

Chapter 2

Models of Child Development, Psychopathology, and Treatment

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**MULTIPLE CHOICE**

1. The authors of this text present the “big theories” of developmental psychopathology. What is the best definition of “big theories”?
  - a. theories that are most often mentioned in introductory and abnormal psychology courses
  - b. theories that have been proven valid through experimental research
  - c. theories that most accurately describe developmental psychopathology
  - d. theories that have contributed most to the understanding of developmental psychopathology

ANS: D                      DIF: 2                      REF: The Role of Theory in Developmental Psychopathology                      TYPE: C

2. Dr. Leak tells her psychology students that the hallucinations experienced by her young patient came on suddenly and could not have been predicted by previous behaviors. Her belief about her patient’s illness is most consistent with the \_\_\_\_\_ model of psychopathology.
  - a. discontinuous
  - b. ongoing
  - c. continuous
  - d. atypical

ANS: A                      DIF: 2                      REF: Continuous and Discontinuous Models  
TYPE: A

3. The fact that a young child who experiences brain trauma as a young child is more likely to recover language skills than an older adult who experiences the same type of brain trauma may be due to:
  - a. a healthier immune system.
  - b. neural plasticity.
  - c. a healthier brain.
  - d. neural rewiring.

ANS: B                      DIF: 2                      REF: Physiological Models                      TYPE: C

4. A researcher who is seeking to understanding the role of genetics in the development of childhood schizophrenia might be in the field of:
  - a. genotype psychology.
  - b. cognitive psychology.
  - c. molecular genetics.
  - d. phenotype genetics.

ANS: C                      DIF: 2                      REF: Physiological Models                      TYPE: F

5. Lisa's therapist is working with her to help determine at which point in development she became "stuck" in a maladaptive pattern of behaviors. Lisa's therapist most likely is following which model of psychopathology?
- behavioral
  - cognitive
  - developmental
  - psychodynamic

ANS: D                      DIF: 2                      REF: Psychodynamic Models                      TYPE: A

6. A \_\_\_\_\_ psychologist would believe that maladaptive patterns of behavior have been learned through reinforcement of those behaviors.
- behavioral
  - psychodynamic
  - social-cognitive
  - humanistic

ANS: A                      DIF: 1                      REF: Behavioral and Cognitive Models                      TYPE: F

7. Which type of therapist would be more likely to focus their treatment on promoting the overall well-being of a child and family?
- psychodynamic
  - humanistic
  - system
  - behavioral

ANS: B                      DIF: 2                      REF: Humanistic Models                      TYPE: C

8. Which model of psychopathology considers the role of culture in the development of maladaptive behaviors?
- humanistic
  - cultural
  - ecological
  - sociocultural

ANS: D                      DIF: 1                      REF: Sociocultural Models                      TYPE: F

9. The group of school children who were in New York City during the September 11<sup>th</sup> attacks on the Trade Center might be considered a \_\_\_\_\_ because of this shared experience.
- sample
  - treatment
  - birth cohort
  - control

ANS: C                      DIF: 2                      REF: Sociocultural Models                      TYPE: A

10. One of the key assumptions of Glen Elder's model is that:
- children develop within the social and cultural arrangements of a particular era.
  - children are not as subject to cultural influences as adults.



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1. \_\_\_\_\_ models of psychopathology are also known as dimensional models.

ANS: Continuous DIF: 2

REF: Continuous and Discontinuous Models TYPE: F

2. Dr. Kelly tells her student that many of a child's maladaptive behaviors are created and sustained in the prefrontal cortex. Dr. Kelly is most likely lecturing on the \_\_\_\_\_ model of psychopathology.

ANS: physiological DIF: 2

REF: Physiological Models TYPE: A

3. The statement "Genes are probability, not destiny" highlights the difference between an individual's \_\_\_\_\_ and \_\_\_\_\_.

ANS: genotype; phenotype DIF: 3

REF: Physiological Models TYPE: C

4. The \_\_\_\_\_ model of psychopathology emphasizes unconscious processes in the development of maladaptive behavior.

ANS: psychodynamic DIF: 1

REF: Psychodynamic Models TYPE: F

5. Dr. Schwiesow, a school psychologist, is observing in a 2<sup>nd</sup> grade classroom to determine how Samuel's peers are reacting to his increasingly aggressive behavior. She is likely looking for factors that are \_\_\_\_\_ Samuel's behavior.

