorder v. disability

Cause

- Critical vs. sensitive (optimal) periods
Radiation exposure and fetal alcohol syndrome are examples of what can go wrong in some of the few critical: timing of brain cell development and exposure to environmental toxins. Video link on schedule)
- Diathesis stress model: Weak or vulnerable organism develops problem after exposure to stress. Organism weakness combined with environmental stressor.
- Neural plasticity (brain development plasticity and commitment); role of neurotransmitters
- HPA axis (Hypothalamic pituitary adrenal axis): temperament and individual differences as predisposing factors
- Brain damage: location = function

Assessment

- Considerations of development, gender, culture
- Dimensional and categorical
- Purpose
- Classification: tension between directing treatment as a positive and engendering negative expectancies as potential harm (expectancy effects; self fulfilling prophecy)
- Direct treatment, baseline to evaluate, identification of functional levels, strengths and weaknesses
- Types: Report (e.g., parent), observation, testing, biological
- DSM IV: strengths and limitations
- Standardized tests: educational achievement, intelligence
- Projective tests—what do they do and how?

Treatment models—general features and strengths of each

- Prevention: Primary, secondary, tertiary
- Psychodynamic (e.g., play therapy)
 - Projective assumptions
 - Bibliotherapy (stories with themes)
- Behavioral (e.g., desensitizing fear; applied behavior analysis and programming)
- Cognitive (e.g., addressing beliefs and cognitions that are self defeating)
- Family (inclusive of more than child)
- Psychoeducational (educational support services)
- Biological (e.g., medications such as Ritalin for ADHD)
- Multiple model approach

Research to establish efficacy of treatment methods

Family

- Parents and loss
- Sources of support/expertise & their limitations
- Mandated resources (Parent Information Centers/PAC's)

Schools as context

- Changes in law
 - Section 504 of the federal Rehabilitation Act, 1973
 - PL 94-142: Education of All Handicapped Children, 1975
 - IDEA 97: Individuals with Disabilities Education Act, 1997
 - IDEA 04: Individuals with Disabilities Education Improvement Act, 2004
- FAPE Free appropriate public education
- LRE Least restrictive environment
 - Presumptions change from 94-142 to IDEA
 - Mainstreaming vs. inclusion
- IEP Individualized Educational Plan
- LEA Local Educational Agency
- MDT Multidisciplinary team
- Procedural Safeguards & Due Process

- Manifest determination (manifestation determination)
- Parent and student participation
- Appropriate evaluation
- Compliance
- BSEA Bureau of Special Education Appeals
- No Child Left Behind: Students with disabilities in statewide testing

Be able to APPLY these concepts to each other and to developmental psychopathology—e.g., what Bronfenbrenner teaches about looking at contributing causes or what you might advise a family in a particular school situation