

Abnormal Psychology

Clinical Perspectives on Psychological Disorders 6e

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**McGraw-Hill
Higher Education**

Chapter 11

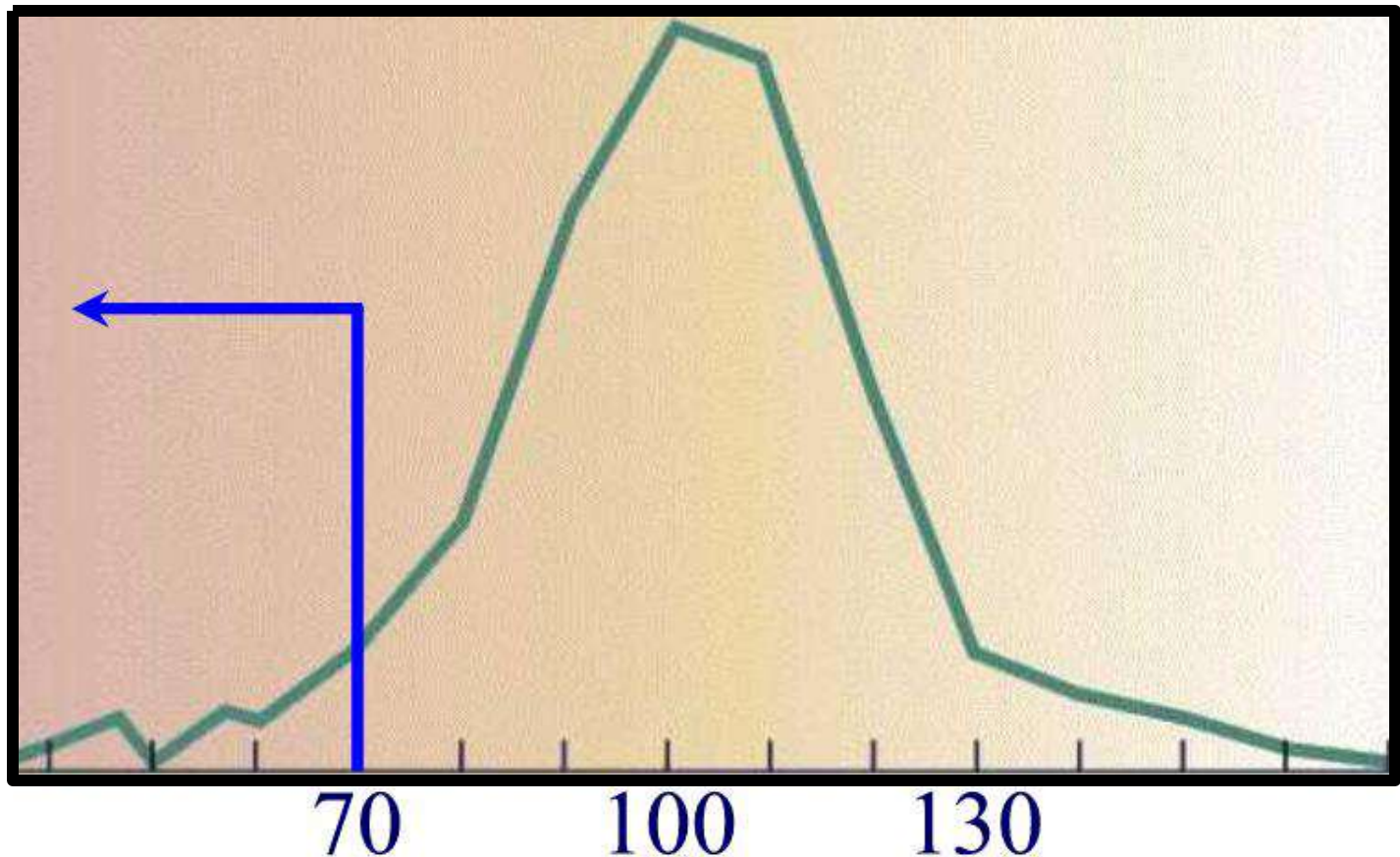


Development-Related Disorders



**DEVELOPMENT-RELATED
DISORDERS** first appear at
birth or during youth.

MENTAL RETARDATION is characterized by significantly below average intellectual functioning, indicated by an IQ of 70 or below.