ANS: reinforcing DIF: 3

REF: Behavioral and Cognitive Models TYPE: A

6. Community agencies that engage youth in projects such as building homes for disadvantaged citizens are a part of the \_\_\_\_\_ movement.

ANS: positive youth development, positive psychology DIF: 3

REF: Humanistic Model TYPE: A

7. Parenting style is an example of a family's \_\_\_\_\_ environment, while sibling relationships are an example of a family's \_\_\_\_\_ environment.

ANS: shared; nonshared DIF: 2

REF: Family Models TYPE: A

8. The construct of birth cohort is similar to the \_\_\_\_\_ environment of a family.

ANS: shared      DIF: 3

REF: Sociocultural Models

TYPE: C

### SHORT ANSWER ESSAY

1. Define and give an example of the continuous model of psychopathology. How might this model lead to the better understanding and treatment of psychopathology in children?

ANS:

- Definition – focuses on ways in which typical feelings, thoughts, and behaviors develop into psychopathology over time; also known as the dimensional or quantitative model
- Example – any reasonable response illustrating a disorder that begins as typical behavior and develops into atypical behavior over time
- Understanding – helps in understanding the connection between typical and atypical behavior; perhaps helps with early detection of problems before they become unmanageable or significant problems

REF: Continuous and Discontinuous Models

2. Define and give an example of the discontinuous model of psychology. How might this model lead to the better understanding and treatment of psychopathology in children?

ANS:

- Definition – discrete and qualitative differences in patterns of feelings, thoughts, and behaviors; clear distinctions between typical and atypical; also known as categorical or qualitative model
- Example – any reasonable response illustrating an abrupt change in an individual's behavior that is classified as a particular disorder rather than a variation of typical behavior
- Understanding – gives a name to a disorder; allows a common language for research and treatment

REF: Continuous and Discontinuous Models

3. Nelson (2011) stated that “both positive and negative experiences can influence the wiring diagram of the brain.” Describe what process is being described and give one example of a positive experience and one example of a negative experience that could impact how the brain functions.

ANS:

- Process – neural plasticity; development and modification of the brain through experiences
- Positive – any reasonable response that illustrates an enriching experience such as travel, education, learning a foreign language, etc.
- Negative – any reasonable response that illustrated a potentially detrimental experience such as head trauma, early abuse or deprivation, mental illness

REF: Physiological Models

4. Compare genotype and phenotype and give two examples of your unique genotype and phenotype.

ANS:

- Genotype – an individual's genetic make-up that may or may not be observable in an individual's phenotype
- Phenotype – an individual's observable characteristics
- Examples – any reasonable examples that illustrate an understanding of the difference between the broader genetic make-up of possibilities and those that are actually expressed; eye color; intelligence; inherited medical disorders such as diabetes, hypertension; inherited psychiatric disorders such as schizophrenia, depression

REF: Physiological Disorders

5. How would the diathesis-stress model describe the onset of schizophrenia in a young child?

ANS:

- The individual was likely genetically predisposed to develop schizophrenia, but it may or may not have been a full-blown disorder without the presence of some sort of environmental stressor or event.

REF: Physiological Disorders

6. Thomas (2011) described behaviorism as a two-part process where: 1) a child develops a variety of behaviors and 2) learns to choose between those behaviors based on the rewards (or nonrewards) they receive from performing those behaviors. Give two specific examples of these concepts, identifying the type of behaviors a child of a particular age may have learned and what potential rewards or nonrewards they may obtain from those behaviors.

ANS:

- Any reasonable answer that identifies behaviors a child of a particular age may have acquired – language (expressing wants and needs), emotions (temper tantrums, crying, sadness), cognitive processing (formulating an arguments, understanding other's perspectives), motor skills (walking, throwing), etc.
- A specific example of consequences both positive and negative that demonstrates an understanding that consequences change behavior – attention, avoidance of an unwanted consequence, etc.

REF: Behavioral and Cognitive models

7. Identify and provide an example of a key focus of family models of development, psychopathology, and treatment.

ANS:

- Development – families impact a child's development; children's problems are a reflection of family problems; some problems are clearly a result of family problems and some problems impact how the family functions in response to the child's problems
- Psychopathology – a child's psychopathology is a reflection of family psychopathology

- Treatment – focuses on both the child and the family

REF: Family Models

8. Describe the difference between shared and nonshared environments. Give an example from your own family of each of these.