LEVELS OF MENTAL RETARDATION

MILD

- IQ = 50/55 to 70

MODERATE

- IQ = 35/40 to 50/55

SEVERE

- IQ = 20/25 to 35/40

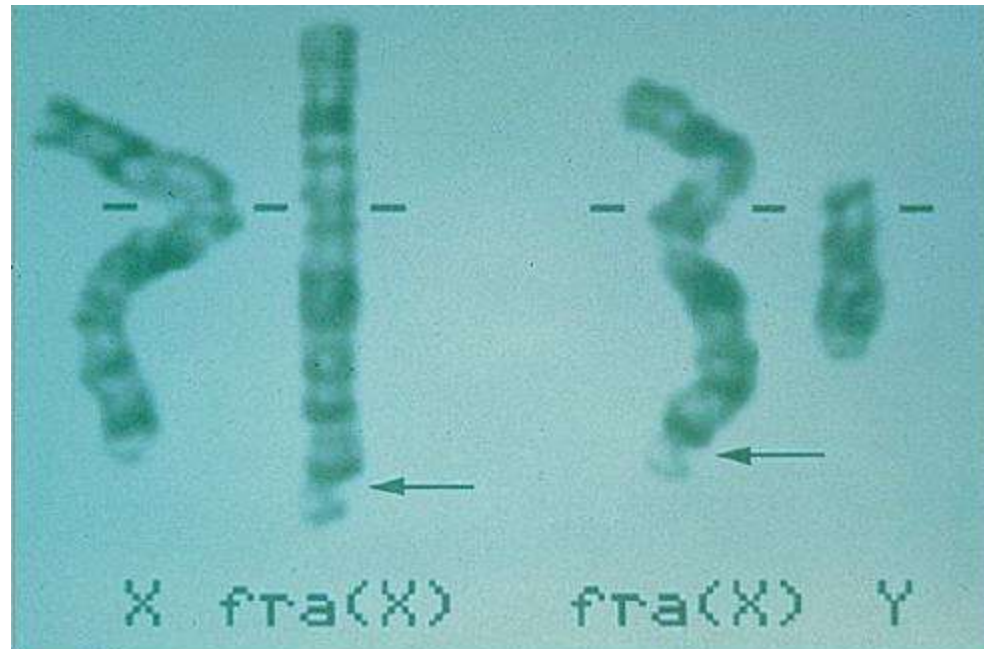
PROFOUND

- IQ below 20/25

Mental retardation may result from an inherited condition or from an event or illness at any point from conception through adolescence.

Inherited Causes

- PKU
- Tay-Sachs Disease
- Fragile X Syndrome
- Down Syndrome



Fragile X syndrome. This is a micrograph of two X chromosomes of a female (*left*) and an X and a Y chromosome of a male (*right*). The two arrows point to the region known as a fragile site. Note that the indentation at the bottom of each looks as if it is ready to break.

Mental retardation may result from an inherited condition or from an event or illness at any point from conception through adolescence.

Environmental Causes

- Prenatal disease
- Difficult delivery
- Premature birth
- Prenatal substance abuse
- Failure to thrive



Although there is no cure for mental retardation, early intervention can enrich intellectual and physical development.

- **Mainstreaming**
- **Behavioral interventions involving family**
- **Prevention of physically related disorders**



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Pervasive Developmental Disorders

PERVASIVE DEVELOPMENTAL DISORDERS are characterized by severe impairment in several areas (e.g., social, communication) or by extremely odd behavior, interests, and activities.

- Rett's disorder
- Childhood disintegrative disorder
- Asperger's disorder



The most common of these disorders is AUTISTIC DISORDER.