ANS:

- Shared environment – those aspects of a family that impact all members more or less equally; parenting style, neighborhood, extended family members, etc.
- Nonshared environment – those aspects of a family or an individual that impact each member differently; gender, age, relationship to siblings, peer relationships, temperament, academic skills, etc.
- Examples – any reasonable personal example that illustrates an understanding of these concepts

REF: Family Models

9. Describe the construct of birth cohort and how that affects development. Identify at least three experiences you and your birth cohorts shared and how that may have affected your development.

ANS:

- Birth cohort – individuals born in a particular historical period that are affected by shared experiences of that historical period
- Development – some reference to how this affects values, outlook on finances, educational experiences, technology, media, etc.
- Examples – any reasonable description of a shared historical event and its impact on development

REF: Sociocultural Models

## LONG ANSWER ESSAY

1. Mary is a nine-year-old 3<sup>rd</sup> grader who has been referred to a therapist for treatment of her extreme anxiety that resulted in her refusing to go to school. Describe how a therapist would view and treat Mary's problems if their orientation was the following: a) psychodynamic; b) behavioral; c) humanist; and family.

ANS:

- Psychodynamic – problems are caused by unresolved and unconscious issues related to development; treatment – bring those unconscious issues to the surface and resolve them
- Behavioral – behaviors have been learned and are reinforced; treatment – understand what is reinforcing Mary's avoidance and anxiety and change the consequences to change the behavior
- Humanist – Mary's behaviors are a result of interference with or suppression of her natural tendencies to develop a sense of herself; treatment – discover Mary's resources

- and use those to help her become self-directed and whole
- Family – problems are caused by family problems and can also impact how the family functions; treatment would be to first understand family dynamics and treat not only the child but also the family

REF: Psychodynamic Models; Behavioral and Cognitive Models; Humanistic Models; and Family Models

2. Stiles (2009) proposes that “brains do not develop normally in the absence of critical genetic signaling, and they do not develop normally in the absence of essential and contingent environmental input.” Explain how this statement furthers the understanding of developmental psychopathology.

ANS:

- This quote highlights both the role of inborn tendencies (nature, genotype, genetics) and environmental experiences (nurture) in the development of psychopathology. Models that emphasize one or the other dismiss the importance of both factors.

REF: Physiological Models

3. Describe the key findings of the Human Genome Project as it relates to developmental psychopathology.

ANS:

- Overall purpose – to identify genes in human DNA and determine sequences of chemical base pairs; map, sequences, and analyze genes
- Found that multiple gene systems, not just one single gene, are responsible for normal and abnormal development
- Could mention key terms such as penetrance, variable expressivity, gene-environment interaction and genetic heterogeneity

REF: Physiological Models

4. Five-year-old Daniel’s older brother, Marcus, has just been diagnosed with autism. From a family model perspective, identify the possible subsystems in Daniel’s family and how his brother’s diagnosis might affect these subsystems.

ANS:

- Subsystems: Daniel and his brother, Daniel’s mother and father, Daniel and his mother, Daniel and his father, Marcus and his mother, Marcus and his father, extended family, etc.
- Relationships and behaviors within each subsystem can be affected: parenting styles, parental control, marital satisfaction, contact with extended family members, etc.

REF: Family Models

5. Compare and contrast at least three models of psychopathology in terms of explanation of etiology (cause) and focus of treatment.



ANS:

- Models could include psychodynamic, behavioral and cognitive, humanistic, family and sociocultural
- Etiology: psychodynamic – unconscious thoughts; behavioral and cognitive – faulty learning and/or thoughts; humanistic – unfulfilled or unrecognized strengths; family – problems resulting from family issues; sociocultural – perspective of culture and society on problems
- Treatment: psychodynamic – reveal unconscious and unresolved conflicts; behavioral and cognitive – identify reinforcers and change consequences, change thought patterns that are sustaining problems; humanistic – identify strengths and support individual in developing self-esteem; family – identify family issues and treat both child and family; sociocultural – acknowledge and understand cultural issues that are impacting child, provide culturally sensitive treatment

REF: Chapter 2