Apparent before age 3, usually in infancy.
Clinicians assign the diagnosis based on
symptoms that fall in three groups:

1. Impaired social interaction.
2. Impaired communication.
3. Oddities of behavior, interests, and/or activities.

AUTISTIC SAVANT SYNDROME

In an unusual variant of autism, the individual possesses an extraordinary skill, such as:

- Ability to perform extremely complicated numerical operations.
- Exceptional musical talents.
- Ability to solve extremely challenging puzzles.

THEORIES OF AUTISM

Evidence supports the theory of BIOLOGICAL causation:

- Patterns of family inheritance.
- Concordance among identical twins.
- Chromosomal abnormalities.
- Structural brain abnormalities.
- Functional brain abnormalities.

Although prognosis for autistic disorder can appear bleak, MEDICATION and BEHAVIORAL treatments can change the behavior of these children.

BEHAVIORAL:

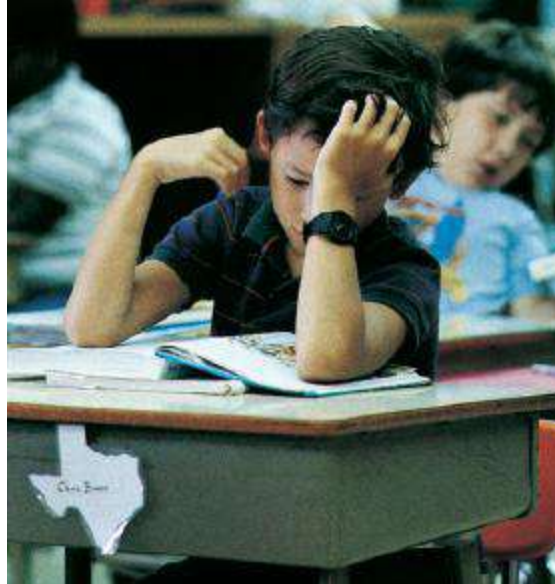
- Train child to communicate needs more effectively.
- Improve parental response.
- Teach caregivers not to reward negative behaviors.

Although prognosis for autistic disorder can appear bleak, MEDICATION and BEHAVIORAL treatments can change the behavior of these children.

BEHAVIORAL:

- Help develop new learning and problem-solving skills.
- Teach self-control through self-monitoring.
- Aversive conditioning.

Learning, Communication, and Motor Skills Disorders



Learning Disorder

Delay or deficit in academic skill evidenced by difference in ability and achievement on standardized tests, substantially below what would be expected for others of comparable age, education, and level of intelligence.

Reading Disorder
(Dyslexia)- occurs when the
brain does not properly
recognize and process
certain symbols

Mathematics Disorder
(Dyscalculia)- difficulty in learning or comprehending
arithmetic, the inability to perform arithmetic
operations

Disorder of Written Expression
(Dysgraphia)- the ability to write primarily in terms of handwriting, but
also in terms of coherence

Communication Disorders

Impairment in expression or
understanding of language

Phonological

Disorder-impairment in
the ability to produce
sounds as expected
for their
developmental level

Expressive

Language

Disorder- difficulties with
conveying information in
speech, writing, sign
language, or gestures

Stuttering-

sounds,
syllables, or
words are
repeated or
last longer
than normal

Mixed

Receptive-Expressive

Language Disorder- both the receptive and
expressive areas of communication may
be affected in degree, from mild to severe

DEVELOPMENTAL COORDINATION DISORDER

A condition characterized by marked impairment in the development of motor coordination.

- Trouble crawling, walking, sitting.
- Age-related tasks are below average.
- May affect ability to tie shoes, play ball, complete puzzles, write legibly.

THEORIES AND TREATMENT OF LEARNING, COMMUNICATION, AND MOTOR SKILLS DISORDERS

PROPOSED CAUSES:

- Brain damage during fetal development or birth
- Neurological condition caused by physical trauma or medical disorder

TREATMENT ISSUES:

- Primary treatment site is at school
- Interdisciplinary treatments
- Activation of multiple sensory modalities

Attention Deficit and Disruptive Behavior Disorders

ATTENTION DEFICIT HYPERACTIVITY DISORDER

A behavior disorder of child involving problems with inattentiveness and hyperactivity-impulsivity.

Inattentiveness

- **carelessness**
- **forgetfulness in daily activities**
- **commonly lose belongings**
- **easily distracted**
- **cannot follow through on instructions**
- **difficulty organizing tasks**

ATTENTION DEFICIT HYPERACTIVITY DISORDER

The hyperactive-impulsive component is further divided into subtypes of hyperactivity and impulsivity.

Hyperactivity

- fidgeting
- restlessness
- running about inappropriately
- difficulty in playing quietly
- talking excessively

ATTENTION DEFICIT HYPERACTIVITY DISORDER

The hyperactive-impulsive component is further divided into subtypes of hyperactivity and impulsivity.

Impulsivity

- **blurting out answers**
- **inability to wait their turn**
- **interrupting or intruding on others**

ADHD THEORIES

- Abnormal brain development and cognitive functioning arising from genetic causes, birth complications, acquired brain damage, exposure to toxic substances, infectious diseases.
- Biological abnormalities affect ability to inhibit and control behavior as well as memory, self-directed speech, and regulation of mood.
- Social Influence: Dysfunctional family environment and school failure.

ADHD TREATMENT

■ MEDICATION

- Stimulants (e.g., Ritalin)
- Antidepressants

■ COGNITIVE-BEHAVIORAL THERAPY

- Teach self-control, self-motivation, and self-monitoring using reinforcement
- Coordinate efforts with family and teachers
- Behavioral interventions must begin early

CONDUCT DISORDER

The childhood precursor of antisocial personality disorder in adulthood.



Involves repeated violations of the rights of others and society's norms and laws.

CONDUCT DISORDER

Delinquent behaviors include:

- ⑩ lying
- ⑩ stealing
- ⑩ truancy
- ⑩ running away from home,
- ⑩ physical cruelty to people & animals
- ⑩ setting fires
- ⑩ using drugs and alcohol

OPPOSITIONAL DEFIANT DISORDER

A disruptive behavior disorder characterized by undue hostility, stubbornness, strong temper, belligerence, spitefulness, and self-righteousness.

A combination of approaches appears to be the most useful strategy in working with youths with disruptive behavior disorders:

Behavioral

Cognitive

Social learning

Separation Anxiety Disorder

Children may have intense and inappropriate anxiety concerning separation from home or caregivers:

- upset and often physically ill when facing a normal separation such as parent leaving home for work
- may refuse to sleep overnight at friend's house
- panicky, miserable, homesick, withdrawn, sad when without the attachment figure
- demanding, intrusive, feel need for constant attention

Other Disorders Originating in Childhood

CHILDHOOD EATING DISORDERS

- Pica
- Feeding Disorder of Infancy or Early Childhood
- Rumination Disorder

TIC DISORDERS

MOTOR TICS

examples:

- eye blinking
- facial twitches
- shoulder shrugging

TIC DISORDERS

VERBAL TICS

examples:

- grunting
- coprolalia
- tongue clicking

TIC DISORDERS

TOURETTE'S DISORDER

A combination of chronic movement and vocal tics more commonly reported in males.

- Usually a lifelong condition
- Onset usually in childhood or adolescence

ELIMINATION DISORDERS

ENCOPRESIS

- repeated incontinence of bowel movements
- at least age 4

ENURESIS

- repeated incontinence of bladder
- at least twice weekly for 3 months
- age 5 or older

REACTIVE ATTACHMENT DISORDER OF INFANCY OR CHILDHOOD

- severe disturbance in ability to relate to others
- do not initiate social interactions
- do not respond when appropriate
- may be extremely inhibited & avoidant
- show inappropriate familiarity with strangers

**People with STEREOTYPIC
MOVEMENT DISORDER engage in
repetitive, seemingly driven
behaviors such as:**

- waving**
- body rocking**
- head-banging**
- self-biting**
- picking at their bodies**

SELECTIVE MUTISM

The individual consciously refuses to talk, usually when there is an expectation for interaction.

- for at least one month**
- interferes with normal functioning**



INTERNET RESOURCE

For more information on material covered in this chapter, visit our Web site:

<http://www.mhhe.com/halgin6e>